

CHAPTER I

INTRODUCTION

1.1 Background

It contributes to almost half of total admissions into the psychiatric ward and is the most widely known form of mood disorder in the mainstream public. Prevalence could also be caused by the existence of prior diseases that are chronic, or incurable diseases in such that it is needed for patients that are admitted into the hospital be screened also for their mental condition, because it may hinder the doctor patient relationship and the recovery of the patient, one of the many effects depression has over people (Wang et al, 2017). Depression affects the patients in ways that could often be mistaken for laziness by their surroundings. In society, depression is the most likely reason for someone to be unable to contribute normally in daily life and hinders productivity. It changes said person and could end up in them not being able to carry out their professions or even daily errands (Bodner et al, 2017).

There is a predisposition trope of an ostracized individual in their environment that develops some mood disorders in mainstream media, for example that person suffers from depression after experiencing bullying in their close environment, whether it is school or home, but in actuality the

cause of depression is a lot more varied and differs a lot in cases (Johnson et al, 2016). Specific causes are harder to pin down, but there are some risk factors that could lead to depression, such as a past traumatic event, a history of abuse, and substance abuse. Someone's social conditions could also be a cause to their depression, such as home life or professional life (Ferrari et al, 2013). Abuse can come from a professional setting or a familial setting, familial relationships are the first that a person is usually contracted to, thus establishing a healthy family relationship is a priority in ensuring a healthy mental state, as though a lack of good family relationship would likely cause a chain reaction into the growing mental state of a person (Hallgreen et al, 2017).

Depression makes changes in the physical aspect also, other than behavioural ones, there is why there is a biopsychosocial model in mental disorders, this one namely is depression (Fowler et al, 2013). All biological, psychological, social are linked somehow in the manifestation of depression, in Indonesia it is also added spiritual aspect also. In the patients who has been clinically diagnosed with depression, there could be found a change in the grey matter in which it has suffered regression and are reduced over time, mainly those that are associated with emotion regulation and sensorimotor functions, Psychological factors come in where there is talk about stress, long exposure to stress are usually the cause of depression in an individual when someone is suffering from stress, the brain releases an excessive amount of positive feedback that in turns will make a functional dissociation in said person (Sassarini et al, 2016). In the social aspect of the

person, it is often seen that parental guidance and professional environment matters in the way someone develops as a person, in cases of which someone suffers from depression and thus perceives themselves negatively and projects those sentiments towards their surroundings which in turn gave the feedback that things are as bad as they thought it was and it goes back and forth (Forlani et al, 2014). Spiritual conditions are very common for people in this country to have, as Indonesia is a country that has religion in the constitution and therefore it is compulsory for Indonesian citizens to identify with a certain religion and to practice it (Rahim et al, 2017). Social environment is very important in this problem, as it is easily overlooked but is often the easiest to perform any preventable actions in someone ending up clinically depressed (Parker et al, 2016). Lots of cases of depression starts with an unhealthy family dynamic while said person is growing up, whether there was abuse or an absence of an important familial figure. Professional life could also be a social factor, in the way that the work environment and the social climate someone felt requires them to develop stress that would then prolong into depression, could be overload of work or a non-gratuitous social life (Lee et al, 2018).

Children who grew up exposed to abuse are more likely to be admitted for some kind of mental disorder later in adulthood, as high numbers of children admitted were from some kind of disturbed family structure with additional history of abuse, that is why family structure problems like missing family members and the existence of abuse are things that should be thought about more with mental health, with those factors be assessed as

an unhealthy household. (Behere et al, 2017). People suffering from depression often biasedly see their surroundings in a negative light, therefore hindering them from doing daily activities (Fried et al, 2015). They often say they perceive time more slowly than other people, and thus the sense of time getting longer may also attribute to the feeling of helplessness often felt by people with depression. The back and forwards feedbacks towards negative assumptions are often also found, a by-product of low self-esteem and a high self-critical voice in depression (Bernard et al, 2018). Children would then become adolescents who will have their psyche affected by these reasons could become troubled adolescents and thus during that time of moulding the psyche could be affected towards a risk of mood disorders such as depression or anxiety (Babor, 2016)

Therefore, it is a very important point of view to have an understanding of social environments through depression in the hopes of helping in the treatment of depression or preventing the development in getting worse (Smith et al, 2014)

1.2 Research Question

Do family relations affect the risk of depression in adolescents?

1.3 Research Objective

1.3.1 General Objective

Analyse the effect of family relations with risk of depression in adolescents.

1.3.2 Specific Objective

1. Describe positive family relations and negative family relations
2. Describe the risk of depression in adolescents
3. Analyse the effect of familial relations with risk of depression in adolescents

1.4 Research Benefit

1.4.1 Theoretical Benefit

The use of this thesis is to be a guide on the environment surrounding people with depression, as from the biopsychosocial and spiritual aspect of mental health, social aspect based from surrounding environment is one of the more easily malleable and for the people without depression surrounding them can be brought into light in usage of therapy.

1.4.2 Practical Benefit

Practically, this research would aid in the therapeutic aspect of dealing with people of depression as it emphasizes on the familial aspect of the social environment. With an expanded understanding of the effects the surrounding social environment, in home therapy for patients could go with more success.