

ABSTRACT

Depression is now one of the greatest health scourges, leading to great costs in various and extended levels.

This work was carried out with the objective of contributing to the development of new social policies guidelines regarding the depressed person. For this, we tried to ascertain the sociocultural factors of a group of individuals with the diagnosis of major depression (DSM-5) and its relevance in the origin and evolution of the clinical framework.

Using a mixed methodology (quantitative and qualitative), we interviewed 111 people with the diagnosis of major depression. The sample included people with the mentioned diagnosis being followed in psychiatrist's appointments for at least 6 months. The appointments took place in two public hospitals, two private clinics and one nongovernmental organization that have clinical assistance functions mostly in the Greater Lisbon area.

The information obtained was statistically treated and globally analyzed using the IBM-SPSS program.

Considering the results obtained, we were able to find that the vast majority of respondents revealed the existence of sociocultural factors as precipitants (83,8%), as well as of maintenance (76,6%) and resolution (62,2%) of their depression.

Among these factors, three groups were particularly mentioned: 1 – those related to work activity (including unemployment, non-valuation, non-performance and existence of conflicts); 2 - those related to the lack of social cohesion (including fragility of family ties, family conflicts, loneliness and lack of confidence in the community); and 3 - those related to insecurity (either imminent or in future) regarding economic, health, medical or human support.

We review current social policies, including mental health policies, and, considering the pertinent literature and based upon the results of the research carried out, we propose some "vectors" that we dare consider as priorities in the orientation of such policies and that we believe relevant in addressing the phenomenon of depression (prevention, treatment and social reintegration) all in order to contribute to minimize this public health problem.

The main vector lines that we considered were: 1 - prioritizing the targeted policies considering labor matters, including the necessary articulation with education policies and vocational guidance that should be implemented throughout academic life, as early as possible; 2 - give priority to policies that can improve social cohesion, namely the investment and adequate implementation of measures regarding the decrease of social inequalities, the promotion of equal opportunities, the promotion of information on citizenship values and health issues (including those relating to depression) as well as to support solidarity movements and organizations considering psycho education and inter-help; and 3 - emphasize the training of social professionals able to identify risk factors regarding early detection of depression, as well as promote an holistic approach (including social intervention, clinical intervention in its various aspects, from nursing to psychology and specialized psychiatry intervention, not disregarding the fundamental role of family and community doctors). This should be guided by an accurate characterization of the clinical picture as a whole (including the evaluation of the pertinent sociocultural factors and life events) that are revealed in various forms and various intensities and which should deserve an individualized and reflective assessment. For this will be necessary social policies that value appropriate consultation times and good interdisciplinary articulation in mental health area.

Besides, this work points the need for new studies concerning the current concept of mental health, of World Health Organization (WHO), namely its notion of productivity, which, in our view, should be sociocultural framed and take into account the new paradigms of contemporary societies.