

An Extensive Study on Knowledge, Attitude and Perception (KAP) on Depression and its Management in General Population

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Abstract: Depression is common, complex, costly, debilitating psychiatric disorder. It may be described as feelings of sadness, loss or anger that interfere with a person's everyday activities. Mental health is often overlooked in the management of patients in our health care ecosystem. Recognizing and managing mental illnesses such as depression by health care department is crucial. The aim of our study is to determine the Knowledge, Attitude and Perception of depression and its management with psychotherapy or antidepressant medication. A Prospective, Observational and Qualitative study was conducted to assess the knowledge among general population towards depression; we have divided 15 questions into three categories. Category 1 includes general questions about depression, category 2 includes yes, no, may or may not be questions. Category 3 includes treatment related questions. We have taken the percentage for each category, the percentage of category 1, category 2, and category 3 were 67.8%, 50.61%, 24.91% respectively. The average of 3 categories was 47.33%. So, we conclude that positive knowledge among general population towards depression as 47.33%. To assess the attitude and perception among general population towards depression, we included 15 attitude and perception questions. We have calculated the sum & average positive attitude and perception opinions of individuals who have taken part in our study. We observed positive attitude and perception among general population towards depression as 67.23%. Conclusion: From the results of our study, we conclude that many participants don't have proper knowledge about depression. Numerous participants don't know that there is existence of psychology department in treating depression and only very few people know about medication for depression.

Keywords: Attitude, Depression, Knowledge, Perception, Psychotherapy.

INTRODUCTION

Mental illness is "Any illness experienced by a person which affects their emotions, thoughts or behaviour, which is out of keeping with their cultural beliefs and personality and is producing a negative effect on their lives or the lives of their families".

Mental health concerns everyone. It affects our ability to cope with and manage change, life events and transitions such as bereavement or retirement. All human beings have mental health needs, no matter what the state of their psyche. Mental health needs can be met in a variety of settings including acute hospital settings. Primary care settings, self-help groups, through social services and of course through counselling and psychotherapy [1]. Mental illness is prevalent in about 25% of world population. Prevalence ranges from 5% to 15% in all adults and lower estimates in elderly people.

It stands 9th in position when ranked by disability and death combined. It occurs twice as frequency in women in conjunction with another psychiatric disorder [2].

Mental health is described as follows:

- Mental health is indicated by the attitudes of the individual towards themselves.
- Mental health is expressed in the individual's style and degree of growth, development or self-actualization.
- Mental health is based on the individual's relation to reality in terms of autonomy, perception of reality, environmental mastery.
- It is increasingly being recognized that mental health is composed of two dimensions: Mental health problems and mental wellbeing (positive mental health).

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Mental health problems ranging from mild subclinical symptoms to clinically diagnosed illness cause a large and increasing burden that contributes to high costs to societies, long-lasting disability, increased mortality and enormous human suffering. Some of the major mental health problems perceived to be public health issues are depression, anxiety, substance misuse disorder, psychosis and dementia. It is predicted by the World Health Organization (WHO) that by 2030 depression will be second only to HIV/AIDS as an international health burden. Equally, mental wellbeing is important for individuals as well as for society. At an individual level mental wellbeing enables people to realize their intellectual and emotional potential and to find and fulfil their roles in social, school and working life.

There are many different categories of mental disorder, and many different facets of human behaviour and personality that can become disordered.

Mood disorder involving unusually intense and sustained sadness, melancholia, or despair is known as major depression (also known as unipolar or clinical depression).

Patterns of belief, language use and perception of reality can become disordered (e.g. delusions, thought disorder, hallucinations). Psychotic disorders in this domain include schizophrenia, and delusional disorder. Schizoaffective disorder is a category used for individuals showing aspects of both schizophrenia and affective disorders.

Anxiety or fear that interferes with normal functioning may be classified as a disorder. Commonly recognized categories include specific phobias. Generalized anxiety disorder, social anxiety disorder, panic disorder, agoraphobia, obsessive-compulsive disorder and post-traumatic stress disorder.

Among all the above disorders depression is the most debilitating and disabling disorder which is most commonly seen now a days. Fortunately, incidence of depression in India is low due to our lifestyle and the natural drugs which we use in our daily food. Some of the spices which were used in Indian cuisines were reported to have memory enhancing and stimulating properties which keeps Alzheimer's and depression away [1].

A number of drugs are available for the treatment of depression, but clinical evaluation of these drugs has shown incidence of relapse, side effects, and drug interactions. This has been the rationale for the development of new antidepressants. Which includes herbal drugs; Indian medicinal plants and their derivatives have been an invaluable source of therapeutic agents to treat various disorders including depression [3].

Mental health is often overlooked in the management of patients in our health care ecosystem. Therefore, Recognizing and managing mental illnesses such as depression by health care department is crucial [4].

Depression [5]:

Depression is classified as a mood disorder. It may be described as feelings of sadness, loss, or anger that interfere with a person's everyday activities. It's also fairly common. The Centres for Disease Control and Prevention (CDC) Trusted Sources estimates that 8.1% of American adults ages 20 and over had depression in any given 2-week period from 2013 to 2016.

People experience depression in different ways. It may interfere with your daily work, resulting in lost time and lower productivity. It can also influence relationships and some chronic health conditions.

Conditions that can get worse due to depression include:

- i. Arthritis
- ii. Asthma
- iii. Cardiovascular disease
- iv. Cancer
- v. Diabetes
- vi. Obesity

Prevalence of depression in RA patients is substantially greater in women than in males [6]. It's important to realize that feeling down at times is a normal part of life. Sad and upsetting events happen to everyone. But, if you're feeling down or hopeless on a regular basis, you could be dealing with depression.

Depression is considered a serious medical condition that can get worse without proper treatment. Those who seek treatment often see improvements in symptoms in just a few weeks.

Depression causes: There are several possible causes of depression. They can range from biological to circumstantial.

Common causes include:

- i. Family history. You're at a higher risk for developing depression if you have a family history of depression or another mood disorder.
- ii. Early childhood trauma. Some events affect the way your body reacts to fear and stressful situations.
- iii. Brain structure. There's a greater risk for depression if the frontal lobe of your brain is less active. However, scientists don't know if this happens before or after the onset of depressive symptoms.
- iv. Medical conditions. Certain conditions may put you at higher risk, such as chronic illness,

insomnia, chronic pain, or attention-deficit hyperactivity disorder (ADHD).

- v. Drug use. A history of drug or alcohol misuse can affect your risk.

About 21% of people who have a substance use problem also experience depression. In addition to these causes, other risk factors for depression include: low self-esteem or being self-critical, personal history of mental illness, certain medications, and stressful events, such as loss of a loved one, economic problems, or a divorce. Many factors can influence feelings of depression, as well as who develops the condition and who doesn't.

Types of Depression:

There are different types of depressive disorders. Symptoms can range from relatively minor to severe, so it's helpful to be aware of the range of conditions & their specific symptoms.

1. Major Depression: Major Depression is sometimes called major depressive disorder, Clinical depression, Unipolar Depression or simply Depression. It involves low mood and or loss of interest and pleasure in usual activities, as well as other symptoms. Depression can be described as mild, moderate or severe, melancholic and psychotic.
2. Melancholia: This is the term used to describe a severe form of depression where many of the physical symptoms of depression are present. One of the major changes is that the person starts to move more slowly.
3. Psychotic Depression: This can involve Hallucinations (Seeing or hearing things that aren't there) or delusions (false beliefs that aren't shared by other's), such as believing they are bad or evil, or that they are being watched or followed. Sometimes people with a depressive disorder can lose touch with reality & experience psychosis.
4. Antenatal & Postnatal Depression: Women are at an increased risk of depression during Pregnancy (known as antenatal or prenatal period) and in the year following child birth (known as postnatal period). The causes of depression at this time can be complex & are often the result of a combination of factors. In the days immediately following birth, many women experience "Baby Blues" which is a common condition related to Hormonal changes & effects up to 80% of women.
5. Bipolar Disorder: Bipolar Disorder used to be known as "Manic Depression" because the person experience periods of depression & periods of mania, with periods of normal mood in between. Mania is like the opposite of depression & can vary intensity-Symptoms include feeling great, having lots of energy, having racing thoughts & little need for sleep,

talking quickly, having difficulty in focusing on tasks & feeling frustrated & irritable.

6. Cyclothymic Disorder: Cyclothymic Disorder is also described as a milder form of bipolar disorder. The person experiences Chronic Fluctuating moods over at least two years, involving periods of hypomania (Mild to Moderate level of Mania) & periods of depressive symptoms, with very short periods (No more than two months) Of normality between.
7. Dysthymic Disorder: The Symptoms of Dysthymia are similar to those of major depression but are less severe. However, in the case of Dysthymia, Symptoms last longer. A person has to have the milder Depression for more than two years to be diagnosed with dysthymia.
8. Seasonal Affective Disorder (SAD): SAD is a mood disorder that has a seasonal pattern. The cause of the disorder is unclear, but it is thought to be related to variation in light exposure in different seasons. It is characterized by mood disturbances (either periods of depression or mania) that begin & end in a particular season.
9. Premenstrual Dysphoric Disorder: Premenstrual Dysphoric disorder (PMDD) is a condition in which a woman has severe depression symptoms, irritability, & tension before menstruation. The symptoms of PMDD are more severe than those seen with premenstrual syndrome (PMS). PMS refers to a wide range of physical or emotional symptoms that typically occurs about 5-11 days before a woman starts her monthly menstrual cycle. The symptoms usually stop when, or shortly after, her period begins.
10. Mixed Depression: Mixed Depression is defined by the combination of depression & Manic/Hypomanic symptoms, usually below the minimum number required for the diagnosis of mania & hypomania, & not including elevated mood by definition.

Pathophysiology of depression:

Pathophysiology of Major Depression

There has been a marked shift in the last decade in our understanding of the pathophysiology of major depression. In addition to the older idea that a deficit in function or number of monoamines (the monoamine hypothesis) is central to the biology of depression, there is evidence that neurotrophic and endocrine factors play a major role (the neurotrophic hypothesis). Histologic studies, structural and functional brain imaging research, genetic findings, and steroid research all suggest a complex pathophysiology for MDD with important implications for drug treatment.

Symptoms:

1. Emotional Symptoms: Sadness, Anxiety, Guilt, Anger, Mood Swings, Helplessness, Hopelessness.
2. Physical Symptoms: Sleeping too much or too little, over eating or loss of Appetite, Constipations, weight loss or gain, irregular menstrual cycle, gradual loss of sexual desire.
3. Behavioural Symptoms:
 - a. Crying for no apparent reason.
 - b. Withdrawal from other people & new situations.
 - c. Getting anger easily.
 - d. Being unmotivated to set or meet goals.
 - e. Loss of interest in one's physical appearance.

Treatment:

1. Psychotherapy

Speaking with a therapist can help you learn skills to cope with negative feelings. You may also benefit from family or group therapy sessions.

2. Light therapy

Exposure to doses of white light can help regulate your mood and improve symptoms of depression. Light therapy is commonly used in seasonal affective disorder, which is now called major depressive disorder with seasonal pattern.

3. Alternative therapies

Ask your healthcare provider about acupuncture or meditation. Some herbal supplements are also used to treat depression, like St. John's wort and fish oil. Talk with your healthcare provider before taking a supplement or combining a supplement with prescription medication because some supplements can react with certain medications. Some supplements may also worsen depression or reduce the effectiveness of medication.

4. Exercise

Aim for 30 minutes of physical activity 3 to 5 days a week. Exercise can increase your body's production of endorphins, which are hormones that improve your mood.

5. Avoid alcohol and drugs

Drinking or misusing drugs may make you feel better for a little bit. But in the long run, these substances can make depression and anxiety symptoms worse.

6. Learn how to say no

Feeling overwhelmed can worsen anxiety and depression symptoms. Setting boundaries in your professional and personal life can help you feel better.

7. Take care of yourself

Patient education regarding dietary modifications, such as avoidance of hepatotoxic medications, alcohol⁷. You can also improve symptoms of depression by taking care of yourself. This includes getting plenty of sleep, eating a healthy diet, avoiding

negative people, and participating in enjoyable activities. Sometimes depression doesn't respond to medication. Your healthcare provider may recommend other treatment options if your symptoms don't improve [8].

Many studies show that more knowledge leads to fewer stigmas. Moreover, attitude ranges from acceptance and tolerance to negativity and fear. When positive attitude is developed a supportive and open-minded behaviour is observed. Conversely when negative attitude is developed, it results in avoidance, social exclusion, discrimination [9]. Previous studies have shown that keeping in contact with Mental Health Disorder patient leads to development of attitude, change in their belief and reduce misconceptions [10]. However, people have negative belief that MHD could be dangerous. So, public try to keep social distance despite of their regular contact with them [11].

A study conducted by Anger Meyer et al. showed that vast part of public cannot recognise the MHD people and majority of public consider MHD people need to get some benefit. A worldwide study conducted in 229 countries showed that in developed countries such as the USA and Canada, Only 7% to 8% of respondents had stigma towards MHD people, compared to 15% or 16% in developing countries [12].

A study conducted in Egypt among 208 participants recruited through their places of work showed that the majority of respondents (70.2%) do not accept a person with MHD as a teacher for their children, 53.7% do not accept him as a family member, 32.7% do not accept him as a friend and 25.1% do not accept him as a neighbour [13]. Another study conducted in the United Arab Emirates among parents of children with MHD showed that the majority of parents (62%) often do not seek help from mental health specialists. On the other hand, age, gender, and the education level of the subjects, occupation, and socio-economic level had some impact on the individuals suffering from depression to maintain social distance [14]. Another study in Tanzania, mortality is mostly as result of infectious diseases and malnutrition, morbidity associated to mental illness receives minimal attention from government [15].

MATERIALS AND METHODS

Study objectives: The main objective is to study the Knowledge, Attitude and Perception (KAP) on depression and its management in general population.

Methodology:

1. Study Design: Prospective, Observational, Qualitative Study.
2. Study Duration: 6 months
3. Sample Size: 500

Inclusion criteria:

1. Subjects who are willing to participate voluntarily in this study.

2. Subjects > 18 years.

Exclusion criteria:

1. Sick individuals unwilling to participate.
2. Individuals who have disability

RESULTS

A study was performed in Hyderabad in Telangana state for 6 months to assess the Knowledge, Attitude and Perception (KAP) of depression and its management in general population. A total of 600 individuals have participated in our study. All the participants were evaluated for demographic data, family history, risk factors for depression, past medical history.

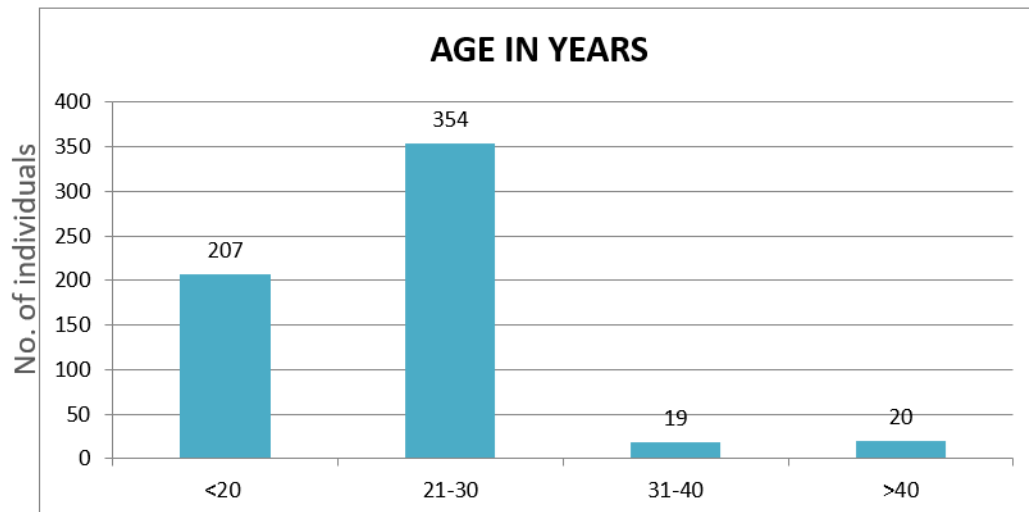


Figure 1: Bar graph showing the distribution of age of the participants

From the graph, we have observed that the participants below 20 years were 207, in the age between

21-30 years were 354, in the age 31-40 years were 19, and above 40 years were 20.

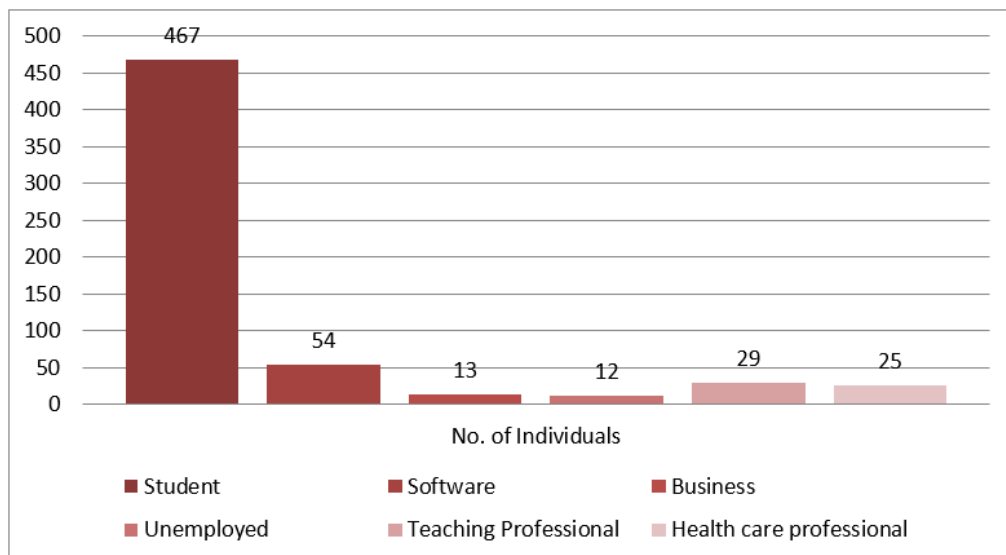


Figure 2: Bar graph representing occupation details of the participants

Students were mostly taken part in our study than software, health care professional, teaching professional, unemployed. The number of students

were 467, software professionals were 54, health care professionals were 25, teaching professionals were 29, businessman were 13 and unemployed were 12.

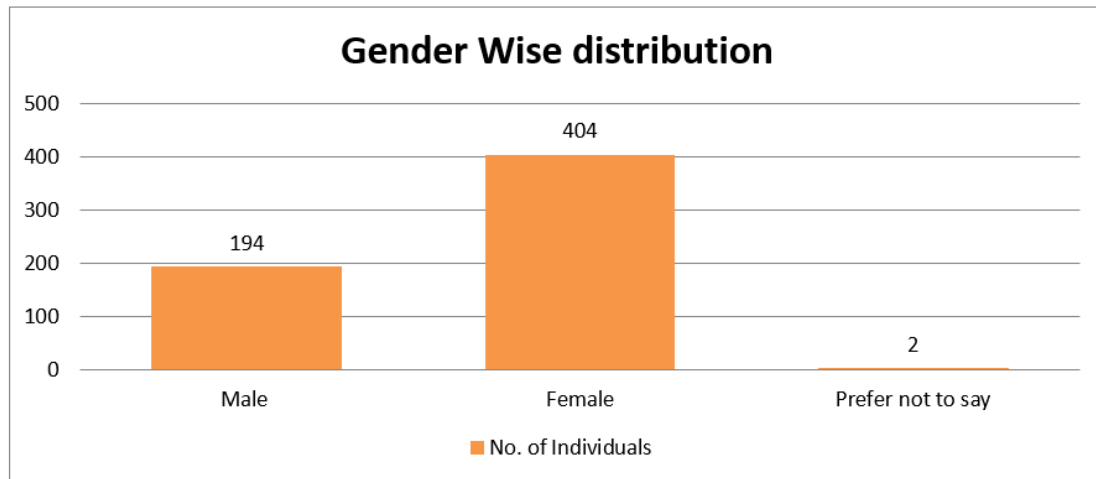


Figure 3: Bar graph showing the distribution of gender of the participants

From this study, we have observed that number of females taken part in our study were more than males. Females were 404, males were 194 and 2

individuals didn't prefer to reveal their gender.

To assess the knowledge among general population we divided the questions into three categories.

Table 1: Category 1 (67.91%)

Question	Positive knowledge
1. What is depression?	Loss of interest, feeling sad, not enjoying, irritated. Both A&B (81%)
2. which of the following causes depression among people	All of the above (Physical abuse, sexual abuse, Emotional abuse.) 76.83%
3. In which of the following group depression is more often observed.	Adults (39.16%)
4. Which of the following worsen depression	All the above (Alcohol, smoking, narcotic substances) 74.66%

Table 2: Category 2 (50.61%)

Question	Positive knowledge
5. Will other diseased conditions induce depression?	May be (56%)
6. Do usage of medicines cause depression?	May be (39.16%)
7. Is depression a hereditary disease?	Yes (6.16%)
8. Does depression have any correlation with social habits?	Yes (55.83%)
9. Will social isolation causes depression?	Yes (56.3%)
10. Will financial crisis have impact on depression among people?	Yes (74.5%)
11. Does the type of job or occupation causes depression?	Yes (61.16%)
12. Is psychotherapy beneficial in treating depression?	Yes (55.83%)

Table 3: Category 3 (24.91%)

Question	Positive knowledge
13. For severe depression, what course of treatment should be prescribed to a patient?	Option c + other psychological therapy (35.5%)
14. Do u think first episode of moderate depression should be treated with high dose of SSRI?	Partially agree (14.3%)

Overall positive knowledge among general population towards depression

=67.91%+50.61%+24.91%3

=47.81%

Table 4: Assess Attitude & Perception Among General Population (67.23%)

Question	Positive attitude and perception
1. Do depressed people deserve respect?	Yes (83.67%)
2. Can a person with depression make good friends?	Yes (37.5%)
3. Does meeting a depressed person makes you uncomfortable?	No (60.17%)
4. Can a person with depression help others?	Yes (32.8%)
5. Do person with depression needs social support?	Yes (88.67%)
6. Is it good to avoid depressed person?	No (84.83%)
7. Is there any department or profession that could treat depression?	Yes (67.33%)
8. Should the person with depression consult an expert or professional to get the solution?	Yes (83.83%)
9. Will depression leads to serious diseases if untreated?	Yes (70.17%)
10. Do surroundings play a crucial role in triggering depression?	Yes (81.3%)
11. Does depression affects person's lifestyle and wellbeing?	Yes (91.35%)
12. Does depression affect persons work productivity?	Yes (89.17%)
13. Does depression affect eating habits of an individual?	Yes (80.17%)
14. Do medications or therapy by a psychiatrist help in complete recovery of depressed patient?	Yes (34.3%)
15. Will depressed patient get completely normal after treatment?	Yes (23.3%)

Overall positive knowledge, attitude& perception: 47.81+67.23% =57.52%

CONCLUSION

Our study is conducted for a period of six months in general population and a total of 600 participants have participated in our study.

From the results of our study, we conclude that many participants don't have proper knowledge about depression. Numerous participants don't know that there is existence of psychology department in treating depression and only very few people know about medication for depression.

Among all the participants, many of them show positive attitude towards depressed individuals yet some of them hold negative perceptions. Many participants believe that social habits may worsen depression and numerous participants have answered that they feel uncomfortable when they meet a depressed individual and they have the mentality that depressed people cannot make good friends or they may not help others. This ideology towards depressed individuals should be changed.

Health promotion about depression and its treatment must be conducted to increase positive perceptions, good knowledge and positive attitudes of the general population. People must be encouraged to express their feelings of sadness and help each other in hard times. Many individuals go through pain and have suicidal thoughts and lose their lives. So, awareness about depression should be created and social media platforms can be taken into consideration to improve mental health promotion and mental health problem prevention.

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