Effectiveness of REBT on the level of depression among depressed patients.

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Abstract : The aim of the study was to assess the effectiveness of REBT on the level of depression among depressed patients in selected rehabilitation centres. The final study includes samples of 60 depressed patients. On the Purposive basis the sample are selected. In this study Beck's Depression Inventory scale was used. The samples received 20 sessions of REBT intervention. Pre-test and post-test was done .In the conclusion the result shows that there was reduction in the level of depression after the intervention of REBT therapy. Material & Method: An experimental study was conducted on 60 depressed patients admitted in selected rehabilitation centres. The samples were selected through non probability purposive sampling techniques. In this study Beck's Depression Inventory scale was used which consist of 21 multiple choice self- report inventory questionnaire. Result: Out of 60 Samples in Pre test majority 80% samples were in the moderate level ,13.4% in the borderline level and 3.3. in the mild level of depression whereas in the post test majority 80% are in the mild level of depression, 13.4% in moderate and 3.3% in borderline and severe level of depression. Conclusion: REBT therapy was found to be highly effective in decreasing the level of depression among depression patients. This has been proofed statistically as the calculated value is less 0.05 level of significant.

Keywords: Depression, Depressed Patient, REBT and Effectiveness of

REBT Introduction

REBT was founded by Albert Ellis in the year 1955. It was constructed on the concept that emotion and behaviour stem from our cognitive process and our belief systems. Ellis claimed that as a human, we are biologically predisposed to think irrationally. Our thoughts, feelings and behaviour are the interdependent psychological process. Rational Emotive Behavior Therapy (**REBT**) is a short-term form of psychotherapy that helps you identify self-defeating thoughts and feelings, challenge the rationality of those feelings, and replace them with healthier, more productive beliefs. Ellis established three guiding principles of REBT. These are known as the ABCs: activating event, beliefs, and consequence. REBT can be particularly helpful for people living with a variety of issues, including depression, anxiety, addictive behaviors, phobias, overwhelming

,feelings of anger, guilt, or rage, procrastination ,disordered eating habits aggression, sleep problem. A study was done(2016) to looked at the benefits of regular REBT sessions with social worker for long term depression. After 12 months the participants made fewer trips to their primary care doctor which shows decrease in the level of depression and use of prescription medications also decreased . REBT helps clients to think more rationally about themselves, other people and the world. Therapy and therapist helps us to solve emotional riddles of our life.

Depression is one of the common world wide illness which affect more than 264 million of peoples. It is different from usual mood fluctuations and emotional responses to everyday life.when the condition remain for long lasting and with moderate or severe intensity then it become a serious health condition. At its worst depression can lead to suicide. Every year 800000 people die due to suicide. And it is the second leading cause of death in 15 to 29 year olds. The burden of depression and mental health conditions is on the rise globally.

Depending on the number and severity of symptoms, a depressive episode can be categorized as mild, moderate or severe. The contributing factors of depression results from a complex interaction of social, psychological and biological factors. Depression can, in turn, lead to more stress and dysfunction and worsen the affected person's life situation and depression itself. According to WHO in India, depression is major pervasive, uncontrolled psychological disorder which need to be more focus by the psychiatric doctors, Counsellor, and Psychosocial worker to undertake this problem. REBT is a practical and action-oriented approach for dealing with emotional, cognitive and behavioural problems and improving psychological wellbeing and personal growth.

Need of the study.

Depression is a common mental disorder that presents with depressed mood, loss of interest or pleasure, decreased energy, feelings of guilt or low self-worth, disturbed sleep or appetite, and poor concentration .Depression normally change mood to the length of severity, 10% or less than 10% of the population at a certain point in time, suffers from psychiatric or psychosocial problem that needs intervention. (WHO 2007.)

An experimental study which explore efficacy of Rational Emotive therapy in the management of depression in HIV infected women. In the study quasi experimental one group pre-test and post-test control group design. The major study result shows that REBT has significant impact to decrease level of depression among HIV infected women.

A study which was done(2018) to assess the efficiency of Rational Emotive Behavior therapy on level of depression among attempted suicide clients. Pre-experimental design in that one group pre and posttest was adopted for study with total samples was 30. Hamilton depression rating scale was used as study tool. Findings of the study given broader insights as highest percentage of patients were in 21-30 years age group, majority were males, educated, Hindu religion, not addicted to alcohol or drug dependence, no past history of suicide, no history of chronic illness and married. In attempted suicide patients the Rational Emotive behavior therapy was resulted highly effective on level of depression. No any significant association found between post test scores with their selected socio-demographic variables. Therefore, Rational Emotive Behavioral Therapy can be used positively as a safe and effective to decrease the level of depression among attempted suicide clients.

A study was conducted to see the effectiveness of Rational Emotive Behavior Therapy on the Level of Depression among Female Adolescents. one group Pre-test/post-test design was used. Total thirty samples were taken for the study. Rational-Emotive Behavior Therapy trainings were given to experimental group members on a weekly basis and received in 10 sessions of 50 minutes in total. The major findings underlined the effectiveness of the Rational Emotive behavior therapy in terms reduction in depression inventory scores where the scores of the experimental group as opposed to those of the control group; indicate significant improvement in the construct under measurement in the post-test stage. Study concludes that Rational-Emotive Behavior Therapy is effective in decreasing depressive symptoms in female adolescents more specifically with an emphasis on principles and

techniques as the identification of cognitive errors, the identification of core beliefs, challenging the irrational beliefs, as well as distinguishing individuals from behaviors and from acceptance.

This motivated the researcher to study about various therapies that can carried out for patient with depression. As depression patients have irrational beliefs and negative thought thus to change them to rational belief the researcher found that Rational Emotive Behavior Therapy does bring a change among the patients of depression, when practiced for a longer duration

Material and method

An experimental study was conducted on 60 depressed patients ; which were selected through non probability purposive sampling technique. The tool consisted of demographic variables such as age, gender, marital status, education, occupation, family income, Supporting system and duration of illness. Beck's Depression Inventory 21 multiple choices to assess the level of depression among depressed patients from selected rehabilitation centres. And REBT therapy was given for 20 sessions for twelve weeks per individual which is divided into initial phase, middle phase and final phase.

Scoring-1-10 Normal,11-16 Mild mood disturbance,17-20 Borderline clinical depression,21-30 Moderate depression,31-40 Severs depression, Over 40 Extreme depression.

Inclusion criteria

- ✤ Both males and females were included in the study.
- * Those who can read ,write and understand English and hindi..
- ✤ Patients who were admitted for more than three

months. Exclusion criteria

- > Patient who suffer from mental challenged.
- Patients who are critically ill.

For data collection Permission from institutional ethical committee

- Permission taken from higher authority(Principal) from the institution
- > Permission taken from the higher authority of rehabilitation centres
- Consent taken from the rehabilitation center .
- Consent taken from the samples to participate in the study.
- Informed the study's objectives and maintained the confidentiality of the data.
- Sample was selected based on sampling criteria

Result and discussion :

In this study 60 depressed patients were selected for the data collection from selected rehabilitation centres.

Analysis related to Demographic variables of the depressed samples in terms of frequency and percentages.

Table no 1. Frequency Distributions of participants as per Demographic variables .

N=60

		Experimental group		
Sl.no	Demographic variable	Freq	%	
1.1	Age			
	20 to 30 years	15	25%	
	31 to 40 years	29	48.3%	
	41 to 50 years	10	16.7%	
	50 years and above	6	10%	
1.2	Gender			
	Male	21	35%	
	Female	39	65%	
1.3	Marital status			
	Married	46	76.7%	
	Single	Freq % 15 25% 29 48.3% 10 16.7% 6 10% 21 35% 39 65%	20%	
	Divorced		3.3%	
1.4	Education			
	Primary	8	13.3%	
	Secondary	Freq $\frac{9}{6}$ 15 25% 29 48.3% 10 16.7% 6 10% 21 35% 39 65% 46 76.7% 12 20% 2 3.3% 18 30% 25 41.7% 9 15% 26 43.3% 19 31.7% 15 25% 1 1.7% 1 1.7% 24 40%	30%	
	Graduation		41.7%	
	Post-graduation		15%	
1.5	Occupation			
	Services	26	43.3%	
	Business	Freq 15 29 10 6 21 39 46 12 2 8 18 25 9 26 19 15 1 1 24	31.7%	
	Unemployed	15	25%	
1.6	Family income			
	Rs.5000-10000	1	1.7%	
	Rs10,001-15000	1	1.7 %	
	Rs 15001 -20000	24	40%	
	Rs 20001 and above	34	56.6%	
1.7	Supporting systems			

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	Demographic variable	Experimental group		
Sl.no		Freq	%	
	Family	50	83.3%	
	Friends	2	3.3%	
	Relatives	8	13.3%	
1.8	Duration of illness			
	1 to 2years	6	10%	
	2 to 3 years	18	30%	
	3 to 4 years	30	50%	
	4 years and above	6	10%	

 Table no 2: Analysis of level of depression among depressed patients.

Depression	Frequency	%	
Normal	0	0.0%	
Mild(score 11-16)	2	3.3%	
Borderline(score 17-20)	12	20%	
Moderate(score 21-30)	43	71.6%	
Sever(score 31-40)	3	5%	
Extreme(score above 40)	0	0.0%	

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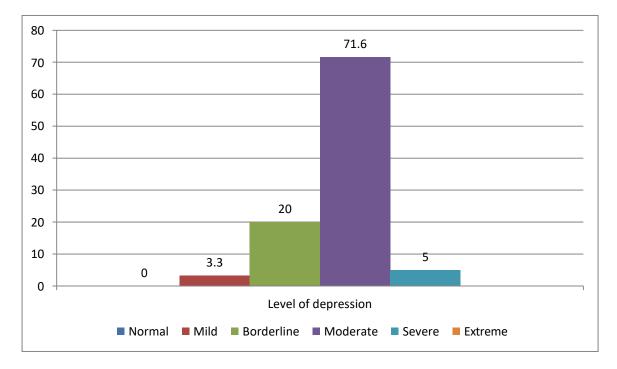


Figure no 1: Level of depression among depressed patients.

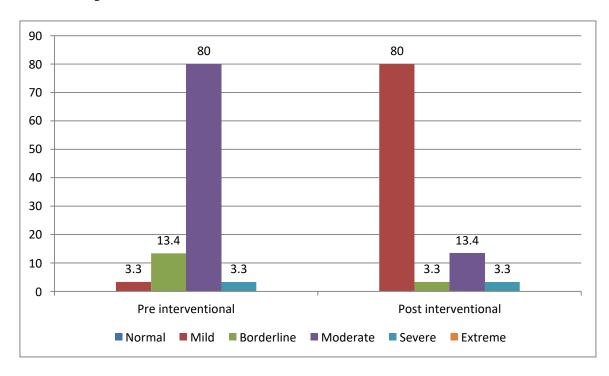
Table no 2.(Figure no 1) shows that majority 71.6% are in the moderate level of depression (score 21-30), 20% are in the borderline (score 17 -20), 3.3 % in the mild level (score 11-16) where as 5% are in the severe level of depression

SCORE	Pre interventional		Post interventional	
	Freq	%	Freq	%
Normal (score 0-10)				
	0	0.0%	0	0.0%
Mild (score 11-16)				
	2	3.3%	48	80 %
Borderline (score 17-20)				
	8	13.4%	2	3.3 %
Moderate((score 21-30)				
	48	80.0%	8	13.4%
Severe (score 31-40)				
· · · /	2	3.3%	2	3.3%

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Extreme (Score above 40)				
	0	0.0%	0	0.0%



Level of depression in Pre and Post interventional.

Figure no 2. Pre and Post interventional level of depression among depressed patient.

Two sample Z-test for the effect of REBT on the level of depression among depressed patients.

Group	Mean	SD	Z	df	P value
Experimental Group	12.1	4.0	19.4	118	0.000

Discussion and Conclusion

The purpose of the present study is to assess the effectiveness of REBT on the level of depression among depressed patients in selected rehabilitation centres. Review of literature enhanced the investigator to collect the proof to support the study.

Target population: All depressed patients. Accessible population are patients with depression from selected rehabilitation centres of Pune city. Sampling technique are Non-probability Purposive sampling. Inclusion criteria are both male and female are included in the study. Patients who can read understand English and Hindi. Exclusion Criteria are Patients who are critically ill and mentally retarded sample size 60 depressed patients. Content Validity of questionnaires was validated by a panel of 23 experts from Psychiatrist and nursing field, who had expertise in developing such instruments. The tool was tested for the reliability The pilot study was conducted on 06 patients.. The researcher concludes from the pilot study that the study design was feasible and did not reveal any major problem. It gave a better insight to the researcher.

The results of the research were discussed and the following conclusion was drawn from the study findings. Study analysis shows that in Pre interventional majority 80% samples were in the moderate level ,13.4% in the borderline level and 3.3. in the mild level of depression whereas in the post interventional majority 805 are in the mild level of depression, 13.4% in moderate and 3.3% in borderline and severe level of depression. To assess the effectiveness of REBT on the level of depression Z test was used .Since the calculated value is 0.000 which is less than 0.05 level of significance ,hence null hypothesis is rejected that shows that REBT is effective in reducing the level of depression among depresses patients.

Conclusion: On the basis of the findings of the present study the following conclusions were drawn which shows that there is improvement in level of depression after giving REBT.

Conflict: There is no any conflict during the research conducted.

BIBLIOGRAPHY

1. National Institute of Mental Health. Index @ Www.Nimh.Nih.Gov [Internet]. 2018. Available from: http://www.nimh.nih.gov/health/topics/anxiety-disorders/index.shtml#part4

2. Gururaj G, Varghese M, Benegal V, Rao GN, Pathak K, Singh LK et al. National Mental Health Survey of India, 2015-16: Summary. NIMHANS Publ. 2016;1–62.

3.Arvind BA, Gururaj G, Loganathan S, Amudhan S, Varghese M, Benegal V, et al. Prevalence and socioeconomic impact of depressive disorders in India: Multisite populationbased cross- sectional study. BMJ Open. 2019;9(6).

4. Shidhaye R, Gangale S, Patel V. Prevalence and treatment coverage for depression: a population-based survey in Vidarbha, India. Soc Psychiatry PsychiatrEpidemiol. 2016;51(7):993–1003.

5. .LavinaRanbhise, RutujaPatole, . ShamalPataneMrs.MonitaThokchom.assess the Prevalence of Depression among the Adolscents People in Selected Community Area of Pune City.Publ.2018.P 311 - 321.

6. Safwi S, Amir A, Khalique N, Gaur R. A cross-sectional study on depression from rural India.Int J Community Med Public Heal. 2016;3(7):1769–76.

7Depression [Internet]. Webmd.com. [cited 2021 Feb 18]. Available from: https://www.webmd.com/depression/guide/what-is-depression

8. Rabin PL. What is depression? Nephrol Nurse. 1983;5(1):20-2

9Watanabe N, Taguchi M, Hasegawa K. Suicide. In: Aging: Decisions at the End of Life. Dordrecht: Springer Netherlands; 2001 p. 155–69

10.Mental health of older adults [Internet]. Who.int. [cited 2021 Feb 18]. https://www.who.int/news-room/fact-sheets/detail/mental-health-of-older-adults