

Review paper on Assessing of depression by Beck Depression Inventory (BDI)

Leilishahlaei^{a*} PhD Candidate, School of Educational Studies,
University Sains Malaysia (USM), Malaysia
leilishahlaee@yahoo.com

Shahizan Hasan^b Senior Lecturer, School of Educational Studies USM, University Sains Malaysia
(USM), Malaysia
shahizanhasan@gmail.com

Mohd Ali Samsudin^c Senior Lecturer, School of Educational Studies, University Sains Malaysia
(USM), Malaysia
alisamsudin@usm.my

Kiumarsi^d, Graduate School of Business (GSB) University Sains Malaysia (USM), Malaysia
Kiumarsi78@gmail.com

Azlina Mohd Yusoff^e PhD Candidate School of Educational Studies, University Sains Malaysia
(USM), Malaysia
azlina_yusoff@hotmail.com

Abstract

The study aimed at investigating the impact of depression on mental health and assessing this disease by Beck Depression Inventory (BDI). Depression is the significant mental disorder that has effect on quality of life and it is one of the main reasons for death in the world. Assessing depression can have an important role to play. The study discusses about measurement that is such an important issue needs to receive a great deal of attention in order to create grounds to be prevented or cured. This tool is appropriate for the study because it allows the reader to understand how to measure and identify symptoms of depression. One of the recommendations of the paper is that the tool should be carefully applied in order to improve mental health and reduce the prevalence of depression.

Key Word: *Depression, Assessment, Mood*

1. Introduction

According to the previous reports, the World Mental Health Survey found that on average 1 in 20 people in 17 countries had an episode of depression in the previous year (Krug, Mercy, Dahlberg & Zwi, 2002). It is clear that treatment can alleviate the symptoms in more than 80 percent of cases; but because depression is most of the times unrecognised it continues to cause unnecessary suffering. Studies have shown that women are approximately twice more likely to experience depression. As far as age is concerned, some studies have declared that there is linear relationship between age and higher depression (Lloyd, Dyer & Barnett, 2000; Palinkas, Barnett-Connor & Wingard, 1991).

2. Concept of Depression

Depression can be regarded as a mood disorder that was diagnosed by depressed mood, guilt feeling, decrease in appetite, thinking about death and suicide, insomnia, fatigue and loss of energy, considerable weight loss and loss of functioning (Kaplan et al 1988). Being depressive does not necessarily mean having a mental illness. A normal reaction to dissatisfactions, difficulties, and losses can result in depressive mood experienced as feeling low, unhappiness and grief, but one must keep in mind that this kind of depressive mood is totally different from depressive disorders,

which are the definite psychological sickness and often along with distinct harm in psychological, somatic, and social functioning (Akiskal 2000).

The cognitive-affective manifestations of depression were considered by Beck and his colleagues to be the most essential defining characteristics of depressive disorders (Beck and Clark, 1988). According to Beck, cognitions with ideational content that emphasizes loss or deprivation are the essential qualities of the state of depression. Automatic thoughts and images of loss and failure were found to dominate the stream of consciousness of depressed persons (Clark, Beck, and Stewart, 1990). During the world health conference in Geneva, world health organization report (WHO (2005) provided the list of symptoms of depression in a tabular form as illustrated in Figure1:

1. Loss of confidence and self-esteem
2. Unreasonable feelings of self-reproach or excessive and inappropriate guilt.
3. Recurrent thoughts of death or suicide, or any suicidal behavior.
4. Complaints or evidence of diminished ability to think or concentrate, such as indecisiveness or vacillation.
5. Change in psychomotor activity, with agitation or retardation (either subjective or objective).
6. Sleep disturbance of any type.
7. Change in appetite (decrease or increase) with corresponding weight change

Beck depression inventory was first introduced by Beck and colleagues in the year 1961, it contains a total of 21 items; it is self-rated inventory and each item is rated with a set of four possible answer based on multiple choice procedure. Beck Depression Inventory (BDI) was reported to be the most widely used self-report for measuring of depression (wolman &stricker1990) by nearly 30 years of research and it has been validated by over 1000 studies (wolman &stricker 1990). As said earlier, the scale contains a total of 21 items that assess the presence and severity of affective, cognitive, motivational, vegetative and psychomotor comported of depression (Beck, Ward, Mendellson, Mock, and Erbbaugh, 1961).

3.1 Validity and Reliability of (BDI)

In terms of reliability, Beck Depression Inventory questionnaire was found to be a very good instrument and characterised with a very good excellent reliability. Split-half reliability for this questionnaire ranges from .78 to .93 which indicates an excellent internal consistency (Beck & Steer, 1984). The result of test-retest examination indicated that this inventory has also good reliabilities with a range of .48 for psychiatric patients after three weeks to .74 for undergraduate students after three months (Cororan & Fischer, 1987).

The validity of BDI was said to be good and excellent (Wolman and Stricker 1990), research has shown significant correlations with a number of other depression measures indicating strong concurrent validity. Beck, Steer and Garbon (1988) have found a mean correlation of .72 between clinical rating of depression and the BDI for psychiatric patient and a mean oration of .60 between clinical ratings of depression and BDI scores for non-psychiatric patients.

3.2 Scoring of BDI

Beck et al.(1961) observed that when the inventory is scored, a value of 0 to 3 is assigned for each answer and then the total score is compared to a key to determine the depression severity. During the first and the last weeks of treatment, the Beck Depression Inventory (BDI) is usually employed to measure the level of symptom intensity (Beck, Ward, Mendelson, Mock & Erbaugh, 1961). Beck et al. (1961) state that BDI categories consist of these levels: severely depressed (>25), moderately depressed (16-24), and mildly depressed 10-15.

Table: 1

The Standard Cut-offs of Depression

Classification	Total Score	Level of depression
Mild depression	10-18	Mild
Moderate depression	19-29	Moderate
Serve depression	30-63	Major

Source: Beck et al, (1988)

4. Recommendation

In most clinical conditions, the Beck Depression Inventory-II can be easily adapted for detecting major depression and recommending an appropriate intervention. Although this scale represents a concrete and sound path for detecting depression in patients with medical conditions, the clinician should seek evidence for how to interpret the score before using the Beck Depression Inventory-II in order to make clinical decisions. Moreover, the tool should be carefully applied in order to improve mental health and reduce the prevalence of depression.

5. Conclusion

In all stages of life, everyone can be affected with depression as a disease. Symptom of depression can be measured by many instruments. This study explained one common kinds of assessment (Beck Depression Inventory). The paper recommends that the tool should be carefully applied in order to improve mental health and reduce the prevalence of depression.

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