



INVESTIGATION OF THE PREVALENCE OF DEPRESSIVE AND GENERALIZED ANXIETY SYMPTOMS IN RURAL GRACIAS A DIOS, HONDURAS



Kyleigh Bishop, Dr. Charles Fleischer, Richard C. Brito, MSW, Ashley Valdes, B.S., Abigail Watson, Zoë M. Rushetsky, B.S., Michelle Flohr, M.S., Madison Mullins, Kelly A. Rodriguez, James Hardy, B.S., Otufa H. Noor, Madison Hull, B.S, Carlos Reyes-Ortiz, M.D., PhD.
Florida State University, College of Medicine, Department of Family Medicine and Rural Health

INTRODUCTION:

Mental health and the stigma regarding its prevalence is an important concern for global health. Specifically, in low-to-middle income countries there is question of the availability of mental health services. This study covers a rural community within Gracias a Dios, Honduras where there is a lack of publications on mental health assessment and literature of prominent mental health services or their relative accessibility. Preliminary findings report, a lack of expenditure for mental health resources within Honduras. Of the budget allocated for mental health, 88% is allocated to the psychiatric hospitals where medications are supposed to be accessible and free but are often limited (WHO-AIMS, n.d.). In addition, these mental health hospitals are all located near main cities which eliminated geographical inclusion for communities like Gracias a Dios (WHO-AIMS, n.d.). The DSM-5 is primarily used in the United States and is a standard classification of mental illnesses and disorders. This tool is used by psychiatric professionals to diagnose, screen, and determine the severity of mental disorders. Its classifications of symptoms for both depressive disorders and generalized anxiety disorder (GAD) are used in this study to measure the prevalence of these symptoms. This study is a response to the preliminary findings mentioned above and the lack of publications of mental health in Honduras. The purpose of this study is to evaluate the prevalence of both depressive and generalized anxiety symptoms and the barriers in mental health services in Gracias a Dios, Honduras. .

METHODS:

This study was completed using non-validated self-constructed surveys, using the DSM-5 as reference to outline the symptoms and facilitate the survey. IRB-approval was attained, and sensitivity tools were used to ensure the survey evaluates mental health in a culturally cognizant manner. The survey measured the prevalence of these symptoms by prompting the participants to answer for each scenario or list of symptoms with one of the following: not at all, several days, more than half of the days, and nearly every day. To foster a secure relationship between the surveyor and the participants, trained surveyors and village health workers administered the surveys to the populations. The survey was distributed over three days and measured symptoms over a two-week period.

DISCUSSION:

It is important to note that over-half (52.8%) of the individuals reported a willingness to seek professional help. These results highlighted that on the individual level, residents in this study are willing to seek mental healthcare. Our preliminary findings suggest that there is a lack of mental health services available to those in rural area, such as Gracias a Dios, Honduras. This study was conducted due to a lack of mental health assessment in Honduras so these findings could increase not only awareness but also push for improvement of mental healthcare access. In future studies, limitations could be combatted by surveying larger sample sizes and spreading the surveys to multi-sites within rural communities in Honduras. This study calls to further spread mental health awareness while promoting its evaluation and overall access in rural Honduras.

RESULTS:

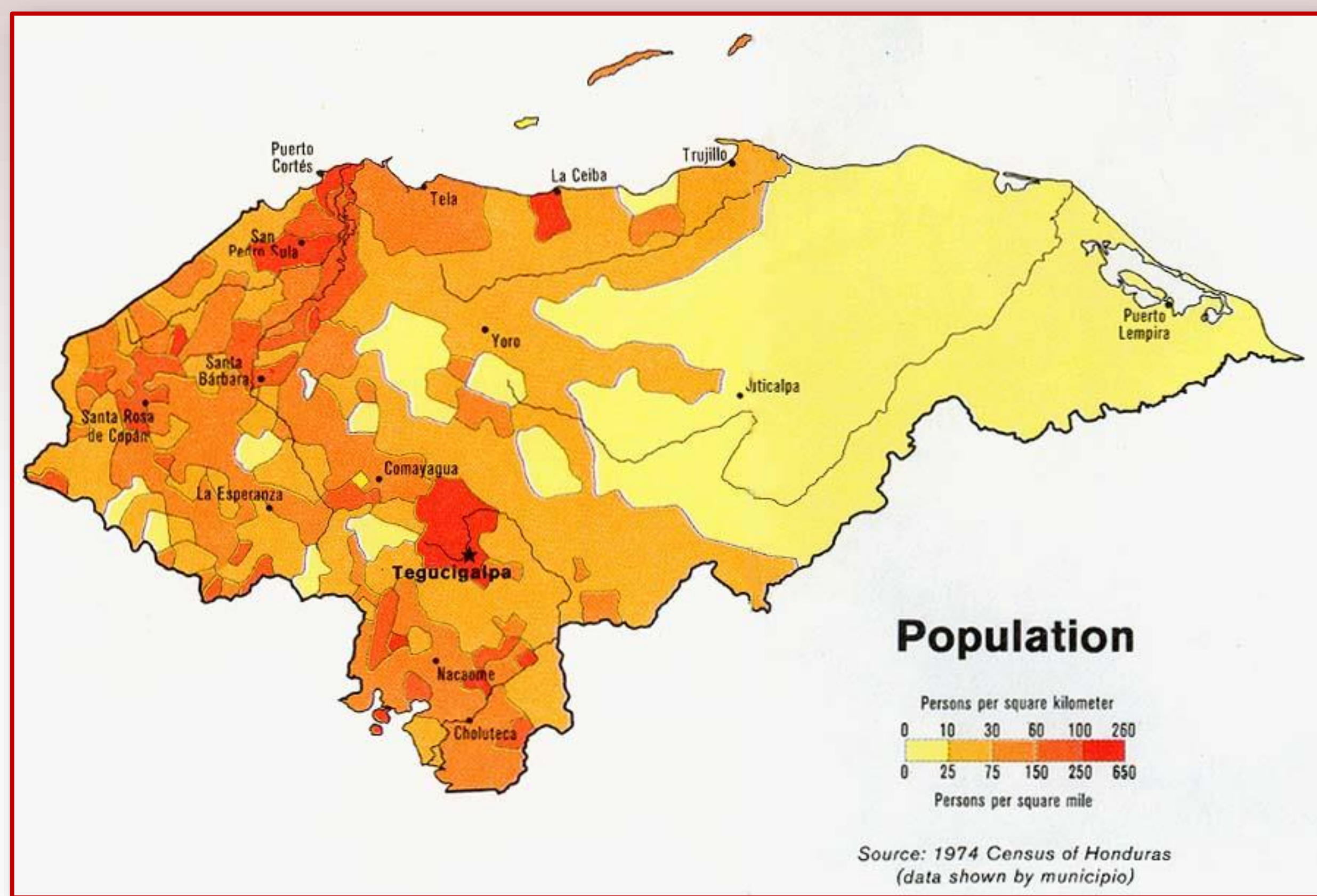
In the study regarding depressive symptoms, there were participants with an age range of 15-88 with 30 participants identifying as male and 23 as female. There are two main sections of results that provided significant data on the prevalence of depressive symptoms: experiencing a loss of interest in enjoyable activities and responses to a list of depressive symptoms (feeling loss, depressed etc.).
When asked if the participants experience a loss of interest in enjoyable activities over a two-week period participants responded as follows: 15.2% responded loss of interest (5.7% several days, 3.8% more than half of the days, and 5.7% nearly every day).
When asked if the participants experience feeling hopeless, down, or depressed over two-week period participants responded as follows: 24.6% responded to feeling one of these symptoms (13.2% several days, 5.7% more than half the days, and 5.7% nearly every day).
52.8% of participants also reported they would talk to a healthcare professional if feeling sad or depressed.
Results are pending for the Generalized Anxiety Disorder symptoms prevalence, and their experienced barriers to mental health services. However, we expect to find similar results given the factors that lead to depression can also cause GAD and its study was conducted in the same geographical location.

REFERENCES:

WHO-aims Mental Health System - World Health Organization. (n.d.). Retrieved April 10, 2023, from https://cdn.who.int/media/docs/default-source/mentalhealth/whoaimscountryreports/who_aims_trinidad_tobago_eng.pdf?sfvrsn=f5fbd6b9_3&download=true

ACKNOWLEDGMENTS:

GHCP Team- FSU-FAMU
Universidad Nacional Autónoma de Honduras (UNAH)
Florida State University, College of Medicine, Department of Family Medicine and Rural Health, Center on Global Health.
Florida Agricultural and Mechanical University, College of Pharmacy and Pharmaceutical Sciences, Institute of Public Health.



Population Density Map of Honduras Map No. 504929 from Perry-Castañeda Library Map Collection