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Depression, a social bad with social origin

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Abstract

Depression in Mexico and the world is an unrest that has increased over the last few decades, causing much suffering, especially in those who suffer. However, this discomfort has been explained and analyzed, in most cases, from a medical and biological approach, which has left behind a series of social explanations that can help us understand a problem that grows every day. Thus, the following text seeks to explain what depression is, what are some of its main consequences and how the growth of this is linked to various social factors.

Depression, mental health, population, conditions

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Introduction

Currently the study of the origin and development of mental illnesses such as depression are part of the area of medicine, particularly psychiatry, so when seeking information about the same easily found arguments that they describe as a consequence of biological factors. In addition to these explanations, we can observe the presence of social factors (macro and micro level) that can help us to understand the increase these dispositions.

According to the Secretary of Health, mental illness has increased dramatically over the last few decades worldwide, and our country has not been the exception[1]. While in 1990 it was estimated that all over the world mental and neurological disorders were responsible for 10% of total DALYs (years of healthy life lost), in 2000 that percentage rose 12% and is projected to reach up to 15% in 2020. In addition, mental and neurological illnesses are responsible for 30.8% of all years of good health lost by disability (APD). In this sense, who points out: "Among the top 10 causes of disability in the world, four correspond to mental disorders." "This growing burden implies a cost in human suffering, disability, and economic loss."[2]

As for Mexico, it is known that at least one-fifth of the population has suffered some mental disorder throughout their lives. In 1994, based on the results of the national survey of addictions carried out in urban sectors, the prevalence of mental disorders was detected between 15 and 18% of the adult urban population, highlighting in the first place the depression. This means that in Mexico 15 million people (one-sixth of the population) suffer from this type of disease, a figure that for 2017 doubled[3].

Mexico

Disorder	Men (%)	Women (%)	Total (%)
1. Depression	4.9	9.7	7.8
2. Epilepsy	3.4	3.9	3.7
3.Probable Psychosis	3.2	2.6	2.8
4. Probable boundary disorders	1.6	0.8	1.1
5. Obsessive disorders	1.6	3.0	2.5
6.Probable schquizofrenia	1.2	0.9	1.0
7. Mania	0.3	0.2	0.2
8. Nonspecific Psychosis	0.7	0.6	0.6
9.Bipolar disorders	0.7	0.6	0.6
10. Ansiety disorders	0.3	1.6	1.1

Table 1 Prevalence of psychiatric disorders in adult population in urban areas in 1994**.**
Source: Secretaria de Salud, 2001. p. 45

[1] (2001, p. 1). Amen of the differences between the different cultures and the debatable of the term, the World Health Organization defines mental illness as the absence of mental health; That is to say of subjective well-being, perception of the own efficacy, autonomy, competence, intergenerational dependence and self-realization of the intellectual and emotional capacities (who, 2001, p. 5).

[2] (OMS, 2001, p. 3).

[3] (Secretaría de Salud, 2001).

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The statistical yearbooks of the Ministry of Health in recent years report a noticeable and significant increase in the demand for outpatient mental health consultation. In 1990, 239 327 consultations were given, in 1995, 366 963 and in 1999, 583 760. In terms of the hospital outflows about mental disorders in 1990 there were 2 422; In 1995, 3 857 and for 1999 this was fired at 19 60, indicating an increase of more than 500%[4].

In recent years these figures are expected to have increased, as the social conditions of the population not only have not improved, on the contrary they have deteriorated.

As for the depression, the figures indicate that this mental disorder is the one that most afflicts the society because it occupies 12% of the total of the mental illnesses at world-wide level. In the early 80, WHO estimated that between 2 and 5% of the general population suffered from depression, or between 150 and 250 million of human beings[5]. In 2000, according to the same organization, it affects 340 million of people in the world. By the year 2020, if the current demographic and epidemiological tendencies are maintained, the burden of depression will increase to 5.7% of the total burden of morbidity, becoming the second cause of DALYs. Today it occupies the fourth place of DALYs in the whole population and the second in the people 15 to 44 years. It should be clarified that of years lost by disability (YLD), occupies the first place[6].

All ages. Total%
Respiratory tract Infections. 6.4%
Perinatal conditions. 6.2%
HIV/AIDS. 6.1%
Unipolar depressive disorders. 4.4%
Diarrhoeal diseases. 4.2%
Ischemic heart disease. 3.8%
Cerebrovascular disease. 3.1%

Table 2 Principal causes of disability-adjusted life years (DALYs) in the world, at all ages, estimates for 2000 *Source: WHO, 2001, p. 27-28*

15-44 years. % total
HIV/AIDS. 13.0%
Unipolar depressive disorders. 8.6%
Traffic Accidents. 4.9%

Table 3 Main causes of disability-adjusted life years (DALYs) in adults aged 15 to 44 years, estimates for 2000. *Source: WHO, 2001, p. 27-28*

[4] Secretaría de Salud, 2001, p. 45.

[5] Calderón, 1991. p. 71.

[6] OMS, 2001, p. 30.

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Both sexs, all ages. Total%	Men, all ages. Total%	Women, all ages. Total%
Unipolar depressive disorders. 11.9%	Unipolar depressive disorders. 9.7%	Unipolar depressive disorders 14.0%

Table 4 Main causes of the years lost by disability (APD) in the world, in all ages and in adults from 15 to 44 years, by sexes, estimates for 2000.
Source: WHO, 2001, p. 27-28

Both sexs 15-44. Total%	Men, 15-44. Total%	Women, 15-44. Total%
Unipolar depressive disorders. 16.4%	Unipolar depressive disorders 13.9%	Unipolar depressive disorders 18.6%

Table 5 *Source: WHO, 2001, p. 27-28*

The depression is classified as mental illness or mental disorder and is included within the group of ailments called Mood disorders (affective), is more common among the poor population, but not exclusive of this sector, and stands out from among the Most pressing and disabling diseases worldwide[7].

The middle age of onset of a depressive episode is 25 to 40 years. That is, it begins to affect the most productive ages of the person.

It's a bad thing that can block basic biological functions like hunger, sleep and sexual appetite. It affects women more than men in a 2-to-1 relationship, although men are more attentive to their lives.

It is the only disease that ends with the so-called basic instincts like that of the conservation (who suffers it may want to die), the gregarious (generates isolation) and the maternal (women with depression can refuse, neglect and even to attack their children, both In pregnancy as at any age)[8].

One of the most feared complications of depression is suicide. It is known that there is up to 60% of linkage between the two, so it is estimated that it is the mental illness that most affects the act of taking a life[9]. A depressive episode can last about 8 months and the risk of recurrence is about 40% to two years and from 72% to five years. That is, once you have given depression, the longer you go, the greater the risk of getting the disease back. Approximately 20% of the cases have been followed by a chronic progression without referrals[10].

There are patients with mild, moderate and severe symptoms (the latter apply mostly in adulthood-major). With mild symptomatology the patient has to make a minor effort to achieve goals. In the case of moderate there are a greater number of symptoms or greater intensity and this should make a bigger effort to achieve goals. With severe symptoms there is not only the presence of almost all of these but the intensity is greater, so there may be a serious limitation or even total incapacity[11].

In these cases, those who suffer from the disease may be unable to take care of themselves in activities such as eating, dressing and maintaining minimal personal hygiene.

[7] OMS, 2001, p. 19, 22, 26, 39, 40.
[8] Calderón, 1987, 1991
[9] Secretaria de Salud, 2001
[10] OMS, 2001, p. 30.
[11] De la Fuente, 1997c

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According to symptomatic manifestations, three major depression subtypes are known.

- Major depression with melancholic features. Patients show a lack of pleasure in all activities or lack of reaction to pleasurable stimuli. The depression is more intense in the mornings, the insomnia is of terminal type, marked agitation or psychomotor dulling, significant loss of the appetite and with it of body weight and an excessive and inadequate guilt.
- Major depression with psychotic features. In these cases, in addition to specific depressive symptoms, there are delusional ideas (no basis in reality) and/or hallucinatory (perceptions of different modalities without real object).
- Major depression with atypical characteristics. Here is a reactive mood to a positive or potentially positive event. In addition there is a significant increase in appetite and body weight, daytime hypersomnia, feeling of heaviness or stiffness in the arms and/or legs, increased sensitivity to interpersonal rejection which conditions deterioration in work or social functioning[12].

The cities where this disease is most reported are: First Santiago (Chile) 15.9%, in second Manchester (United Kingdom) 16.9%, third Groningen (Netherlands) 15.9%, in fourth Rio de Janeiro (Brazil) 15.8%, fifth place Paris (France) 13.7%[13].

A worrisome element of the disease is that, according to the Ministry of Health, it is present in one in ten people who attend primary care services but is generally not identified and is therefore not served with opportunity. In Mexico, in the year 2000, the Secretary of Health reported the existence of four million adults with depression, being the adulthood (18-65) the period of greater condition with a prevalence of 12 to 20%, mostly women[14].

1	Perinatal conditions	7.7
2	Diabetes Mellitus	5.8
3	Homicide and violence	4.8
4	Ischemic heart disease	4.5
5	Motor vehicle Accidents (crashes)	4.0
6	Low respiratory infections	3.0
7	Cerebrovascular disease	2.9
8	Cirrhosis of the liver	2.9
9	Dead by Run Down	2.3
10	Protein-caloric malnutrition	1.9
11	Diarrhoeal disea ses	1.8
12	Dementias	1.7
13	Alcohol consumption	1.6
14	**Depressive disorders**	**1.6**
15	Nephrosis nephritis	1.5

Table 6 Principal causes of loss of years of healthy life (YHL) in Mexico. Data of the 2000**.**
Source: 2001, Programa de Acción: Salud Mental, p. 18

[12] De la Fuente, 1997c.

[13] OMS, 2001, p. 24.

[14] It should be said that in Mexico since pre-hispanic times there was knowledge in relation to mental health, of this testify the Codex Badiano or Medicinalibus Indorum Herbis and the history of the things of the New Spain of Fray Bernardino of Sahagún. Depression, then called "Nigri remedium Sanguinis" was considered, along with epilepsy, true body disease (Calderón, 1970, 1987).

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The children's psychiatric Hospital "Dr. Juan N. Navarro" says that in the last decade mental disorders have been altered, and in the case of depression the increase has come to occupy the second place of mental illness in adolescents and minors.

In other words, in Mexico it is not only considered that the depression is increasing but also that it reaches more and more sectors of the population. With the current behavior of the population, more than ten million Mexicans are expected to suffer depression at some point in their lives in the future.

But will there be a relationship between the increase in mental illnesses such as depression and social-level conflicts? The answer seems to be affirmative because it is known that the growth of this type of evils is not only linked to biological factors but also social. See Kendler found that violence, divorce, economic housing problems, unemployment and legal conflicts generate depression[15]. The World Health Organization, for its part, asserts that urbanization, poverty and technological evolution mixed with overpopulated, polluted environments, dependent on a monetary economy, high levels of violence and poor social support generate Emotional ills.

For example, in China, economic conflicts have increased suicide and hospitalization for mental disorders, in the United States the urban modern life is considered to lead to the generation of this type of disease[16].

In Finland, high unemployment, job insecurity, short-term contracts and time-related pressure coincide with a defendant's impairment of mental well-being in the workforce.

In Germany, workers facing the "rationalization and rapid introduction of technology", in addition to increasing unemployment, suffer from stress due to increased time-related pressures and the demands for higher quality and quantity of Production.

In the United States and the United Kingdom, the adoption of a set of new technologies and methods of organization of work in response to growing existing productivity requirements results in increased cases of depression and stress.

In Poland, the major political changes that led to the country's socioeconomic transformation "had significant implications for the labor market and the mental well-being of workers."

Data from countries such as Brazil, Chile, India, and Zimbabwe indicate that the rate of the most common mental disorders is roughly two times greater among the poor than among the rich[17].

In Latin American countries, these conditions also charge important figures. Argentina speaks of 13% of the population with anxiety disorders[18].

[15] En Reynaga, 2000.

[16] Jenkisns, Kleinman, Good, 1991.

[17] OMS, 2001, p. 39-40.

[18] (http://www.saludpublica.com/), (http://www.cnnenespanol.com/).

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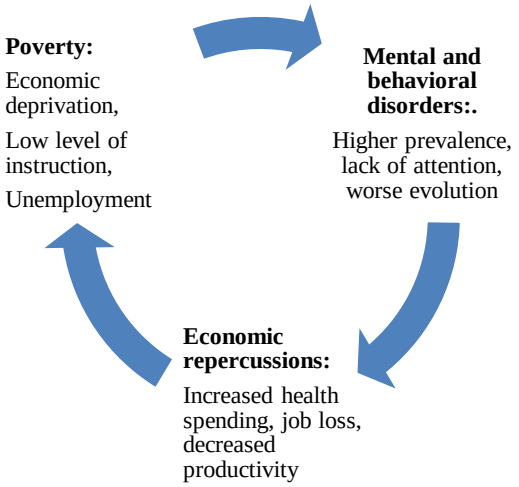
In Mexico, the statistical yearbooks of the Ministry of Health in recent years report a notable and significant increase in the demand for external mental health Consultation (including depression). In 1990 239 327 consultations were given, in 1995, 366 963 and in 1999, 583 760. As for the hospital outflows concerning mental disorders in 1990 there were 2 422; In 1995, 3 857 and for 1999 this was fired at 19 604, indicating an increase of more than 500%[19].

According to Enrique Chávez León, president of the Mexican Psychiatric Association (APM), it is estimated that in 2017, 3.3 percent of the population has suffered from depression[20]. That is to say the 127 million that INEGI reported population in 2015, 3.3% represents more than 39 million Mexican and Mexicans who have suffered throughout their lives a depressive disorder, with the risk that this reappears in their lives.

It is also important to say that the suicide rate in Mexico showed an upward trend between 2000 and 2013, passing from 3.5 to 5.2 suicides per 100,000 inhabitants which indicates that the so-called mental illnesses have grown, as suicides are Intimately related to them, especially with depression[21]. It should also be taken into account that specialists talk about a large number of patients with depression who do not know that they are living with the disease and many who know that they are not receiving medical care from the health sector, which indicates that there are many numbers without registration.

These numbers tell us about the large amount of population that is located within the so-called social handicaps; Therefore, according to the Ministry of Health, the most vulnerable people to suffer from evil is that which is part of a race, sex, economic or ethnic situation at a social disadvantage. Recent surveys have shown that poor families have a higher prevalence of depression and anxiety disorders. The following graph shows the vicious circle that, according to WHO, exists between poverty and mental disorders.



Graphic 1 The vicious cycle of poverty and mental disorders
Source: World Health Report 2001, who, p. 14.

Let's look at the social risk factors that the secretariat of Health (based on the World Health Organization) considers as potentials in the development of mental health problems (including depression).

[19] Secretaría de Salud, 2001, p. 45.

[20] http://www.milenio.com/tendencias/depresion-mexico-estadisticas-milenio-noticias_0_883111939.html

[21] INEGI, http://www.inegi.org.mx/saladeprensa/aproposito/2016/suicidio2016_0.pdf

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- Socioeconomic disadvantage
- Social and cultural discrimination
- Violence and criminality in the housing area
- Population density and inadequate housing conditions
- Lack of support services such as transportation and recreational sites
- Social isolation
- Competitive Society
- Unemployment/job insecurity
- Responsibility for caring for a sick or disabled person
- Residency in a nursing home
- War or natural disasters

Source: Secretary of Health, 2001, p.36.

Conclusions

The habitants of the big cities (place where most of the population is concentrated) also suffer delinquency, sale of drugs, corruption, unemployment, lack of spaces and of efficient and sufficient institutions that cover necessities of: health, Housing, education, transportation and justice. On the other hand, it suffers population density, vehicular traffic, pollution (auditory and the environment), loss of hours to transport from one place to another, emigration, social mistrust, road chaos.

In such a way that living in such conditions, says psychiatrist Guillermo Calderón, promotes the growth of depressive discomfort (especially the so-called simple depression).

In addition to the elements pointed out, Calderón adds, the anonymity in which the inhabitant of the big city lives, the severe economic crisis and its consequences exacerbate the problem. According to Monroe and Depue these elements do not necessarily generate depression but stress. However, stress, as well as anxiety, are the prelude to depression.

The social situation in Mexico not only affects the material deficiencies of immediate visibility (poverty, malnutrition, low educational levels, lack of medical services, among others), also in the physical, psychological and emotional health of the Individuals. While it is true that elements such as poverty and the lack of opportunities for human development themselves are a serious problem, and affect the life of the individual in the short term, in the long term we can observe the generation of consequences that affect Suffering and human pain. The case of the growth of mental illnesses, particularly depression, is one of them. However, the hegemony of the analysis from the biological and medical approach has prevented the search for solutions from the social reflection, because as mentioned conditions and the social environment affect the emotional and psychological discomfort or well-being of the People.

Stress, overwork, worries, violence – direct and indirect – the long working days and with them the lack of time to live together and socialize in free will, the family disintegration, the individualism and the fear that generates to live in Cities have increased. That is why the increasing suffering of mental illnesses represents a great challenge as a society, because although it is true that the expectation of life has increased so is that the best conditions have not done so.

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Mental illness reduces and precludes the lives of those who suffer and who surround the sick, makes people unhappy, prevents them from doing daily activities and in a normal way.

In this regard, I believe that social sciences, particularly sociology, have much to investigate; Well, there are many social factors that stun the human being, which affect their lives, and this is not only reflected in their level of consumption, type of housing or educational level, also in their health.

References

(mayor-agosto-1987), "La depresión, un problema de salud pública en aumento" en Psiquiatría, México, Vol. 3. pp. 99-105.

(mayo-agosto-1991), "Evolución en el concepto de los trastornos afectivos en la últimas cinco década", en Psiquiatría, México, No. 2, Vol. 7. pp. 70-76.

Azzolini Alicia (1995), "Salud y derechos humanos. La labor de la comisión de derechos humanos del Distrito Federal en el ámbito de la salud" en Salud y Derechos Humanos Editores Julio Frenk Mora, Ana Luisa Liguori, Jaime Sepúlveda Amor, Instituto Nacional de Salud Pública, México. pp. 69-78.

Calderón, Narváez, Guillermo (septiembre-1970), "La salud mental en México. Antecedentes históricos y enfoque actual", en Acta psiquiátrica y psicológica de América Latina, México, No. 3, Vol. 16. pp. 234-239.

El gráfico, "Muy padres. Reflexiones sobre la familia", Nota de María Rosas, miércoles 5 de abril del 2006, No. 26 592. p. 41

Hermández Gonzalo (1999), "El mercado laboral en México: retos y perspectivas para el año 2020" en México 2020. Retos y perspectivas, compilador Guillermo Abdel Musik Asali, CONACYT, SEP. pp. 201-228.

Jenkins Janis, Kleinman Arthur, Good Byron (1991), "Cross-Cultural Studies of Depresión" en Psychosocial Aspects of Depression, New Jersery, Editado por Joseph Becker, Arthur Kleinman, U. of Washington an U. Harvard Medical School. 254 pp.

Méndez Morales, José (1992), Problemas económicos de México, McGraw-Hill, México. 310 pp.

Monroe Scott y Depue Richard (1991), "Life Stress and Depression" en Psychosocial Aspects of Depresión, New Jersery, Editado por Joseph Becker, Arthur Kleinman, U. of Washington an U. Harvard Medical School. 254 pp.

Organización Mundial de la Salud (2001) Informe sobre la salud en el mundo. Salud mental: nuevos conocimientos, nuevas esperanzas, 178 pp.

Pascual Mayari (2004) "Violencia y miedo urbano: reflejos de la Ciudad de México" en Sujetos, víctimas y territorio de la violencia en América Latina, coordinadora Raquel Sosa, Universidad de la Ciudad de México. pp. 179-195.

Peñaloza, José Pedro (2003), Notas graves y agudas de la seguridad pública, Instituto Nacional de Ciencias Penales, México. 267 pp.

Reynaga Romaris, Areli (noviembre-2000), ¿Hay una relación causal entre los acontecimientos estresantes de la vida y el inicio de la depresión mayor?, en Información clínica. Instituto Mexicano de Psiquiatría, México, No. 11, Vol. 11. pp. 63-64.

ISSN-On line: 2539-1372
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Salud y Seguridad Social (1994), Retos y propuestas, Fundación mexicana cambio XXI Luis Donaldo Colosio, Editos Juan Ramón de la Fuente, México. 80 pp.

Secretaría de Salud (2001), Programa de Acción: Salud Mental. 191 pp.

Sotelo Julio (1995) "Problemas médicos emergentes y derechos humanos" en Salud y Derechos Humanos Editores Julio Frenk Mora, Ana Luisa Liguori, Jaime Sepúlveda Amor, Instituto Nacional de Salud Pública, México. pp. 49- 54.

www.saludpublica.com/. Febrero, 2005

www.cnnenespanol.com/. Marzo, 2005

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