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ORIGINAL ARTICLE

Evaluation of psychosocial functioning using DASS

[1]Nitesh Kumar Singh, [2]Abhinav Pandey

[1]Assistant Professor, Department of Psychiatry, F M Medical College, Firozabad, Uttar Pradesh, India;
[2]Assistant Professor, Department of Psychiatry, Saraswathi Institute of Medical Sciences, Hapur, Uttar Pradesh, India

ABSTRACT:
Background: In the context of a changing social landscape, depression and anxiety are acknowledged as prevalent, significant disorders and debilitating mental health issues that mostly affect teenagers and students. The present study was conducted to assess psychosocial functioning using DASS among adults. **Materials & Methods:**140 subjects of both genders were enrolled. Psychometric measures like the DASS-21 and the Strengths and Difficulties Questionnaire were given to each individual along with demographic surveys. **Results:** Out of 140 subjects, males were 80 and females were 60.40 had no depression, 32 had mild depression, 48 had moderate depression and 20 had severe depression. The difference was significant (P< 0.05). The common clinical features were agitation in 106, crying in 62, anorexia in 64, sadness in 57, loss of pleasure in 40, self- dislike in 87, irritability in 32 and fatigability in 19. The difference was significant (P< 0.05). **Conclusion:** The majority of the adults felt mild stress, according to the study's findings. The common clinical features were agitation, crying, anorexia, sadness, loss of pleasure, self- dislike, irritability and fatigability.
Keywords:anxiety, Stress, depression

Corresponding author: Abhinav Pandey, Assistant Professor, Department of Psychiatry, Saraswathi Institute of Medical Sciences, Hapur, Uttar Pradesh, India

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INTRODUCTION

In the context of a changing social landscape, depression and anxiety are acknowledged as prevalent, significant disorders and debilitating mental health issues that mostly affect teenagers and students. By the end of adolescence, lifetime prevalence rises sharply from 1% of those under the age of 12 to 17–25% of the population, with an increase in cases in the 15–18 age range.[1,2]

Depressed moods, psychomotor agitation or retardation, diminished interest or pleasure, insomnia, fatigue or loss of energy, diminished ability to concentrate, significant weight loss, feelings of worthlessness or excessive guilt, and recurrent thoughts of death are among the symptoms of depression as defined by the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition. The requirements are met by those who display five or more of those symptoms.[3,4]

Stress, Anxiety, and Depression Both the factor structure from direct evaluations of the DASS-21 and the items derived from participant ratings of the DASS-21 are used to produce the stable and transparent factor structure of Scale 21. The Strengths and Difficulties Questionnaire is a commonly used tool for assessing psychosocial functioning (SDQ).[5] The scale assesses adolescents' psychosocial adjustment in five different dimensions, including emotional symptoms, conduct issues, peer issues, hyperactivity/inattention, and pro-social behavior It is discovered that the SDQ's subscales are (a) conceptually significant, (b) congruent with what is currently understood about comorbidity, and (c) suggestive of different notions.[6]The present study was conducted to assess psychosocial functioning using DASS among adults.

MATERIALS & METHODS

The present study consisted of 140 subjects of both genders. The consent was obtained from all enrolled patients.

Data such as name, age, gender etc. was recorded. Psychometric measures like the DASS-21 and the Strengths and Difficulties Questionnaire were given to each individual along with demographic surveys. Data thus obtained were subjected to statistical analysis. P value < 0.05 was considered significant.

RESULTS

Table I Distribution of patients

Total- 140		
Gender	**Males**	**Females**
Number	80	60

Table I shows that out of 140 subjects, males were 80 and females were 60.

Table II Assessment of DASS

DASS	Percentage	P value
No depression	40	0.05
Mild depression	32	
Moderate depression	48	
Severe depression	20	

Table II, graph I shows that 40 had no depression, 32 had mild depression, 48 had moderate depression and 20 had severe depression. The difference was significant (P< 0.05).

Graph I Assessment of DASS

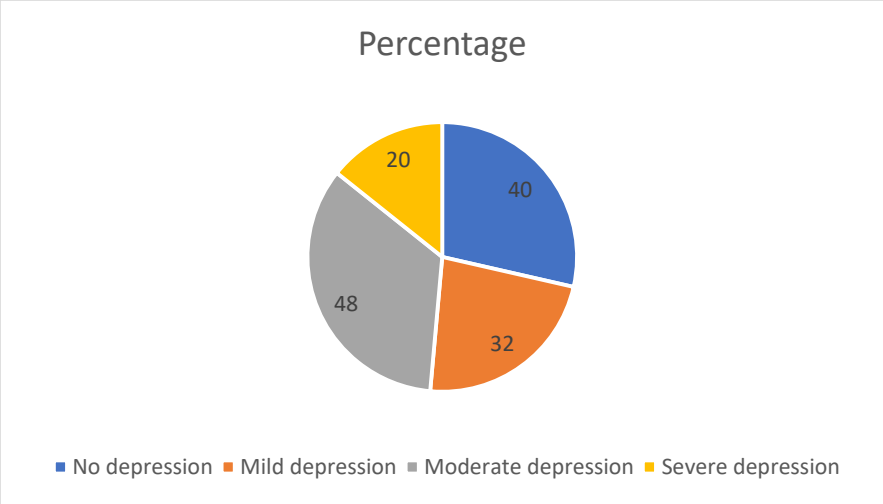
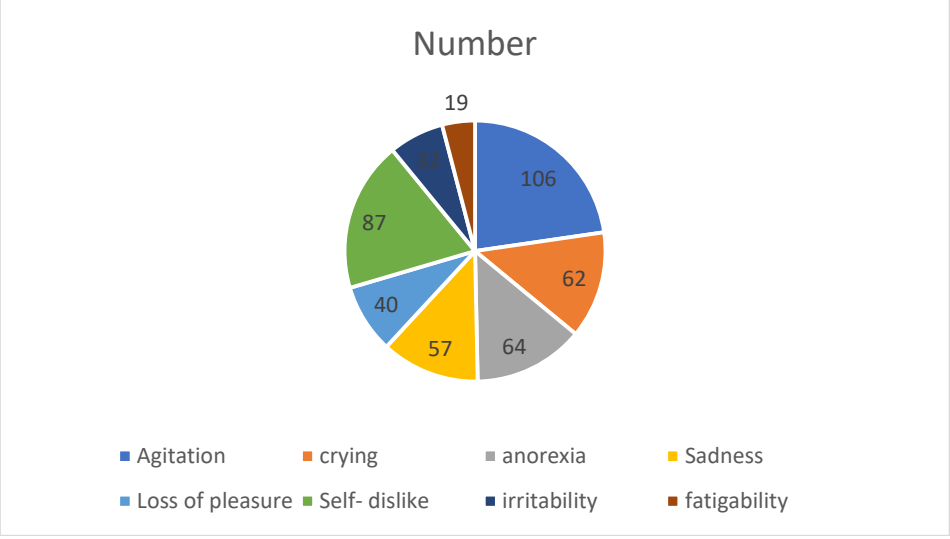


Table III Assessment of Clinical Features

Clinical features	Number	P value
Agitation	106	0.05
crying	62	
anorexia	64	
Sadness	57	
Loss of pleasure	40	
Self- dislike	87	
irritability	32	
fatigability	19	

Table III, graph II shows that common clinical features were agitation in 106, crying in 62, anorexia in 64, sadnessin 57, loss of pleasure in 40, self- dislike in 87, irritabilityin 32 and fatigability in 19. The difference was significant (P< 0.05).

Graph II Assessment of Clinical Features



DISCUSSION

The Strengths and Difficulties Questionnaire (SDQ) assesses adolescents' psychosocial adjustment in five different domains: conduct issues, emotional symptoms, pro-social behavior, peer problems, and hyperactivity/inattention.[7,8] It is discovered that the subscales of the SDQ are (a) conceptually significant, (b) congruent with what is currently understood about comorbidity, and (c) suggestive of different notions. Nonetheless, low consistency coefficients have been noted for the self-report format, particularly for the subscales measuring peer problems and behavior issues.[9,10] The SDQ subscales may have fewer items than planned, assess heterogeneous content, or have multiple positively worded reverse-scored items in the conduct problems and peer difficulties subscales, which could account for the low internal consistency results. However, the languages in which exploratory factor analysis (EFA) and CFA are established differ.[11,12,13]The present study was conducted to assess psychosocial functioning using DASS among adults.

We found that out of 140 subjects, males were 80 and females were 60. 40 had no depression, 32 had mild depression, 48 had moderate depression and 20 had severe depression. The idea that female respondents would have a higher prevalence of depression linked to somatic symptoms than male subjects, but not a higher prevalence of depression unrelated to these other symptoms, was evaluated by Silverstein et al.[14] Research interview data on major depression from the National Comorbidity Survey was re-analyzed by the author, who separated respondents into two groups: those who met overall criteria for major depression but did not exhibit these somatic criteria and those who met overall criteria but did exhibit fatigue, appetite, and sleep disturbance. In comparison to male respondents, female subjects showed a higher prevalence of somatic depression, but not a higher prevalence of pure depression. In female participants, somatic depression was linked to a high frequency of anxiety disorders as well as physical aches and

We observed that the common clinical features were agitation in 106, crying in 62, anorexia in 64, sadness in 57, loss of pleasure in 40, self- dislike in 87, irritability in 32 and fatigability in 19.Singh et al[15] investigated the psychometric qualities of the DASS and SDQ on Indian teenagers, looked into the significance of sociodemographic factors, and looked for any distinctions between students who attended school and those who did not. 1812 students between the ages of 12 and 19 provided the data, with a mean age of 15. A booklet including psychometric instruments like the DASS-21 and a strengths and challenges questionnaire was given to the participants along with a demographic questionnaire. The validation results showed that the two-factor model of SDQ and the English and Hindi versions of the three-factor DASS and SDQ models suit the models well. It was shown that while late adolescents scored highly on challenges, early adolescents scored highly on prosocial behavior. Regarding prosocial behavior, females scored higher than males. Adolescents living in rural areas showed different prosocial behavior and anxiety levels than their urban counterparts. Adolescents attending government schools varied from those attending private schools in terms of prosocial behavior, stress, and anxiety. The problem score, despair, and stress levels of teenagers were impacted by a negative assessment of their familial relationships. In a similar vein, low prosocial behavior and higher challenges are associated with negative self-concept perception. Adolescents who attended school showed different levels of stress, despair, and anxiety than those who did not.

CONCLUSION

The authors found that the majority of the adults felt mild stress, according to the study's findings. The common clinical features were agitation, crying, anorexia, sadness, loss of pleasure, self- dislike, irritability and fatigability.

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