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EXAMINING DEPRESSION BY USING BECK DEPRESSION INVENTORY-II

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ABSTRACT

This paper discussed the application of the Beck Depression Inventory-II (BDI-II) to measure depression symptoms in five adults. The findings reveal that depression is a prevalent mental health problem that people of different ages and backgrounds experience. The results highlight the importance of considering personal differences in depression experiences and the necessity of providing personalised interventions and support mechanisms. The findings also emphasise the role of ensuring that depression is identified and treated at an early stage. The limitations of the study are the limited sample size and the use of self-report measures. The future studies must focus on the recruitment of bigger and more varied samples, and multiple methods of assessment should be employed. On the whole, this study reveals the relevance of the BDI-II when evaluating the symptoms of depression and highlights the importance of mental health support and services to people who belong to different age groups and backgrounds.

I. INTRODUCTION

Depression is a multidimensional and complex psychiatric disorder that affects millions of people worldwide. The World Health Organization (2019) argued that depression caused more disability in the world than any other condition, as in 2019, it was estimated that 322 million individuals had experienced depression in the past. Depression manifests in different ways, including constant sadness, lack of hope, and others, and disinterest in any form of activity (American Psychiatric Association, 2013). Unattended depression will be extremely detrimental; depression can lead to suicidal ideation or actions, social withdrawal, and inefficient performance. Depression is a significant mental health problem in Lahore, Pakistan, and it can be said that it is also representative of the nation and other nations worldwide. The studies have indicated that the causes of high rates of depression in the city are stress from socioeconomic developments, urbanization, joblessness in the city, and the lack of mental health awareness. Mirza and Jenkins (2004) have defined that depression and anxiety disorders are frequent in 25-30% of the urban population in Pakistan, and most of the stress factors, gender-based, social constraints, and house burden are experienced by women. The most recent research indicates the growing prevalence of depression among students and young professionals in Lahore, which can be explained by the academic pressure, work-related insecurity, and socialization (Khan et al., 2020; Riaz et al., 2016).

Despite the growing problem of the mental health crisis, the treatment of psychiatric cases remains inaccessible, and there are no more professionals available to provide adequate care, as not every individual can afford it because of their isolation within society (Husain et al., 2020). The psychiatric services are currently available as government hospitals like Mayo Hospital, Jinnah Hospital, etc., but there are simply not enough mental health specialists relative to the increasing demand. Education of depression, availability of treatment, and coverage of mental care in the primary healthcare system are necessary to solve the depression crisis in Lahore. Depression diagnosis and assessment are extremely vital and require proper diagnosis and assessment to be treated and managed. The diagnostic evaluation will be conducted on the basis of the detailed clinical interview, a physical examination, and the medical and psychological history of a person's intake (American Psychiatric Association, 2013; Kessler et al., 2005).

Beck Depression Inventory (BDI) is a well-known self-report scale that is used to establish the severity of depressive symptoms (Beck et al., 1996). BDI has undergone some revisions, and the last is BDI-II (1996). The BDI-II consists of 21 questions with a rating of 0-3 that is assigned to the items examining symptoms of depression, such as mood, interest, energy, and sleep. The BDI-II has been widely applied in research as well as in practice since it is simple to administer, to score as well and to interpret. The case study in question attempts to examine the BDI-II test application in the context of assessing the level of depressive symptoms in 5 individuals. A review of the BDI-II test and administration, as well as scoring, will be provided in the paper. The research findings will be presented with the results of BDI-II and its interpretation concerning the individual participants. Consequences of research findings will be elevated with emphasis put on the necessity of appropriate diagnosis and evaluation of depression about treating and managing the condition accordingly.

II. METHOD

Participants

The given case study presupposed a description and exploratory research of the experience of adults with depressive symptoms (i.e., measured on BDI-II). The study sample included 5 volunteers of the University of Home Economics, Lahore, who were aged between 20-50 years and volunteered to take part in the research, as well as had symptoms of depression. These individuals were recruited through the convenience sampling technique and were depressed, hopeless, and not interested in doing what they enjoyed doing. This means that they had to be selected based on what was available and what they wished to be utilized in the study. Before being involved in the research, these volunteers were made aware of the nature and the processes of the study, and only after giving their permission, were they made part of the study.

Measures

The Beck Depression Inventory-II (BDI-II) was used. It is a self-reported measure and includes 21 items. The BDI-II items have scores with 4 points (0 (none), which presupposes the lack of the symptoms and 3 (severe), which presupposes the severity of the symptoms). Finally, a BDI-II has a scoring scale with a high result of up to 63 and a low of 0.

Procedure

The first stage of the procedure was the recruitment of the participants. This was done in the convenience sampling, where the chosen subjects of the study who met the inclusion criteria were called and asked to participate in the study. Informed consent was obtained from the participants. The second phase of the procedure was the administration of the Beck Depression Inventory-II (BDI-II). The BDI-II was administered one at a time, and the BDI-II was similarly rated according to the standard guidelines provided by the test developers, and the results provided were used in analyzing the relationship between the depressive symptoms and cultural problems.

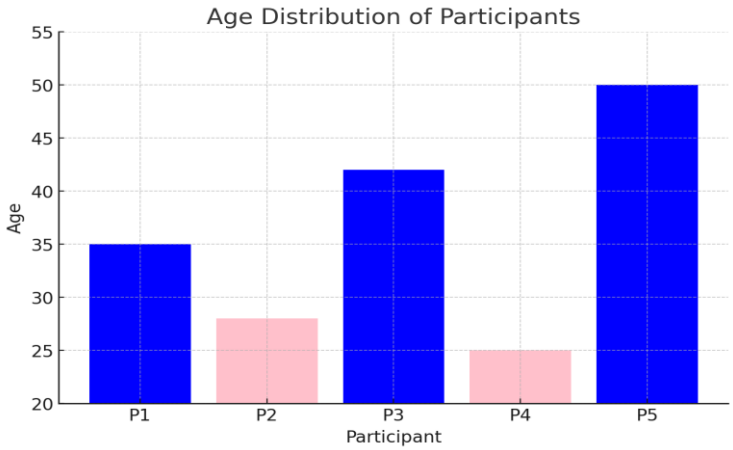
I. RESULTS

Table 1: The demographic characteristics of the 5 participants

Participant	Age	Sex	Marital Status	Occupation
P1	35	Male	Married	Accountant
P2	28	Female	Single	Marketing Manager
P3	42	Male	Married	Software Engineer
P4	25	Female	Single	Nurse
P5	50	Male	Married	Retired

P = Participant

Table 1 presents the demographic details of the five participants in the study.



Here is a bar chart representing the age distribution of participants from Table 1. Each bar represents a participant, with color differentiation based on gender (blue for males and pink for females).

Table 2: The results of the BDI-II administration are presented on the table below

Participant	BDI-II Score	Interpretation
P1	14	Mild Depression
P2	6	Minimal Depression
P3	22	Moderate Depression
P4	10	Mild Depression
P4	30	Severe Depression

P = Participant

An item-level analysis indicates that depression severity varies among participants, suggesting that depression is prevalent across different demographics.

DISCUSSION

The results of the BDI-II testing reveal that depression is a common psychological disease among patients of various ages and origins in Pakistan. The outcomes presented are not new because the previous literature has shown that depression is a significant issue in the population (Javed &Ahmed, 2018; Kessler et al., 2003). The BDI-II

scores also indicate that there is a critical need to consider the differences among people in relation to depression experiences. When it comes to P1 and P2, whose cases of depression were minor ones, the necessity to implement various interventions and support mechanisms may arise, as they were both in various situations and managed them differently (Dozois and Dobson, 2001). Besides, it was shown that the representatives of various backgrounds and different ages can be affected by depression. The fact that the older adults need mental health support and services is exhibited by P5, who is 50 and suffers from a severe depression case. Early treatment and diagnosis of depression are also mentioned in the results. The least criticism of depression is depicted in the scenario of P3, who is 28 and is a marketing manager, and this means that early intervention and assistance have been able to help her contain the symptom (Beck and Alford, 2009; Hammen, 2005).

Depression coping mechanisms involve combined psychological, behavioural, and lifestyle strategies, which address symptom management and promotion of emotional health. This issue of negative thinking and practicing the aspect of mindfulness can be resolved through the application of the cognitive-behavioural approaches that would allow individuals to gain a healthier way of thinking (Beck and Alford, 2009). Friends, family, and mental health assistance is other factors that will help lessen the sense of isolation and distress (Hammen, 2005). The regular exercise was reported to improve the mood secreted by the elevation of the endorphins, and the healthy eating and sleeping patterns were also reported to enhance the general stability of mind (Dozois and Dobson, 2001). In addition, the systematic interventions like journaling, meditation, and deep-breathing exercises are useful in dealing with the feeling of stress or in handling the feelings (Kabat-Zinn, 1990). In the case of severe depression, the use of medication and professional therapy may be necessary to complement such coping strategies (American Psychiatric Association, 2013). It is possible to be made resilient with the assistance of many methods and feel that he or she is in control of their mental health.

The study of exploring the subject of depression by means of the Beck Depression Inventory has some limitations, which should be considered when interpreting the study. First of all, the sample size consists of five people, which limits the extrapolation of the results concerning the general population, and it is difficult to apply the results to the larger group. Secondly, self-report scales like Beck Depression Inventory-II (BDI-II) threaten the existence of bias during the answer, as the answerers might alter or exaggerate their symptoms either because of personal or societal factors (Beck et al., 1996). In addition, the study does not have any longitudinal foundation of data; thus, the research will not capture the fluctuation of the extent of depression over time. The other limitation is that it has not been clinically validated in terms of structured diagnostic interviews, making it add to the degree of accurate assessment of depression (Kessler et al., 2005). Lastly, convenience sampling may have given the information of a non-representative sample, and this may affect the validity of the research. The above limitations can be addressed in subsequent research through adopting larger and more generalized samples, the use of mixed methods, and the incorporation of clinical measures to bolster the validity of findings.

II. CONCLUSION

In conclusion, the results indicate that the level of depression among the respondents varied, hence the need to use personal mental health interventions. The manifestation of such a serious form of depression in a person of an older age (P5) highlights the vulnerability of this group of people, which means that a specific mental health support is required, especially among retirees. The findings prove the need to screen at a young age, offer individualised therapy, and increase the popularity of mental health provision to combat the problem of depression in different age groups and occupations. A larger and more detailed study later would provide more knowledge related to the premise factors that cause depression and how it can be treated better.

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