



## DEPRESSIVE DISORDERS IN ALCOHOL RECIPIENTS AND ITS SOCIO-ECONOMIC CONSEQUENCES DURING THE COVID-19 PANDEMIC

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### Abstract

The socio-economic importance of the damage caused by the growing depressive disorders in alcohol abusers during the coronavirus pandemic, as well as the real plans for a successful fight against suicidal behavior, are the main factors that cause constant research interest in this increasingly relevant mental health pathology. During the pandemic period, the problems of combating depressive disorders in alcohol abusers arise due to their prevalence, the complexity of preventive diagnostics and, above all, the risk of suicide and The Associated economic-demographic damage and the constant loss of the population.

**Keywords:** covid-19 pandemic, alcohol, depression, population

### INTRODUCTION

In most economically developed countries, depression and before the COVID-19 pandemic occupied the first place among the causes of mental illness [3, 4, 6, 8]. At the same time, up to 1 million people died annually from suicides around the world [1, 5, 9, 11]. To date, suicides occupy a leading place in the structure of premature mortality of the population, since their maximum frequency falls on the young, able-bodied and socially active age of the population [2, 7, 10, 14]. The negative consequences of a pandemic can be completely different: unemployment, bankruptcy, bank debt, etc. they lead to an increase in cases of domestic violence, suicide, depression, alcoholism, etc. [12, 15, 18]. Sociologists and psychologists predict tectonic shifts that will occur in people's behavior after the end of the pandemic [13, 16, 19]. And emerging market economies and developing countries will face additional difficulties due to an unprecedented change in the direction of capital flows due to a global decline in risk appetite, as well as pressure on the currency.; at the same time, their healthcare systems are less developed, and budgetary opportunities for providing support are limited [17, 21, 24]. In addition, this crisis has overtaken a number of countries in a vulnerable state, with weak growth and high debt levels [20, 22, 26]. Whether coronaphobia and the "mental pandemic" [23] will become





permanent companions of the majority of the world's population, or humanity will heal wounds relatively quickly and life will return to its former course, the next year or two will show.

### **The purpose of the Study**

Identifying the prevalence factors of depression and suicide among the population's permanent alcohol intake groups and identifying the causes and risk factors for deviant and suicidal behavior due to depressive disorders during periods of quarantine measures and self-isolation due to the pandemic.

### **Materials and Methods of Research**

Carrying out a systematic analysis of socio-economic, demographic indicators and medical statistical information during the pandemic on the analysis of risk factors for mental health of the population. The socio-cultural determinacy of the formation and structure of psychopathological disorders of non-psychotic depression in adolescents, taking into account their ethno-cultural characteristics, is used as the main concept of the methodological approach in this study. To study the clinical features and risk factors of non-psychotic depressive disorders, the following methods were used: clinical and anamnestic using an interview questionnaire, clinical and psychopathological, experimental psychological methods (Hamilton anxiety and depression scales (HARS, HAMD-17), multifactorial evaluation scale SCL-90), statistical methods for calculating and processing the data obtained the program "Statistica V.6.0". Inclusion criteria: established relationship between the content of depressive disorder and its clinical manifestations with a specific psychotraumatic factor of acute or prolonged nature associated with COVID-19; depressive disorder of non-psychotic level; compliance of the clinical picture of the disorder with one of the following diagnostic categories (ICD-10): mild, moderate depressive episode (F32.0, F32.1); dysthymia (F34.1); mixed anxiety and depressive disorder (F41.2); adaptation disorder (F43.20-22); absence of signs of mental illnesses of other etiology and exacerbations of chronic somatic diseases. The main research tool was a formalized "Statistical Survey Map" designed to conduct a comprehensive study of depressive disorders in adolescents [27, 28].

### **Research Results**

The results of an interdisciplinary study showed heterogeneity of clinical symptoms depending on the age period, so a comparative clinical and psychopathological analysis showed a predominance of short-term 42.0%,  $p < 0.01$  and prolonged



depressive reactions (24.0%,  $p<0.05$ ). Using Logistica binary logistic regression, the probability of whether a particular teenager may or may not have depressive disorders was assessed. Six variables of statistically significant factors were identified: parental pressure ( $Sig=0.01$ ), relationship with classmates ( $Sig=0.041$ ), parents ( $Sig=0.01$ ), alcohol consumption ( $Sig=0.043$ ), hereditary burden of mental illness ( $Sig=0.044$ ) and premorbid character accentuations ( $Sig=0.01$ ), which influence on the formation of depressive disorders. These factors had an increasing dynamics during the year of quarantine. Comparison with world statistics showed similar trends in the spread and development of depressive disorders.

So far, it is possible to identify the contribution of depressive disorders to the socio-economic damage of countries and regions only by expert assessments [25]. Given that no one knows when the pandemic and quarantine will end, as well as how it will all affect the global and regional economy, it can be assumed that people's psychological discomfort will only grow in the near future [29, 31]. The main factors of post-covid distress: fear of infection, fears for the health of loved ones, quarantine, unemployment, financial problems, social isolation [30, 33]. COVID-19 and the associated self-isolation regime have shown a number of mental disorders of the population - anxiety, depression, neurosis, suicidal tendencies [32]. The most vulnerable in this situation are children, pensioners, as well as people suffering from mental illnesses who could not promptly receive specialized care due to the difficulties of planned hospitalization [35]. Moreover, the risks in different age cohorts are diametrically opposite: for coronavirus, this is the elderly population, starting from 65 years old, and for depression – adolescents and young people under 19 years old. The conducted studies have shown that depressive disorders in adolescents represent a heterogeneous group of disorders, the diagnosis and therapy of which is still a complex clinical and organizational task. From 10 to 20% of adolescents potentially experience serious depressive disorders, but they often remain unrecognized. The prevalence of this kind of disorders over the course of a lifetime is 20.4%, and at the time of examination, depression was detected in only 2.9% of adolescents. These indicators indicate an increase in the frequency of depressive, in particular, non-psychotic, disorders in adolescents in recent decades. The increasing separation of the upbringing and training of the younger generation from traditional forms of management, the increase in the number of cases of illegitimate births and mixed marriages, other ethno-cultural reproductive and demographic factors provoke relapses of suicidal behavior. Even before the pandemic, adolescents in the Amur region were significantly more likely to have an autoaggressive form of stress response (62.0%), which was expressed in their feelings of guilt with thoughts of self-



humiliation and self-punishment. When they were in a conflict situation, they tried to get out of it by any means, and not to enter into conflict. This formed their autoaggressive behavior, including suicidal. In the second place of stress reactions was expression with pronounced aggression outside (10.0%). These teenagers actively sought to change the subjectively painful situation for themselves. Suicidal behavior in these cases was mainly demonstrative and blackmailing in nature and rarely developed. It was revealed that an ethnosocial risk factor for suicidal behavior in adolescents is a change in lifestyle that led to the transformation of the family and a decrease in its educational function. The ethno-cultural factor is the frustration of the leading need – the affiliation, i.e. the needs for relationships are the most important for the indigenous ethnic group as representatives of the collectivist type of culture.

## Conclusions

According to the results of our study, it can be concluded that the features of the clinical structure of depression and the level of suicide depend not on the "depressiveness of the region" when its socio-economic system is experiencing difficulties in development, but on ethnocultural traditions, public consciousness in relation to mental disorders and the level of psychiatric care in society. A teenager's stress tolerance is a determining factor in the formation of suicidal behavior. The majority of adolescents in the study group reacted to a stressful situation with suicidal behaviors – autoaggressive and autistic-depressive. The older age period is the most suicidal: when getting into stressful situations, adolescents were unable to withstand emotional stress for a sufficiently long time, which formed an adaptation disorder with avoidant tendencies in them. Such a circumstance requires the organization of a psychological support service at educational institutions to provide assistance to schoolchildren who find themselves in a crisis situation. The time schedule of this service should be taken out of the framework of the educational process and can be implemented at individual and group trainings and consultations.

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