DEPRESSIONS

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ABSTRACT

Introduction: Depression is the most common cause of emotional problems later in life and quality significantly decreases in older adults. In recent years, the literature on end-of-life depression has exploded. The aim is to find out about depression theory. This research method uses a literature review searching electronic data base. **Conclusion** According to Kaplan, depression is a mood disorder characterized by the recovery of feelings and subjective experiences caused by severe. Mood is an internal emotional state that receives from someone, and not affect, that is, a statement of the emotional content of the moment (Kaplan, 2010). (Kaplan, 2010) states that the causes of depression can be related to biological factors, genetic factors, and psychosocial factors.

Keywords: Depression, Theory, Psychiatric Nursing

Depression is a word that has many meanings. Most of us have felt sad or annoyed, think of a life full of problems, feel disappointed, disappointed and frustrated, which easily leads to unhappiness and despair. However, with feeling, it's quite normal and is a healthy reaction that lasts quite short and is easily dispelled. Depression can be interpreted as a mental state that is depressed for a long time (ongoing stress) and is approved by life expectancy, meaning of life, achievement motivation, and self-confidence (loss of mood and self-confidence).

Broadly speaking, depression can be stimulated by external circumstances that change to a worse direction and that is beyond the control of the individual. The emotional or psychological condition of each person determines whether it can cause depression, which level of depression increases and increases the ability of large people to cope with problems (until they don't get depressed) or, increases the ability of large people to deal with depression.

(Beck, 1979) For example the death of loved ones or natural disasters that leave traumatic memories.

When this starts to rise to a higher level then it causes a person to lose mood, lose the desire to move, give up confidence, then the trauma causes anyone to correct depression. Individuals lose the attraction to make an individual's life more lively and lose the enthusiasm to carry out positive activities. Neglect of yourself such as potential that is not developed or possessed of resources is not used, etc., this can also cause depression. So it's not neglect that causes depression, but neglect causes people to become depressed. Individuals begin to be meaningless to themselves and others. (Gilbert et al, 1988).

Depression is the most common cause of emotional problems later in life and quality significantly decreases in older adults. In recent years, the literature on end-of-life depression has exploded. Excellent Epidemiological studies in North America from the 1980s and early 1990s have been supplemented by the latest reports from other

countries. We can understand a lot about the results lately. Interesting findings have emerged about the etiology of late-onset depression. The number of studies that refine evidence images for therapy has increased dramatically. (William Styron, 2001).

How to deal with depression is to improve: a) relationship with yourself by controlling yourself, self-dialogue, etc., b) relationship with others and c) relationship with God (increasing faith). Improving the relationship with yourself will make individuals more quickly control or withdraw from conditions that do not benefit the individual. If the individual is aware that the individual is depressed and aware that the individual must immediately take action, then this will make a difference. Improving relationships with other human beings will help the efforts of individuals in dealing with depression.

Individuals must still remember that humans can be classified into two: a) there are people who are a source of depression for individuals, and b) there are people who are helpful solutions to depression. The individual who needs (as much as possible) is the second group of humans. Do not let individuals get away from humans, traumatize all humans, or distrust all humans. (Jarvis, 2006). Improving relationships with God can be done in many ways, including: a) increasing faith, b) increasing the religious teachings of individuals of choice (formal and informal).

Many studies of depression encourage writers to learn more about the following theories of depression by means of literature and from literature. The purpose is to find out about depression theory.

According to Kaplan, depression is a mood disorder characterized by the recovery of feelings and subjective experiences caused by severe. Mood is an internal emotional state that receives from someone, and not affect, that is, a statement of the emotional content of the moment (Kaplan, 2010). (Kaplan, 2010) states that the causes of depression can be related to biological factors, genetic factors, and psychosocial factors.

Depression disorder in the elderly is based on PPDGJ III (Guidelines for Classification of Mental Disorders Diagnostic III) which is supported on ICD 10 (International Classification Diagnostic 10). Depressive disorders are distinguished in severe, moderate, and mild depression according to the number and severity of symptoms and their impact on a person's life function (Maslim, 2002).1.

Blazer (2014) describes therapy in depression including:

a. Electroconvulsive therapy / ECT

b. CBT

c. Anti-depressant drugs

2. The National Institutes of Health (NIH) says there are several interventions that can be given to depressed patients:

a. Electroconvulsive therapy / ECT

b. CBT

c. Anti-depressant drugs

d. Interpersonal Therapy

e. Brain Stimulation Therapy.

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