

Original article

Depression, communication styles, social skills and social functioning of patients with depressive disorders in outpatient psychiatric department, King Chulalongkorn Memorial Hospital

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Abstract

Background: Patients with depressive disorders often have problems with communication styles; 46.7% have impairments in social skills and 65.3% have impairments in social functioning. However, there are still relatively limited studies on communication styles, assertiveness, social skills, and social functioning, even though these factors are related to depression in patients with depressive disorders.

Objective: This study aimed to study depression, communication styles, social skills, social functioning, and factors related to depression of patients with depressive disorders.

Methods: This study was a cross-sectional descriptive study. The samples consisted of patients with depressive disorders who received treatment at the Outpatient Psychiatric Department, King Chulalongkorn Memorial Hospital, totalling 270 participants. Participants completed 6 parts of questionnaires by themselves, which are: 1) Demographic Data Form; 2) Beck Depression Inventory II (BDI-II) – Thai Version; 3) Social Skills Inventory (SSI) – Thai version; 4) The Social Functioning Questionnaire (SFQ) – Thai Version; 5) Assertiveness Behavior Questionnaire for Self-Protection of Rights; and 6) Appropriate Assertiveness Scale.

Results: Most patients with depressive disorders (39.3%) had depression at a severe level, and the mean score of depression was 24.4 ± 13.3 , which indicated moderate depression. Most patients (86.3%) had assertiveness communication styles, and the majority (68.5%) had assertiveness at a moderate level. Most patients (59.6%) had impairment in social functioning, and the majority (31.9%) had overall social skills at a moderate level. Factors related to moderate to severe depression included duration of treatment for depressive disorders ≤ 3 years ($P < 0.05$), age ≤ 30 years, average income $\leq 20,000$ baht, low assertiveness, impairment in social functioning, very low to low social skills, low emotional expressivity, low emotional control, low social expressivity, and low emotional control ($P < 0.01$). Additionally, the predictive factors of moderate to severe depression were average income $\leq 20,000$ baht, duration of treatment for depressive disorders ≤ 3 years ($P < 0.05$), Impairment in social functioning, low emotional expressivity, and low emotional control ($P < 0.01$).

Conclusion: Most patients with depressive disorders had severe depression. Most of the samples had assertiveness communication style in general situations, and had moderate appropriate assertiveness. Promoting assertiveness communication skills, social skills through interpersonal psychotherapy, and improving problems in social functioning can reduce depression in patients with depressive disorders.

Keywords: Communication styles, depression, depressive disorders, social functioning, social skills.

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Depressive disorders are common psychiatric illnesses with a high level of disability and cause a substantial burden due to impairment. According to the global burden of disease study, in 2021 there were more than 332 million patients with depressive disorders worldwide, with a prevalence of 4.4%, and more than 56 million years of disability-adjusted life years (DALYs) were lost. In addition, the World Health Organization (WHO) reported that each year worldwide there is a loss of 12 billion working days due to depressive disorders and anxiety disorders, representing an economic loss of approximately 1 trillion US dollars per year. In Thailand, data from 2024 showed that there were 1,312,250 patients with depressive disorders nationwide, with a prevalence of 2.0%. Moreover, the report on the burden of disease and injury among the Thai population in 2019 found that Thailand lost a total of 170,000 years lived with disability (YLDs) due to depressive disorders. At the individual level, significant changes occur in patients with depressive disorders, such as deterioration in social functioning, decreased work efficiency, poor work responsibility, frequent absenteeism, worsening relationships with others, decline in social skills, becoming overly sensitive, emotionally fragile, easily irritated, lacking self-confidence, indecisive, deterioration in communication skills, reduced communication, use of problematic communication styles, frequent conflicts with spouses, and aggressiveness toward their children. Most seriously, depressive disorders can lead to suicide. Previously, it has been found that patients with depressive disorders often have problems with communication styles, social skills, and impaired social functioning.

Communication styles⁽¹⁾ refer to the way individuals communicate with one another using verbal language, non-verbal language, and paraverbal to interact with others. Regarding the communication styles of patients with depressive disorders, based on the concept of interpersonal psychotherapy, communication styles are related to the occurrence of interpersonal role conflict.⁽²⁾ This is because they are one of the four major interpersonal problem areas associated with the symptoms of depressive disorders. Previous studies on communication styles have found that patients with depressive disorders often demonstrate communication styles that lack assertiveness, such as demand and withdraw communication pattern; self-silencing⁽³⁾; mutual avoidance communication pattern⁽⁴⁾; conformity orientation; or communication characterized by obedience only.^(5,6) These patterns are associated with increased severity of depression.

Social skills⁽⁷⁻¹⁰⁾ refer to the ability to communicate, interact, and adapt appropriately to people and social contexts. Patients with depressive disorders have impairments in social skills⁽⁸⁾ in the following 6 important domains: 1) emotional expressivity; 2) emotional sensitivity; 3) emotional control; 4) social expressivity; 5) social sensitivity; and 6) social control. Previous studies on social skills⁽¹¹⁾ found that 46.7% of patients with depressive disorders had impairments in social skills, and that impairment in social skills was associated with moderate to severe depression.

Social functioning⁽¹²⁾ refers to the ability to perform roles within the social ecosystem. Problems related to social functioning found in patients with depressive disorders⁽¹³⁾ involve six important domains as follows: 1. performing responsibilities at home and at work; 2. financial situation; 3. family relationships; 4. sexual activities; 5. social intimacy, and 6. use of leisure time. Previous studies on social functioning found that most patients with depressive disorders had a high level of impairment in social functioning, reaching 65.3%⁽¹²⁾, and that impairment in social functioning was associated with severe depression.

Previous studies have found that most patients with depressive disorders had problematic communication styles with low levels of social skills and social functioning. However, communication styles in terms of assertiveness have not been studied. Given the cultural differences regarding assertiveness, how assertiveness is associated with depression is a topic of particular interest within the Thai context. Additionally, research on social skills and social functioning remains limited. Therefore, the objective of this study was to examine depression, communication styles, social skills, and social functioning among patients with depressive disorders who received treatment at the Outpatient Psychiatric Department, King Chulalongkorn Memorial Hospital, in order to contribute to the prevention, promotion, and psychosocial care of patients with depressive disorders in the future.

Materials and methods

This study was a cross-sectional descriptive study approved by Research Ethics Review Committee for Research Involving Human, Faculty of Medicine, Chulalongkorn University, IRB no. 0247/68.

The samples consisted of patients with depressive disorders who received treatment at the Outpatient Psychiatric Department, totaling 270 participants. The inclusion criteria were as follows: 1) age 18 years or older; 2) diagnosis based on DSM-5 criteria as major depressive disorder or persistent depressive disorder

or dysthymia, or double depression or major depressive disorder with dysthymia; 3) ability to communicate in Thai through listening, speaking, reading, and writing; and 4) give consent to participate in the research. The exclusion criteria were as follows: 1) Patients with severe depression with psychotic symptoms, schizophrenia, and other psychotic disorders, bipolar mood disorder, dementia, psychiatric symptoms caused by medical conditions or by drug use, as considered from the medical record; 2) Patients with psychiatric symptoms and severe medical conditions that prevent them from participating in the research.

Data collection conducted between August 2025 – September 2025 at the Outpatient Psychiatric Department, King Chulalongkorn Memorial Hospital. Participants completed 7 parts of questionnaires by themselves, which are:

Demographic data form composed of 11 items, which are: gender; age; marital status; education level; occupation; income earning and average income per month; satisfactory to the income; physical illnesses; drug use; record of other psychiatric illnesses; record of psychiatric illnesses of family members.

Beck Depression Inventory II (BDI-II) – Thai Version was used for evaluating the level of depressive disorder severity. It is one of the most widely accepted measurement models today. BDI-II was developed by Beck et al. and translated by Thavichachart N, *et al.*⁽¹⁴⁾ It was found to have good validity and reliability (Cronbach's alpha coefficient = 0.91). The Spearman's correlation efficient between BDI-II and Hamilton Rating Scale for Depression (HRSD) is 0.71. BDI-II is composed of 21 items and had range of score from 0 to 63. The score of 13 and lower represents minimal depression; 14 to 19 represents mild depression; 20 to 28 represents moderate depression; and 29 to 63 represents severe depression.

Social Skills Inventory (SSI) – Thai version was developed by Klomklieng D.⁽¹⁵⁾ from the Riggio RE's concept of social skills. It is composed of 66 items used for evaluation of social skills, categorized in 6 domains, namely: 1) emotional expression (9 items), 2) empathy sensitivity (9 items), 3) emotional handling (12 items), 4) social expression (12 items), 5) social empathy (12 items), and 6) social handling (12 items). The range of score is from 0 to 132. The score 58 and lower represents very low social skills; 59 to 71 represents low social skills; 72 to 86 represents moderate social skills; 87 to 100 represents high social skills; and 101 to 132 represents very high social skills. It was already tested and found good reliability (Cronbach's alpha coefficient = 0.88).

Social Functioning Questionnaires (SFQ) – Thai version was used to evaluate social functioning of psychiatric patients, such as patients with depressive disorders. It was developed from Social Functioning Schedule (SFS) by Peter Tyrer et al.⁽¹⁶⁾ It was found to have good validity and reliability, showing internal consistency. The SFQ was developed and translated into Thai version by Junnim V. and Lueboonthavatchai P.⁽¹³⁾ It is composed of 8 items. The range of score varies from 0 to 24. Low scores of SFQ indicate high social functioning and high scores of SFQ indicate low social functioning. The impaired social functioning indicated by the SFQ scores of 10 and higher. The accuracy of the instrument is 0.92; the reliability is 0.94; and the Cronbach's alpha coefficient is 0.96.

The Assertiveness Behavior Questionnaire for Protecting One's Rights is used to assess communication styles into 3 categories which are: 1) passive communication style; 2) aggressive communication style; 3) assertive communication style. It was developed by Fonghoi N.⁽¹⁷⁾, who translated and developed it from the 'How Assertive Am I ?' test of the University of Oxford (2015). This questionnaire consists of 10 items, with only 1 answer to be selected for each item. The scoring criteria are as follows: Option 1) in the test represents the passive communication style. If Option 1) is selected in 6 items or more, it indicates a passive communication style. Option 2) in the test represents the aggressive communication style. If Option 2) is selected in 6 items or more, it indicates an aggressive communication style. Option 3) in the test represents the assertive communication style. If Option 3) is selected in 6 items or more, it indicates an assertive communication style. If none of the options are selected 6 times or more, it indicates a mixed communication style. This measurement scale has a Cronbach's alpha reliability of 0.71.

The appropriate assertiveness scale consists of 5 domains, which are: 1) self-expression; 2) appropriate facial expression; 3) polite expression of disagreement; 4) requesting clarification; and 5) asking for reasons. It was developed by Kongpett J.⁽¹⁸⁾ The Appropriate Assertiveness Scale was constructed based on the characteristics of assertiveness of Sharon Anthony Bower and Gordon H. Bower (1976).⁽¹⁹⁾ The scale contains 36 items. The assessment uses a 5-level rating scale, which are: least true, slightly true, moderately true, very true, and most true. For positively worded items, the scoring for each level is as follows: least true is 1 point; slightly true is 2 points; moderately true is 3 points; very true is 4 points; most true is 5

points. For negatively worded items, the scoring is reversed. Interpretation of the scale uses $MEAN \pm SD$ and classifies assertiveness into 3 levels, which are: 1) low assertiveness refers to scores lower than $MEAN - SD$; 2) moderate assertiveness refers to scores from $MEAN - SD$ to $MEAN + SD$; 3) high assertiveness refers to scores higher than $MEAN + SD$. This scale has a Cronbach's alpha reliability of 0.781.

Medical information form consists of 4 items. The researcher recorded the data, including the depressive disorders diagnosis, comorbidities, duration of treatment for depressive disorders, and record of treatment for depressive disorders.

Statistical analysis was performed using the software SPSS version 29.0.2. Personal data, depression, communication styles, social skills, and social functioning were presented as proportions, percentages, means, maximum, minimum, and standard deviation (SD). Factors related to depression among patients with depressive disorders at the moderate to severe level, including personal factors, communication styles, social skills, and social functioning were analyzed using the chi-square test. Predictive factors for the severity of depression in patients with depressive disorders were analyzed by logistic regression using Binary logistic regression. The significance level was set at $P < 0.05$.

Results

As for this study, the samples are patients with depressive disorders who received treatment at Outpatient Psychiatric Department, totaling 270 participants. It is found that most of the participants were female (71.5%) with average age of 34 years 3 months old. Almost half (48.9%) were aged ≤ 30 years, and a similar proportion (51.1%) were aged more than 30 years, with the youngest being 18 years and the oldest 71 years. Most of the participants were single (74.1%), had attained at least a bachelor's degree (76.0%), were employed (67.4%), had income

(77.0%), and had sufficient income, either with or without savings (70.7%). The participants had an average monthly income of 29,859.4 baht. Half of them (50.4%) had a monthly income $\leq 20,000$ baht, and the other half (49.6%) had a monthly income more than 20,000 baht. Regarding the duration of treatment for depressive disorders, more than half (53.0%) had a treatment duration ≤ 3 years, and a similar proportion (47.0%) had a treatment duration more than 3 years (**Table 1**).

This study found that most of the participants (39.3%) had severe depression, followed by minimal depression (24.1%); moderate depression (20.4%); and mild depression (16.3%) respectively. The mean score of depression is 24.4 ± 13.3 points, which moderate depression. Most of the participants had assertiveness communication style in general situations (86.3%) with moderate appropriate assertiveness (68.5%), and impaired social functioning (59.6%). Most of the participants has overall social skills at moderate level (31.9%) with mean social skills score of 82.2 ± 18.1 . Most of them had social skills in all dimensions at moderate level, namely: emotional expressivity; emotional sensitivity; emotional control; social expressivity; social sensitivity; and social control (**Table 2**).

From the analysis of factors related to depression, it was found that factors related to moderate-to-severe depression included: duration of treatment for depressive disorders ≤ 3 years ($P < 0.05$); age ≤ 30 years; average income $\leq 20,000$ Baht; low assertiveness; impaired social functioning; very low to low social skills; low emotional expressivity; low emotional control; low social expressivity; and low social control ($P < 0.01$) (**Table 3**).

From the analysis of predictive factors for depression, it was found that the predictive factors for moderate to severe depression are average income $\leq 20,000$ baht; duration of treatment for depressive disorders ≤ 3 years ($P < 0.05$); impaired social functioning; low emotional expressivity; and low emotional control ($P < 0.01$) (**Table 4**).

Table 1. Demographic characteristics of patients with depressive disorder (n = 270).

Demographic characteristics	(n)	(%)	Demographic characteristics	(n)	(%)
Gender			Occupation		
Female	193	71.5	Employed	182	67.4
Male	77	28.5	Unemployed	88	32.6
Age (years) (mean = 34 years 3 months, SD = 12 years 3 months, min = 18 years, max = 71 years)			Income (baht/month) (mean = 29,859.4 baht, SD = 47,627.5, min = 0, max = 600,000)		
≤ 30	132	48.9	No income	62	23.0
31-40	73	27.0	Having income	208	77.0
41-50	29	10.7	≤ 20,000	136	50.4
51-60	25	9.3	> 20,000	134	49.6
≥ 61	11	4.1	Financial adequacy		
Marital status			Sufficient and saving	107	39.6
Single	200	74.1	Sufficient and non - saving	84	31.1
Couple	59	21.9	Insufficient and saving	33	12.2
Divorced	9	3.3	Insufficient and non - saving	46	17.0
Widowed	2	0.7	Duration of depression treatment (years)		
Educational level			(mean = 3 years 4 months, SD = 2 years 9 months, Min = 14 days, max = 8 years 7 months)		
Uneducated	0	0	≤ 3	143	53.0
Lower than bachelor	65	24.0	> 3	127	47.0
Bachelor's degree, and higher	205	76.0			

Table 2. The severity of depression, communication styles, assertive, social functioning, social skills, and social skills domains of patients with depressive disorder (n = 270).

Variables	n	%	Variables	n	%
Severity of depression			Domains of social skills		
(mean ± SD = 24.4 ± 13.3, min = 0, max = 56)			1) Emotional expressivity		
Minimal (0 - 13)	65	24.1	(mean ± SD = 10.0 ± 3.5, min = 1, max = 17)		
Mild (14 - 19)	44	16.3	Low (< 6.5)	45	16.7
Moderate (20 - 28)	55	20.4	Moderate (6.5 - 13.5)	195	72.2
Severe (29 - 63)	106	39.3	High (> 13.5)	30	11.1
Communication styles			2) Emotional sensitivity		
Assertive (assertiveness)	233	86.3	(mean ± SD = 13.3 ± 3.5, min = 2, max = 18)		
Mixed (mixed)	23	8.5	Low (< 9.8)	40	14.8
Passive (passiveness)	13	4.8	Moderate (9.8 - 16.8)	204	75.6
Aggressive (aggressiveness)	1	0.4	High (> 16.8)	26	9.6
Level of assertiveness			3) Emotional control		
(mean ± SD = 121.5 ± 17.1, min = 66, max = 163)			(mean ± SD = 13.3 ± 4.8, min = 1, max = 24)		
Low (< 104.4)	38	14.1	Low (< 8.6)	44	16.3
Moderate (104.4 - 138.6)	185	68.5	Moderate (8.6 - 18.1)	198	73.3
High (> 138.56)	47	17.4	High (> 18.1)	28	10.4
Social functioning			4) Social expressivity		
(mean ± SD = 10.8 ± 4.1, min = 1, max = 23)			(mean ± SD = 13.6 ± 5.3, min = 0, max = 24)		
Impaired (10 - 24)	161	59.6	Low (< 8.4)	45	16.7
Unimpaired (0 - 9)	109	40.4	Moderate (8.4 - 18.9)	182	67.4
Social skills			High (> 18.9)	43	15.9
(mean ± SD = 82.2 ± 18.1, min = 37, max = 122)			5) Social sensitivity		
Very low (0 - 58)	27	10.0	(mean ± SD = 19.1 ± 3.3, min = 5, max = 24)		
Low (59 - 71)	50	18.5	Low (< 15.9)	33	12.2
Moderate (72 - 86)	86	31.9	Moderate (15.9 - 22.4)	222	82.2
High (87 - 100)	56	20.7	High (> 22.4)	15	5.6
Very high (101 - 132)	51	18.9	6) Social control		
			(mean ± SD = 12.7 ± 5.3, min = 1, max = 24)		
			Low (< 7.4)	54	20.0
			Moderate (7.4 - 18.0)	177	65.6
			High (> 18.0)	39	14.4

Table 3. The association between depression and the associated factors.

Factors		Severity of depression				P-value
		Minimal – mild		Moderate – severe		
		(n)	(%)	(n)	(%)	
Age (years)	≤ 30	41	31.1	91	68.9	0.002**
	> 30	68	49.3	70	50.7	
Income (baht/month)	≤ 20,000	41	30.1	95	69.9	< 0.001**
	> 20,000	68	50.7	66	49.3	
Duration of depression treatment (years)	≤ 3	49	34.3	94	65.7	0.03*
	> 3	60	47.2	67	52.8	
Communication styles	assertiveness	96	41.2	137	58.8	0.485
	Others (passiveness, aggressiveness, mixed)	13	35.1	24	64.9	
Assertive	Low	6	15.8	32	84.2	< 0.001**
	Moderate – high	103	44.4	129	55.6	
Social functioning	Impaired	32	19.9	129	80.1	< 0.001**
	unimpaired	77	70.6	32	29.4	
Social skills	Very low – low	15	19.5	62	80.5	< 0.001**
	Moderate – very high	94	48.7	99	51.3	
Domains of social skills:						
Emotional expressivity	Low	4	8.9	41	91.1	< 0.001**
	Moderate – high	105	46.7	120	53.3	
Emotional sensitivity	Low	11	27.5	29	72.5	0.072
	Moderate – high	98	42.6	132	57.4	
Emotional control	Low	6	13.6	38	86.4	< 0.001**
	Moderate – high	103	45.6	123	54.4	
Social expressivity	Low	9	20.0	36	80.0	0.002**
	Moderate – high	100	44.4	125	55.6	
Social sensitivity	Low	8	24.2	25	75.8	0.44
	Moderate – high	101	42.6	136	57.4	
Social control	Low	12	22.2	42	77.8	0.002**
	Moderate – high	97	44.9	119	55.1	

* $P < 0.05$; ** $P < 0.01$.**Table 4.** Predictors of depression in patients with depressive disorder.

Variables	Adjusted odds ratio (OR)	95% CI of adjusted OR		P-value
		lower	upper	
Average income ≤ 20,000	1.977	1.074	3.637	0.028*
Duration of treatment ≤ 3 years	1.966	1.057	3.658	0.033*
Low emotional expressivity	5.363	1.706	16.858	0.004**
Low emotional control	4.157	1.552	11.134	0.005**
Impaired social functioning	7.442	4.008	13.816	< 0.001**

* $P < 0.05$, ** $P < 0.01$

Discussion

This study found that the samples had moderate depression. This is consistent with the studies of Kurimoto P.⁽¹¹⁾ and Chensy P.⁽²⁰⁾, which measured the depression scores of patients with depressive disorders who received treatment at the Outpatient Psychiatric Department. Both recent findings showed moderate depression. Although the average age of the participants was 34 years and 3 months, closely aligned with the average ages reported by Kurimoto P.⁽¹¹⁾ and Chensy P.⁽²⁰⁾ with average age at 32 years and 1 month and 35 years and 9 months respectively, the results differ from the study by Chorkong N.⁽¹²⁾, which reported patients with depressive disorders who received treatment at Outpatient Psychiatric Department having severe depression. In the study by Chorkong N.⁽¹²⁾, the samples had average age of 28 years because the severity of depression is related to the age of onset of depressive disorders. Previous research has shown that those with early-onset depressive disorders tend usually had higher levels of depression severity compared to older ones and often associated with genetic factors or a family history of depressive disorder.

This study found that most of the participants had assertiveness communication style in general situations. Since This study is an assessment of assertiveness communication in general situations, then it is a communication style in normal situations. Because basic communication in everyday life situations indicates that a person can communicate normally. For example, ordering food, helping with family tasks, or making appointments with friends. These situations may not necessarily reflect specific circumstances that create difficulty, pressure, or problems requiring clear expression to protect one's own rights and the rights of others, such as situations that require refusing, expressing disagreement, or asserting one's rights. This type of basic communication among most patients with depressive disorders therefore does not differ from individuals without depressive disorders. Regarding appropriate assertiveness, most (68.5%) had moderate assertiveness. This is because the indicators of appropriate assertiveness in this study consisted of 5 domains: 1) self-expression; 2) appropriate facial expression; 3) polite expression of disagreement; 4) requesting clarification; and 5) asking for reasons, which are communication skills that require knowledge of assertiveness and practice in order to demonstrate assertiveness effectively. Therefore, patients with depressive disorders had assertiveness communication at moderate level, not at high level. This complies with

theory of Alan S. Bellack (2539)⁽⁹⁾ which explained that patients with depressive disorders must practice assertiveness communication skill, for both positive assertiveness and negative assertiveness, and communication skills. Regarding social functioning, it is found that most of the participants (59.6%) had impaired social functioning with mean score of 10.8 ± 4.1 which are consistent with the study by Chorkong N.⁽¹²⁾, which found that most patients with depressive disorders (65.3%) had impaired social functioning, with a mean score of 11.4 ± 4.1 , and with the study by Junnim V.⁽¹³⁾, which reported a mean score of 11.5 ± 4.2 . This is because patients with depressive disorders often have impaired social functioning due to the symptoms of depressive disorders, such as lack of concentration at work, boredom, and loss of pleasure in activities, which consequently lead to impairment in social functioning. Regarding overall social skills, the mean score was 82.2 ± 18.1 , which indicated a moderate level. This finding is consistent with the studies by Kurimoto P.⁽¹¹⁾ and Chorkong N.⁽¹²⁾, which reported mean overall social skills scores of 78.1 ± 16.5 and 78.2 ± 18.9 , respectively, both also at a moderate level. For domain specific social skills, all domains had mean scores at a moderate level, which is consistent with the studies by Kurimoto P.⁽¹¹⁾ and Chorkong N.⁽¹²⁾, which also found moderate levels across all domains.

This study found that factors related to moderate to severe depression consisted of age ≤ 30 years old; average income $\leq 20,000$ baht; duration of treatment for depressive disorders ≤ 3 years; low assertiveness; had impaired social functioning; very low to low social skills; low emotional expressivity; low emotional control; low social expressivity; and low social control. They can be described respectively as follows:

Age ≤ 30 years was associated with moderate to severe depression because individuals with early onset depressive disorders tend to have greater severity of depression and are more likely to have genetic factors or a family history of depressive disorder. This finding is consistent with the study by Chensy P.⁽²⁰⁾, which also found that age ≤ 30 years was associated with moderate to severe depression.

Average income $\leq 20,000$ baht was associated with moderate to severe depression. This is consistent with previous studies showing that socioeconomic status is related to depression because persons with low income, unemployment, or no occupation may experience financial insufficiency, reduced financial independence, and inability to participate in social activities, as well as decreased self-confidence and

self-reliance. Therefore, persons with low socioeconomic status are more likely to have a higher level of depression. This finding is consistent with the study by Chensy P.⁽²⁰⁾, which reported that individuals with an average income $\leq 20,000$ baht were associated with moderate to severe depression.

Duration of treatment for depressive disorders ≤ 3 years was associated with moderate to severe depression because patients with depressive disorders with a shorter treatment duration are likely to be at an earlier stage of illness. Therefore, they still experience more severe symptoms of depressive disorders.

Low assertiveness was associated with moderate to severe depression because persons with low assertiveness cannot communicate their need, feeling, or opinion appropriately. Therefore, they cannot express their need, facial expression, disagreement and request clarification. As a result, they had excessive passiveness toward others, or when people around them are unable to understand their needs, it leads to high levels of conflict, resulting in stress, emotional discomfort, and sadness, which in turn worsen symptoms of depressive disorders. This is consistent with the study by Zhou H, *et al.*⁽⁵⁾, which found that patients with depressive disorders who had high conformity orientation communication styles, or family members were required to show only passiveness, and family leaders, who did not listen to different opinions or objections even when they disagreed, reflecting low assertiveness, will show higher levels of depressive disorders. This is also consistent with the study by Curran T. and Allen J.⁽⁶⁾, which found that children who were required to obey family commands only with high conformity orientation experienced greater conflict with their personal needs will have higher levels of depressive disorders, because they had to remain passive in situations they disagreed with and were unable to communicate their own needs. Furthermore, this finding is consistent with the study by Li N, *et al.*⁽⁴⁾, which found that patients with depressive disorders who had a low constructive communication pattern, or lacked communication that promotes understanding, cooperation, and problem solving, tended to have higher levels of mutual avoidance communication pattern and greater self-demand/partner-withdraw communication styles, which reflect low assertiveness, and were associated with higher levels of depressive disorders. It is also consistent with the study by Uebelacker L, *et al.*⁽³⁾, which found that couples with a high level of wife-

demand and husband-withdraw communication pattern and a high level of self-silencing, representing low assertiveness, had high depressive disorders.

Impaired social functioning relates to moderate to severe depression because persons who cannot responsible for social functioning appropriately, such as family duties, study and work, managing financial obligations, and good relationships with family members can lead to conflicts with other people or an inability to adapt to life contexts, resulting in a feeling of sadness from a lack of happiness in doing various activities. This results in higher level of depression. This is consistent with the study of Chorkong N.⁽¹²⁾ which found that person with impaired social functioning relates to severe depression and consistent with study of Saris IMJ, *et al.*⁽²¹⁾ which found that patients with depressive disorders and higher impaired social functioning, will have more severe symptom of depressive disorders as well.

Very low to low social skills were associated with moderate to severe depression because individuals who lack social skills often experience difficulties in building and maintaining relationships, seeking help, communicating their needs, and managing conflicts. This may lead to interpersonal conflict, difficulty adapting to new life contexts, or inability to form new relationships with others, resulting in high levels of stress, sadness, and increased depression. This finding is consistent with the study by Kurimoto P.⁽¹¹⁾, which found that patients with depressive disorders with moderate to severe symptoms had impairments in social skills, and that impairment in social skills was associated with moderate to severe depression. It is also consistent with the study by Yao Z, *et al.*⁽²²⁾, which found that adolescents with more severe depressive disorders had lower levels of social skills, and that low social skills were associated with higher levels of depression.

Low emotional expressivity was associate with moderate to severe depression because individuals who cannot communicate with others with non-verbal language through facial expression, eye contact, posture, and paraverbal communication. For example, having no facial expression, overly flat paraverbal, and lack of eye contact, may prevent others from clearly interpreting feelings, needs, or intentions. This can result in a lack of understanding and support from others or may lead to interpersonal conflict, causing sadness or loneliness and contributing to increased depression.

Low emotional control was associated with moderate to severe depression because individuals who cannot appropriately regulate emotional expression through non-verbal language, such as displaying negative facial expressions, using aggressive paraverbal with a harsh and loud voice, having unfriendly body postures, and speaking at inappropriate moments, are often perceived as unapproachable or difficult to interact with. This may cause others to avoid interaction, lead to interpersonal conflict, or result in poor adaptation to new life contexts, which can cause sadness or loneliness and contribute to increased depression.

Low social expressivity was associated with moderate to severe depression because individuals who communicate meaning to others ineffectively through verbal language or spoken language, using words that are unclear or difficult to understand, may cause misunderstanding or make others unwilling to interact with them. This leads to interpersonal conflict, sadness, and increased depression. This is consistent with the study by Moeller RW, and Seehuus M.⁽²³⁾, which found that individuals who were better at social expression or communicating through verbal language had lower levels of loneliness and depression, whereas those with lower social expressivity had higher levels of depression. It is also consistent with the study by Chorkong N.⁽¹²⁾, which found that low social expressivity was associated with impaired social functioning and severe depression.

Low social control was associated with moderate to severe depression because individuals who cannot use language appropriately in social contexts, such as using rude words, sarcastic language, aggressiveness, or provocative speech, may trigger interpersonal conflict, sadness, and increased depression. This is consistent with the study by Robert W. Moeller RW, and Seehuus M.⁽²³⁾, which found that individuals who had good social control or communicated appropriately through verbal language had lower levels of loneliness and depression, whereas those with low social control faced higher levels of depression. It is also consistent with the study by Chorkong N.⁽¹²⁾, which found that low social control was associated with impaired social functioning and severe depression.

This study found that the predictive factors of moderate to severe depression were average income $\leq 20,000$ baht, duration of treatment for depressive disorders ≤ 3 years, impaired social functioning, low emotional expressivity, and low emotional control. Regarding average income $\leq 20,000$ baht, low income may be insufficient to meet basic needs; therefore, individuals are more likely to develop higher levels of

depression. This finding is consistent with the study by Chensy P.⁽²⁰⁾, which also found that average income $\leq 20,000$ baht was a predictive factor of moderate to severe depression. For duration of treatment for depressive disorders ≤ 3 years, because patients with depressive disorders who have received treatment for a shorter period may not yet show substantial improvement in symptoms and may still lack Assertiveness communication skills, social skills, and continue to have impaired social functioning, they are therefore more likely to experience higher levels of depression. Regarding the factor of impaired social functioning, individuals with poor social functioning, such as in education, occupation, and family or interpersonal relationships, are less likely to receive positive reinforcement or rewards (positive reinforcement or reward) and may engage in social isolation or social withdrawal, leading to higher levels of depression. This is consistent with the study by Chorkong N.⁽¹²⁾, which found that Severe depression was a predictive factor of impaired social functioning. Finally, regarding low emotional expressivity and low emotional control, inappropriate communication through non-verbal language can result in poor interpersonal interactions, interpersonal conflict, or difficulty adapting to others, thereby increasing the likelihood of higher levels of depression. This finding is consistent with the study by Kurimoto P.⁽¹¹⁾, which reported that moderate to severe depression was a predictive factor of very low to low social skills.

This study found that patients with depressive disorders had low levels of assertiveness, very low to low social skills, and, in domain-specific social skills, patients with depressive disorders had low levels of emotional-social expressivity and emotional-social control. In addition, patients with depressive disorders had impaired social functioning. The development of assertiveness communication skills for patients with depressive disorders includes: 1) communicating one's needs appropriately; 2) displaying appropriate facial expressions; 3) expressing disagreement politely; 4) helping the other party communicate clearly; and 5) communicating in order to understand the other person's reasons. These skills may be developed into the Social Skills Training Program to promote positive interaction between patients and people around them, or Interpersonal Psychotherapy may be used as treatment to modify communication styles to be more effective, increase social skills, and help resolve problems related to impaired social functioning in patients with depressive disorders. This would help reduce symptoms in patients with depressive disorders and promote better social functioning, enabling patients to return to normal daily life.

This study has limitations related to the study design, as it is a descriptive study. The findings on associated factors cannot indicate causal factors of depression because study is not an analytical study. In addition, the samples consisted of patients with depressive disorders who received treatment at the Outpatient Psychiatric Department; therefore, differences and contextual factors of these samples that may affect the level of depression in patients with depressive disorders should be considered before applying the findings.

Conclusion

This study found that most patients with depressive disorders had moderate depression. Most of the samples had assertiveness communication style in general situations or basic communication in everyday situations with moderate appropriate assertiveness, impaired social functioning, and social skills in overall at moderate level. The factors related to depression consisted of: age ≤ 30 years; average income $\leq 20,000$ baht; duration of treatment for depressive disorders ≤ 3 years; low assertiveness; impaired social functioning; very low to low social skills; low emotional expressivity; low emotional control; low social expressivity; and low social control. The predictive factors for depression are: average income $\leq 20,000$ baht; duration of treatment for depressive disorders ≤ 3 years; impaired social functioning; low emotional expressivity; and low emotional control. Therefore, patients with depressive disorders should develop assertive communication skills and receive Interpersonal Psychotherapy, or utilize social skills training programs such as the Social Skills Training Program. These interventions aim to achieve effective communication styles, enhance social skills, and address problems related to impaired social functioning. Consequently, this will help reduce depressive symptoms, enabling patients to return to their normal daily lives.

Author contributions

Nitikarn Prakobtham and Peeraphon Lueboonthavatchai contributed substantially to the concept and design of this study, acquiring the data, reviewing the literature, and its analysis and interpretation. Nitikarn Prakobtham contributed substantially to acquiring the data. Nitikarn Prakobtham and Peeraphon Lueboonthavatchai contributed to drafting the manuscript. Nitikarn Prakobtham and Peeraphon Lueboonthavatchai edited the manuscript critically for important intellectual content.

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Conflicts of interest statement

The authors have each completed the International Committee of Medical Journal Editors Form for uniform Disclosure of Potential Conflicts of Interest. No authors have any potential conflict of interest to disclose/None of the authors disclose any potential conflict of interest.

Data sharing statement

All data generated or analyzed in the present study are included in the published article. Further details are available for non commercial purposes from the corresponding author upon reasonable request.

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