

Running Head: DEPRESSION

Depression – Population at Risk for Depression in Central Brooklyn

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### **Population at Risk**

With the discussion on the subject, it is particularly relevant to consider the population which is at a higher risk for depression. The community which has been identified in this context is that population of Central Brooklyn. According to the CDC (Center for Disease Control) the incidence of depression in the identified population has increased over the years. Population profiling makes it easier to identify those individuals whose needs supersede the needs of other citizens in the same area, when it comes to implementing pertinent precautions to prevent or control depression.

Central Brooklyn is a multi-ethnic community comprise of Asian, White, Hispanic, Blacks and other groups. A survey showed that 31% of the residents from this community are living in poverty. Poverty was cited as one of the indicators for depression among all group of people according to the American Journal of Community Psychology (National Poverty Center, 2010). The socioeconomic impact of poverty can have negative consequences on people's lives, predisposing them to long term psychological problems. Children may feel inferior, remain withdrawn, develop low self-esteem, which, in turn influences their educational attainment and progression into adult life. Long term poverty often leads to homelessness and despair. Data from the New York City Department of Health and Mental Hygiene showed that 65% of New York City homeless families utilized shelter provided by the city, and 21 % of single adults. Household headed by single mothers are burdened with the responsibilities of providing for the children as well as caring for them, while the resources remain limited (New York Government, 2006).

A report published during January 2010 stated that nearly 8% of persons over twelve years of age (6% males and 10 % females) reported feeling depressed (Pratt et al., 2010). Teenagers and young adults with STDs and/or HIV are among the Central Brooklyn population with the highest incidence of depression. In the majority of reported cases children have now moved away from their very own families because of reported depressive behaviour and feelings.

Additionally, teenagers having same sex relationship in Central Brooklyn also have reportedly higher rate of depressive behaviour. A number of studies over the past decade have indicated that rates of suicide attempts, depression, and unhealthy behaviors are higher among gay teens than among their heterosexual counterparts. Some studies suggested that early identification as lesbian or gay, gender nonconformity, and early sexual experimentation were linked to teenage suicide attempts.

In Central Brooklyn, females were reported to have a higher rate of depression than their male counterparts. They also reported experiencing varying signs and symptoms of depression. Depression in these women is frequently associated with the perception of parenting as stressful and unsatisfying; the greater the level of depression of the mother, the more negative her attitude becomes towards her children. Women who received social services assistance reported significantly more depressive symptoms than the general population of Central Brooklyn, according to the Journal for Public Health Nursing (Jennifer, 2006).

Single mothers in Central Brooklyn were more likely to experience depression due to lack of financial and social support, as stated in an article published by the New York Times (Antonia, 2013). The absence of the other parent at home transfers a greater amount of responsibility (and ultimately stress) onto the single mother. Women from a lower socioeconomic class tend to have poor mental health due to lack of health care and three in ten

people reported having no primary care doctor. This factor alone turns out to worsen the persistent depression, as no proper and timely treatment is being provided for aid. The increased frequency of reported Post-partum depression in Central Brooklyn has raised concern amongst mental health professionals. The New York City Department of Health community report shows that at-least two in five women become depressed after pregnancy and a similar amount of reports had been noted during pregnancy (Hobfoll et al., 1995).

Abused women are also part of the identified at-risk population. There is also evidence of links between depression in women and being the victim of abusive treatment by a partner and accumulating findings suggest that sexual abuse in childhood may underlie depression in adult women. Although some gains have been made in recent years in bringing the problem of “domestic violence” to greater public attention, public policy has been slow to respond to the evident needs of girls and women who suffer this form of victimization. Thus, women able to gather the psychological resources to leave an abusive relationship too often faced barriers posed by lack of material resources to survive on their own without a male partner’s financial support. Although shelters and safe houses exist to meet the needs of abused women and their children, usually such respite provides only a temporary solution. For some women, admission to a psychiatric hospital may be the only recourse available to gain relief from an abusive partner. Women’s lives undoubtedly represent an important starting point for understanding depression in women, but when analysis remains at the level of individual women and the particularities of their lives, it stops well short of a fully contextualized account. Attempts to develop social explanations for depression in which the focus of inquiry is restricted to the lives of individual women also limit strategies for change to those at the level of individual women and how they cope individually with depression.

An article published in the Journal for men indicated that men and women of different sexual orientation also experience a higher risk of depression as compared to their straight counterparts. HIV and AIDS and their transmission have been a major concern among Gay men. According to the Pathela, Braunstein, Schillinger, Shepard, Sweeney & Blank (2011), homosexual males have a 140- fold higher risk of new diagnosis of HIV (Human Immuno Virus) and Syphilis, as compared to heterosexual males in Central Brooklyn (Pathela et al., 2011). Disparities in health care affect minority communities at a higher rate as is prevalent in the case of Central Brooklyn's minorities. A community report shows that thirty two percent of residents from the Central Brooklyn community test positive for HIV as compared to other parts of Brooklyn and the overall New York region. This number is alarming. Amongst all cases which are tested and/or diagnosed later, more than thirty five percent have progressed to AIDS (Vashisht et al., 2014).

The senior citizens of Central Brooklyn who live independently (alone) are also at a comparatively higher risk for becoming depressed. As seniors decline in mobility, chronic health conditions also limit their independence. The Harvard Mental Health Letter reported that 15% of the population over the age of sixty five years has significantly higher symptoms of depression. People who are victims of traumatic experience, as well as rescue workers who are continuously being exposed to psychologically challenging scenarios are at a greater risk of becoming depressed. The incidence of major depression in the elderly makes them an at-risk population. With the decline in physical mobility, and other co morbidities, aging senior find activities of daily life more challenging. Isolation plays a major role in their overall feeling and wellbeing. Depression and physical illness can be a deadly combination; it raises the risk of physical illness, and death from physical illness (Harvard Health Publications, 2003).

An assessment made by The New York City Department of Health 2012 report, stated that a large percentage of the World Trade Center victims have reported feeling depressed. One report from the New York City Department of Health shows that immigrant population suffers from depression more than other communities, and experiences depressive symptoms (Samuels-Dennis, 2007).

Particular neighborhoods in central Brooklyn (Crown Heights, East Flatbush, Flatbush, and Flatlands-Canarsie), the Bronx (Wakesield and Williamsbridge-Baychester), and Queens (Cambria Heights, Rosedale, Springfield Gardens—Laurelton, and St. Albans) stand out as Jamaican (and West Indian) neighborhoods. African Americans are often present in large numbers in West Indian neighborhoods, as well: West Indian and African American neighborhoods are often intertwined and the two groups typically live side by side. Both groups experience extraordinarily high rates of residential segregation from whites in New York City. Jamaicans living in suburban Westchester County (and Queens), not surprisingly, have higher household incomes and lower poverty rates than those in the Bronx and Brooklyn.

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