

The Effect of Educating Senior High School Students in Thailand Regarding Depressive Disorder

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Abstract: *Depression literacy questionnaire is a form of indicator that represents the understanding of depression of test-takers. It is globally accepted and translated into many languages. Therefore, this research has been conducted to test the effectiveness of the questionnaire and to provide appropriate knowledge for senior high school students in Chiang Mai, Thailand, who are now living in a stressful atmosphere. After committing every step including pretests, reading the website, and posttests, the result of the observation is satisfactory because students tend to do better in the post tests (Mean=15.44outof21) with less fluctuation(S.D.=9.16) than the pretests (Mean = 11.56, S.D. = 12.43). The statistical analysis of this research can also be noticed by $p < 0.05$ and $t = 7.63$, meaning that the process of educating students about depression is successful.*

Keywords: depression, disorder, literacy, education

1. Introduction

Depression is a common mental illness that everyone can suffer from. The danger of this disorder is significant since it is related to morbidity and mortality meaning that it affects mentally and physically. People with depression can mostly be noticed by their sadness, loss of interest in activities they used to enjoy, and lack of energy. Adolescents are known to be the salient stage when people have depression more easily than any other age. This occurrence is considered to be very dangerous because depression influences the psychological, social, and academic functioning of children [1]. According to the NCS-A, it is stated that 63% of adolescents with depression suffered from impairment in at least one area of functioning and 30% committed suicide in a year with 10.8% reporting a suicide attempt [2]. Despite depression's evident disadvantages, there are so many people including experts, patients, and the public who do not pay enough attention because of many reasons. One of the reasons is the lack of depression literacy defined as the ability to recognize depression and make informed decisions about treatments or be fearful of being stigmatized if they seek help [3]. Without depression literacy, people may not recognize this mental disorder and in a worse case, they can never know whether they have or do not have depression [3].

Depression also plays an important role in Thai society. According to the Thai Mental Health Survey 2003, depression is ranked as one of the causes of DALYs (disability-adjusted life-years) in 1999 [4]. Interestingly, it is found that there are more Thai women suffering from depression more than men [5]. Combining the depression-related information together, we decided to use this beneficial questionnaire by Kathy Griffiths of the Centre for Mental Health Research to observe the depression literacy (D-lit) level of senior high school students in a large-sized school in Chiang Mai, Thailand. This research may be advantageous for people who interest in adolescent depression, students, or mental specialists because there is still little understanding of depression in Thailand.

Furthermore, the results of the questionnaire will help us decide the appropriate way to contribute knowledge about the harm and prevention of depression.

2. Methods

This research is a Quasi-experimental design (One group pretest-posttest) that aimed to examine the effectiveness of depressive disorder knowledge providing for senior high school students. Participants were assessed with **Depression Literacy Questionnaire (D-Lit)**, a self-report measure to assess depression literacy [6], before and after learning through providing information. The reliability of this questionnaire is also confirmed by the value of 0.70 of Cronbach's alpha coefficient.

The questionnaire containing 21 items were translated into Thai [7] using the forward-backwards translation procedure and distributed blindly as an online form to senior high school students in one particular high school located in Chiang Mai, Thailand. The questionnaire itself originally contained 22 items, but one particular item, "Not stepping on cracks in the footpath may be a sign of depression", is eliminated due to inapplicability to Thai society [7]. The participants were informed in advance about the objective of the experiment and were asked whether they were willing to join or not. Once responses reach 80 people, the survey was returned. After completion of collecting data, the obtained information was analyzed with descriptive statistical methods.

3. Result

The sample of this experiment comprises 80 participants, 76.25% are female, while 23.75% are male. The range of participants' age varies from 15 to 18 years (SD = 0.93), and the average age is 17.20 years. (Table 1)

After the result has been observed, significant misconceptions of depressive disorder (more than 50%

incorrect or don't know responses) within pre-test are noticed. First is about the symptoms of depression; in the items of "People with depression often speak in a rambling and disjointed way", "People with depression often hear voices that are not there", "Having several distinct personalities may be a sign of depression" and "Moderate depression disrupts a person's life as much as multiple sclerosis or deafness". The other aspect, which is often misunderstood, is about medical treatments of depressive disorder; in the response of "Clinical psychologists can prescribe antidepressants", "Many treatments for depression are more effective than antidepressants" and "Counselling is as effective as cognitive behavioural therapy for depression".

According to the results of post-test, the remaining misperceptions are observed. First is the misunderstanding

of symptoms; one of the most misconceived items is "People with depression often speak in a rambling and disjointed way" and "Having several distinct personalities may be a sign of depression". The second misperception is medical treatments; "Counselling is as effective as cognitive behavioural therapy for depression". (Table2)

After educating senior high school students about depression, the results show that the mean of D-lit score has significantly increased ($p < 0.05$ and $t = 7.63$). (Table 3)

Table 1: Socio-demographic Characteristics

	General Information	n	Percentage
Gender	Female	61	76.25
	Male	19	23.75
Age	average 17.20 yrs.	Max = 18 yrs.	Min = 15 yrs.
	S.D. = 0.93		

Table 2: D-lit questionnaire responses

items	Pre-Test				Post-Test			
	Correct response		Incorrect / don't know response		Correct response		Incorrect / don't know response	
	n	%	n	%	n	%	n	%
1. People with depression often speak in a rambling and disjointed way.	29	36.25	51	63.75	34	42.5	46	57.5
2. People with depression may feel guilty when they are not at fault.	67	83.75	13	16.25	75	93.75	5	6.25
3. Reckless and foolhardy behaviour is a common sign of depression.	42	52.5	38	47.5	44	55	36	45
4. Loss of confidence and poor self-esteem may be a symptom of depression.	71	88.75	9	11.25	78	97.5	2	2.5
5. People with depression often hear voices that are not there.	38	47.5	42	52.5	44	55	36	45
6. Sleeping too much or too little may be a sign of depression.	44	55	36	45	71	88.75	9	11.25
7. Eating too much or losing interest in food may be a sign of depression.	43	53.75	37	46.25	67	83.75	13	16.25
8. Depression does not affect your memory and concentration.	56	70	24	30	67	83.75	13	16.25
9. Having several distinct personalities may be a sign of depression.	15	18.75	65	81.25	38	47.5	42	52.5
10. People may move more slowly or become agitated as a result of their depression.	53	66.25	27	33.75	71	88.75	9	11.25
11. Clinical psychologists can prescribe antidepressants.	36	45	44	55	60	75	20	25
12. Moderate depression disrupts a person's life as much as multiple sclerosis or deafness.	32	40	48	60	46	57.5	34	42.5
13. Most people with depression need to be hospitalised.	52	65	28	35	70	87.5	10	12.5
14. Many famous people have suffered from depression.	70	87.5	10	12.5	71	88.75	9	11.25
15. Many treatments for depression are more effective than antidepressants.	23	28.75	57	71.25	51	63.75	29	36.25
16. Counselling is as effective as cognitive behavioural therapy for depression.	12	15	68	85	23	28.75	57	71.25
17. Cognitive behavioural therapy is as effective as antidepressants for mild to moderate depression.	55	68.75	25	31.25	53	66.25	27	33.75
18. Of all the alternative and lifestyle treatments for depression, vitamins are likely to be the most helpful.	42	52.5	38	47.5	61	76.25	19	23.75
19. People with depression should stop taking antidepressants as soon as they feel better.	48	60	32	40	67	83.75	13	16.25
20. Antidepressants are addictive.	44	55	36	45	71	88.75	9	11.25
21. Antidepressant medications usually work straight away.	52	65	28	35	72	90	8	10

Table 3: Statistical analysis of D-lit score

Score	n	Mean	S.D.	t	df	p
Pre-test	80	11.56	12.43	7.63	79	0.00**
Post-test	80	15.44	9.16			

**p < 0.05

4. Discussion

In the discussion, we divided the information into two parts

Part 1: The outcome of educating 80 senior high school students in Chiang Mai, Thailand by doing Depression Literacy Questionnaire (D-lit) twice with providing knowledge in between the two tests

Nowadays, the more stressful the world is getting, the more people including students are suffering from depression. Plus, if they have inadequate understanding about depression, they do not know how depression feels like and

do not seek health care for the disorder. In ordinary Thai high school, the depression literacy questionnaire is not widely recognized by people including students and teachers themselves which makes us apply the depression literacy questionnaire to Thai high school society. To do this, the processes are divided into three parts; the pretests, provided information and posttests.

Eighty Thai senior high school students from age 15-18 are taken into consideration. After the result of the posttests were launched, there were a significant number of students who got better scores than the pretests with $t = 7.63$ and $p < 0.05$ statistically. This means students had gained a better understanding of depression which makes them be able to recognize the symptoms and know when to seek a treatment that supports the importance of this questionnaire relating to the research of Hussain Ahmed Darraj [1]. Furthermore, the result indicates the effectiveness of essential information about depression written on the website we sent simultaneously with the tests which make it compulsory for every respondent to take the pretest, read the article, and finish the posttests consecutively. Moreover, this research makes the school be more aware of this silent danger and teachers may be involved in further education of mental disorders which is very pleasant for students since teachers are associated with student literacy according to Leslie Miller's adolescent depression awareness program [2].

Part 2: Comparing the statistical result before and after reading the article

According to the table illustrating pretests and posttests results, it is evident that the posttests score experienced a significant increase with less fluctuation than the pretests. The proportion of wrong answers in most items of D-lit questionnaire tends to decrease except one particular item of medical treatment; "Cognitive behavioural therapy is as effective as antidepressants for mild to moderate depression", meaning that participants still couldn't gain understanding about this aspect. However, considering the mean of the scores out of 21, the students did better after reading the knowledge about depression with 15.44 while the mean of pretests is 11.56. In addition, it can be easily observed that most students simultaneously tend to comprehend depression with less fluctuation indicated by S.D. The S.D value of the posttest significantly decreases to 9.16 whereas the pretest's is 12.43. To summarize, students can now recognize the symptoms, meaning that they already have depression literacy with $p < 0.05$ ($t = 7.63$). This is due to the fact that our research has changed their perspectives toward depression. This also prevents students from seeking help from informal sources and attaching a stigma to depression according to Sarbhan Singh's journal of adolescents [8]. Due to the lack of time, the form of educating aids is not very outstanding and attractive, yet it proved a very evident success since more people learn about depression. Consequently, this research can be used as proof of the importance of depression literacy and knowledge for future research that can be made with more interesting figures.

5. Conclusion

It can be observed that depression literacy in Thai senior

high school students (from 15 to 18) is low which will definitely become a great danger for their mental health unless proper information is provided. After they read the article about depression article, they tended to learn more since they participated better in the posttests guaranteed by statistic value such as Mean, S.D, p, and t value.

6. Suggestion

- 1) The process of educating knowledge about depression can be made more attractive in a form of mind mapping or technological presentation to attract more readers.
- 2) Future researchers who wish to adopt this form of research can expand the number of test-takers
- 3) This research can be used as proof of the importance of depression literacy and encourage academic institutions to use the questionnaire with students to accentuate a better understanding of depression.

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