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LETTER TO THE EDITORS

Depression, anxiety, stress, and well-being in fringe groups

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I read with interest the article by Fernandes et al.[1] about an intersectional study on the differences in depression, anxiety, stress, and well-being among immigrants, minorities, and patients with psychiatric disease. The Depression, Anxiety, and Stress Scales (DASS)-21 scale was used to assess depression, anxiety, and stress, and the Life Satisfaction and Positive and Negative Affects Scales (PANAS) to assess well-being. Multivariate analysis revealed differences between the groups on all four variables. By using Latent Profile Analysis, six mental profiles were identified, consisting of different levels of depression, anxiety, stress, and well-being. The study is impressive, but several points require discussion.

The first point to consider is that the study was based on an electronic questionnaire, which comes with several disadvantages. First, there is no guarantee that the intended recipient – the patient – actually completed the questionnaire, as it could have been completed by a relative, friend, or carer instead. Second, if a recipient does not answer all the questions, missing data cannot be easily corrected. Third, desirable new data can no longer be generated and added to the data set. Fourth, the accuracy of the information provided by the patient cannot be easily verified. Finally, test-retest reliability cannot be easily verified.

The second point is that a strict separation between depression, anxiety, stress, and well-being is not easily possible. In most cases, these conditions coexist, making it potentially misleading to treat them as completely separate. For example, anxiety can lead to stress and possibly depression, all of which can negatively impact well-being. Similarly, depression is often accompanied by a general feeling of unwell. Therefore, most, if not all, of the patients included should be classified as having mixed mental and psychiatric illness. Similarly, patients with depression or anxiety should be classified as patients with psychiatric disorder. This raises the question: ''Why were these patients distinguished from those with other psychiatric diseases?''

The third point concerns heterogeneity within the group of patients with a history of psychiatric disease. Study results could vary depending on the proportion of patients with obsessive-compulsive disorder, schizophrenia, anxiety disorder, eating disorder, substance abuse, sleep disorder, or mania. Scores on the DASS scale could also depend heavily on whether the current medication is effective or ineffective.

The fourth point is that the group of immigrants is also very heterogeneous, but not further differentiated. Immigrants may come from different counties, have different social status, levels of education, incomes, and degrees of socialization. They may also vary in how well they are integrated into their new country of residence and in how long they have lived there. These differences could influence the DASS and PANAS scores.

The fifth point concerns the heterogeneous nature of stress itself. Stress may be exogenous or endogenous, acute or chronic, recognized or unrecognized by the patient, and may be either positive or negative. Therefore, the results of the multivariate analysis could be strongly influenced by the specific type of stress experienced by the patients included in the study.

The sixth point is that the gender distribution was unequal. Since three-quarters of the patients were female, it is conceivable that the results were biased.

In summary, while this study is excellent, there are limitations that need to be addressed before drawing definitive conclusions. Acknowledging and clarifying these weaknesses would strengthen the conclusions and potentially improve the overall study. Before concluding that the prevalence of depression, anxiety, stress, and prior psychiatric illness varies among immigrants, minorities, and patients with psychiatric disease, more homogeneous groups need to be analyzed. In addition, because depression, anxiety, stress, and psychiatric illness often overlap, analyzing them separately may not be as useful.

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Disclosure

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References

1 Fernandes CJ, Netos F, Costa P. Identifying disparities in mental illness and well-being across non-risk, risk, and intersectional groups during COVID-19 and the sociodemographic's role in mental health outcomes. Braz J Psychiatry. 2024 May 2. https://doi.org/10.47626/1516-4446-2023-3532 [Online ahead of print].