Nursing interventions in rehabilitation of depression in adults.

A literature Review.

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Abstract

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This thesis examines nursing interventions that are used in adult depression rehabilitation. It assesses their application in the community, psychiatric units, and primary care settings aiming to contribute insights into their efficacy and impact on mental health. A literature review was conducted using peer-reviewed articles from academic journals in nursing. Databases such as PubMed, Science Direct (Elsevier), Sage Premier, EBSCOhost and ProQuest Central were accessed through Laurea Finna and Libguides internet search sites. The researcher carefully selected twelve articles including randomized clinical trials, randomized controlled trials, quasi-experimental studies, and mixed methods studies, and used the thematic analysis method to conduct the review.

The findings revealed that nurse-led, behavioural, complementary, pharmacological, and multicomponent interventions are some of the widely used interventions in depression rehabilitation in adults. It was also revealed that antidepressants are usually the basic depression treatment for adults. Nurses undertake many rehabilitation interventions including residential visits, follow-up telephone calls, and counselling. Personalized care is recommended for adult depression patients because each patient goes through different experiences. Modern treatment strategies include combining different interventions to achieve rehabilitation goals.

Some authors discourage interventions that do not include a pharmacological component. There are also recommendations by some authors concerning proper training of nurses to become skillful in administering cognitive-behavioural therapy because there seems to be a lack of resource persons for CBT. Future empirical studies can investigate how different geographical and socioeconomic contexts affect the effectiveness and efficiency of these interventions.

Keywords: Nursing Interventions, Depression, Rehabilitation, Therapy, Personalized Care

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1 INTRODUCTION

1.1 Background and Context

Depression is a global mental health issue (Pan American Health Organisation (PAHO) 2019) It is a major cause of disability in the world (Chodavadia, Teo, Poremski, Fung and Finkelstein 2023, 2). Santomauro et al. (2021, 1700) mention that before the COVID-19 pandemic depression and related disorders were part of the major causes of death globally and their incidence increased during the pandemic. Depression varies from the normal change we sometimes experience in our mood and feelings (WHO 2023). Depression causes constant sadness, loss of interest in things, and loss of pleasure (WHO, 2023). It can affect both psychological and physical well-being, alter normal functioning, and negatively affect the quality of life of people (Liu, He, Yang, Feng, Zhao, and Lyu 2020, 134). According to WHO (2023), the Institute of Health Metrics and Evaluation (2021) indicates that, globally, depression affects 280 million individuals, although rates vary by population and area. The number of people suffering from mental disorders including depressive disorders is increasing around the world, especially in lower-income countries (WHO 2017, 5). This rise in prevalence is because of the increasing population and many individuals growing to the age when these diseases develop (WHO 2017, 5). Studies show 5% of the world's adult population has depression (WHO 2023). The National Institute of Mental Health (2024) explains that though depression can affect people from all forms of backgrounds, it is usually diagnosed more often in women than in men. Harvard Health Publishing (2020) suggests depression is a “risk factor for heart disease and dementia”.

Humans used medicinal plants, religious rites, and primitive medications to heal diseases (Green, McNair, Hinkle, Middleton, Miller, Perrin, Power, Southerland, and Summers, 2021). Greek medicine called depression melancholia (Jansson 2020, 3); in the early 20th century, it was called "melancholic depression". Throughout history, medical understanding has changed treatment and Freud's psychoanalysis theory changed initial therapy (Jansson 2020, 9). Medicine expanded with the advent of antidepressants in the mid-20th century (Hillhouse and Porter 2015, 4). Interpersonal Therapy and Cognitive Behavioural Therapy have expanded therapeutic options (Markowitz and Weissman 2012, 2). Changing perceptions have led to depression acceptance and treatment (Björkelund et al., 2018). Due to fear of mental health criticism or misconceptions, many avoid treatments, resulting in social isolation and delayed or insufficient therapy (Arnaez, Krendl, McCormick, Chen and Chomistek 2020, 187). The public is increasingly supporting comprehensive and empathetic mental health treatment (Statista 2024).

1.2 Problem Statement

The global financial burden of mental disorders including depression was about 4.7 trillion USD in 2019 (Arias, Saxena and Verguet 2022, 6). Additionally, some challenges such as the use of generalized treatment guidelines and treatment-resistant depression (TRD) hinder the seamless implementation of nursing interventions in rehabilitation (Stachowicz and Sowa-Kućma 2022, 8). Antidepressant medications have side effects and they are not always effective in all contexts (Meeks et al 2015, 20). Pharmacotherapy is advantageous for neurological and biochemical issues associated with grieving (Søgaard Neilsen and Wilson, 2019). Multiple factors including biological, psychological, and social variables cause depression (Remes, Mendes and Templeton 2021, 10). As a result of the ineffectiveness of contemporary pharmaceuticals in addressing several crucial problems, there is a lack of adequate care (Maß, Backhaus, Lohrer, Szelies and Unkelbach 2023, 1968). Depression significantly diminishes the overall quality of life for individuals, and this makes it imperative to promptly treat the difficulties associated with it (Rush 2022). Depression affects employment, relationships, and quality of life in many ways. It impedes productivity, impacts interpersonal connections, and necessitates increased medical care (OECD & EU 2018, 20). Unaddressed depression can lead to increased healthcare costs, worse work performance, and higher rates of absenteeism, negatively impacting both society and the economy (Chodavadia et al. 2023, 2).

Depression rehabilitation programmes are studied because patients need more patient-centred, effective treatments than only medication (Cuijpers and Christensen 2017, 40). Salonen, Hyvönen, Paakkolanvaara and Korpela (2022, 2) call for the development of new, effective, and less expensive treatment interventions for depression and stress-related mental disorders. However, Lähteenvuo, Taipale, Tanskanen, Rannanpää and Tiihonen (2022, 240) highlight the use of antidepressant monotherapies as the most common treatment up to the fifth line in treatment-resistant depression. Complex depression requires more thorough treatments, such as rehabilitation courses (Paganin, Signorini and Sciaretta 2023, 178). Personalised depression therapy involves holistic treatments in addition to medication (Paganin et al. 2023, 175). Medication treats neurochemical difficulties, but it does not usually address psychological and social concerns that cause and maintain depression. Complete methods recognise the importance of psychological aspects such as life crises, social support, coping abilities, and environmental stress (Paganin et al. 2023, 174). A depression therapeutic strategy must combine psychological approaches, lifestyle adjustments, social support networks, and patient accountability (Tuominen, Stolt, Meretoja and Leino-Kilpi, 2019). Psychological elements are crucial to depression and should be prioritized in treatment (Karrouri, Hammani, Benjelloun and Otheman 2021, 9355). These psychological components must be included in therapeutic procedures for total treatment (WHO 2023). Patient-centred care models involve patients in decision-making, care planning, and goal setting. There is much research on nursing treatments for depression, but nurses do not know how well they function in diverse cultural and

demographic circumstances. Kohler, Smith, and Bhakoo (2021) noted that Western research may not apply to other populations. Limited longitudinal research makes it hard to evaluate the long-term consequences of these therapies even if long-term follow-up is needed.

Despite extensive study, there is still a lack of understanding of nursing interventions in the rehabilitation of depression, especially when considering different cultures and demography. This study reviews past studies and academic papers to reveal depression-recovery themes and patterns. It seeks to unravel the components of nursing interventions that tackle the most relevant aspects of depression rehabilitation to enhance our understanding of these interventions, and how they can help improve effective nursing practice in depression rehabilitation.

2 THEORETICAL BACKGROUND

2.1 Depression: Theoretical Perspectives and Implications

Depression is a multifaceted psychological condition that presents physical and cognitive symptoms including persistent sadness, loss of interest in enjoyable activities (Kumar, Srivastava, Paswan and Dutta 2012, 37). These symptoms can severely affect an individual's daily functioning and the illness can sometimes become chronic and recurrent (Kumar et al. 2012, 37). Also, Kumar et al. (2012, 38) state that depressive disorder commonly develops between the ages of 15 and 30. It may show differently in different individuals based on their age and sex but it is usually more common in women (Anxiety & Depression Association of America-ADAA 2024).

Sigmund Freud's psychoanalytic theory posits that depression results from internal conflict and past trauma (Varcarolis and Fosbre 2020, 19). According to Freud, depression could be seen as the expression of lost love, where the individual experiences unconscious grief over the real or imagined loss of a loved one (Varcarolis and Fosbre 2020, 19). This grief turns inward, leading to what Freud described as "mourning and melancholia." The melancholic individual exhibits self-reproach or excessive guilt, which Freud interpreted as hostility turned inward (Townsend 2015, 467). Daines, Hansen, Novilla and Crandall (2021, 7) emphasise the importance of early life experiences and the unconscious mind's role in shaping our adult psyche. Therapeutic approaches derived from this perspective, such as psychodynamic therapy, focus on uncovering and understanding unconscious thoughts and feelings (Varcarolis and Fosbre 2020, 19). Through therapeutic conversations, individuals learn to resolve these internal conflicts, understand their emotions, and improve their relationship patterns (Varcarolis and Fosbre 2020, 107).

2.1.1 Types of Depression

Harvard Health Publishing (2020) mentions four main types of depression as follows: major depression, persistent depressive disorder (dysthymia), Bipolar-disorder, and seasonal affective disorder (SAD). Perinatal depression (postpartum depression) and premenstrual dysphoric disorder (PMDD) exclusively affect women and they are (Harvard Health Publishing, 2020). Mental Health UK (2024) lists eleven types of depression: clinical depression, depressive episode, recurrent depressive disorder, reactive depression, dysthymia, cyclothymia, manic depression (Bipolar-disorder), psychotic depression, prenatal or postnatal depression, and seasonal affective disorder (SAD).

2.1.2 Causes of Depression

Chand, Arif and Kurtlenios (2023) explain that multiple factors including genetic and environmental variables cause depression. In addition to these, Kumar et al. (2012, 37) mention that psychological and biochemical factors also cause depression. Barton, Armstrong, Wicks, Freeman and Meyer (2017, 4) state that the causes of stress fall under three broad categories namely biological, psychological, and social factors. Demographic factors including educational level and employment status can affect the incidence of depression because people with lower incomes and lower educational attainments are reported to be significantly depressed than higher-income earners and highly educated individuals (OECD & EU 2018, 23). Poor physical health can cause depression (Goodwin 2006, 239) and depression may even present symptoms of physical health (Trivedi 2004, 12; WHO 2023). People who have had stressful past experiences such as abuse, and severe loss are more likely to develop depression (WHO 2022).

The biological perspective on depression highlights the role of genetic, biochemical, and neurological factors (Townsend 2015, 464). Research has demonstrated that neurotransmitters including serotonin, norepinephrine, and dopamine regulate mood, and imbalances in these chemicals can affect depressive symptoms (Kim et al., 2018). From a genetic viewpoint, some twin, familial, and adoption studies suggest a hereditary component to the risk of developing the disorder (Townsend 2015, 66). This has paved the way for investigations into specific genes that might influence neurotransmitter functions and other biological systems related to depression (Townsend 2015, 65).

2.1.3 Symptoms of Depression

The Anxiety and Depression Association of America (ADAA) (2024) states that major depression manifests at least five of nine common symptoms of depression. These symptoms are: “an

overwhelming feeling of sadness, loss of interest in most usual activities, decreased or increased appetite, insomnia or hypersomnia, psychomotor agitation or retardation, constant fatigue, feelings of worthlessness, recurrent thoughts of death or suicidal ideation, and cognitive difficulties" (ADAA 2024). Similarly, the American Psychological Association (2022) lists the symptoms of depression to include the following: low mood, loss of pleasure in daily activities, increased irritability, changes in appetite with potential weight gain or loss, negative changes in sleep pattern, hopelessness, low self-esteem, lethargy, low self-esteem, fatigue, indecisiveness, recurrent thoughts of death and suicidal ideation. Other symptoms of depression include restlessness, angry outbursts, and frequent cries for no apparent reason (Kumar et al. 2012, 38). The American Psychological Association (APA) (2022) indicates that a person who experiences at least five of the symptoms listed above, including a depressed mood and loss of pleasure, for at least two weeks, may have a major depressive disorder. The WHO (2022) adds that depressive episodes occur daily, consecutively, for up to two weeks for depression to be diagnosed in a person.

2.2 Rehabilitation: Theoretical Foundations and Strategies

Mental health rehabilitation involves a set of interventions designed to reduce disability and enhance functioning in individuals with mental disorders, including depression (Tirupati 2018, 2). Mental health rehabilitation should focus on holistic recovery, emphasizing physical, emotional, and social aspects of health (Maharaj, Lees, Lal 2019, 7). In the context of depression, rehabilitation involves addressing biological issues, psychological interventions and social interventions (Aloufi et al., 2021, 12).

The recovery model in mental health is a patient-centered approach that emphasizes personal growth, self-determination, and independence (Varcarolis and Fosbre 2020, 106). It views recovery not merely as reducing symptoms but as a re-building of identity, meaning, and satisfying, hopeful, and contributing life, despite the problems the illness causes (Townsend 2015, 321). In practice, rehabilitation based on the recovery model might include peer support programs, where individuals with shared experiences of mental illness provide support, education, and encouragement to each other (Dardas, Van De Water and Simmons, 2018). These programs highlight the value of lived experience and peer support in fostering recovery. Additionally, recovery-oriented rehabilitation encourages the development of personal goals and supports individuals in pursuing these goals, facilitating a sense of urgency and purpose. Nurses are supposed to maintain warm relationships with patients to enhance the recovery of patients from depression (Coelho, Poyato, Merino, Sequeira and Sampaio 2024).

2.3 Nursing Interventions

Wagner, Butcher, and Clarke (2023, 2) mention that the nursing profession utilizes safe, high-quality, evidence-based interventions to solve nursing problems to promote health, well-being, and positive health outcomes. Nurses seek to prevent illness, provide rehabilitation and ensure optimum health in their patients (Doenges, Moorhouse, and Murr 2019, 1 Halter (2014, 14) lists seven main domains of nursing interventions as follows: basic physiological, complex physiological, behavioural, safety, family, health system, and community. According to the Omaha System (2024), some nursing interventions are suitable for individuals, while others are appropriate for families, and communities. Nursing interventions prioritise patient safety and include nurse-led interventions such as counseling, guiding patients on proper medication, and supporting patients to self-care (Chand et al. 2023).

The University of St. Augustine for Health Sciences (2024), classifies nursing interventions into independent, dependent, and interdependent interventions based on nurses' level of involvement. The Omaha System (2024) groups nursing interventions into four broad categories and these are: Teaching, guidance and counselling, treatments and procedures, case management, and surveillance. Nurses can initiate independent interventions themselves but may need permission or instructions to perform dependent actions, and partnership with other health professionals to undertake interdependent interventions (University of St. Augustine for Health Sciences 2024). Nursing interventions comprise activities through which nurses provide patients with relational, psychosocial and physical care (Nordaunet, Gjevjon, Olsson, Aagaard, & Borglin, 2024, 2). According to Ibu, Ogbor and Molua (2024, 10-11), nursing interventions include medication management, patient education, and wound care, influencing healthcare delivery.

Foster-Smith (2024, 1) states that nurses influence patient outcomes, and enhance advocacy efforts and other important aspects of healthcare delivery. Nursing interventions include monitoring and regular check-ups, treating patients, preventing secondary infection, and providing patient information and self-management support (Maier & Buchan 2018, 25). Gulanick and Myers (2021, 8-10) mention assessment, therapeutic interventions, and patient education as interventions nurses apply in caring for patients with different health conditions. Aside from the already listed interventions, the University of St. Augustine for Health Sciences (2024) mentions other relevant ones including bedside care and assistance, postpartum support, and feeding assistance.

General interventions nurses frequently undertake during shifts include actively listening to patients, preventing falls, controlling pain, promoting position changes, ensuring adequate oral intake, and cluster care (In Home Care 2019, December 26). Charalambous et al. (2018, 13)

mention nursing interventions including direct care, psychological support, teaching, assessment and monitoring, care management, and coordination.

3 RESEARCH METHODS

3.1 Aim and Objectives

The primary aim of this thesis is to describe the various nursing interventions employed in the rehabilitation process for adults experiencing depression. Through a comprehensive exploration of existing literature and empirical studies. The objective of the study is:

To explore the range and diversity of interventions utilized in depression rehabilitation

3.2 Research Question

How do different nursing interventions contribute to the rehabilitation of depression in adults?

3.3 Database search

Search for relevant articles started on 20th March 2023 and was conducted on PsycINFO, PubMed, and several databases accessed through Laurea Finna and Libguides internet search sites. They include EBSCOhost, ScienceDirect (Elsevier), ProQuest Central, and SAGE Premier. To make sure the investigation's main points stood out, search terms including "adults," "depression rehabilitation," and "nursing interventions" were carefully picked, and boolean operators such as "and" and "or" were also used to refine the search string. "Using the provided parameters, a selective review of nurse approaches for improving the adult depressed patients' well-being was performed (Williamson and Johanson, 2017). The search criteria included papers published within the last decade. This ensured that the current and most applicable studies were identified. This method aimed to ensure that the literature review in later sections of this thesis was very relevant and up to date by including emerging trends or developments in the field.

3.4 Inclusion and Exclusion Criteria

The integrity of this study was assured by establishing guidelines regarding what to include or omit. The inclusion criteria were carefully chosen to ensure the articles selected directly reflected the nursing interventions for adult depression. Some investigated and proven efficient nursing measures include psychopharmacological treatments, psychotherapy, and holistic care models (Beckett, 2007). The fact that the study focused on adults ensured its relevancy to those supposedly meant to partake in it and a more concentrated review of the treatment that

suits this population. Exclusion factors were used to save the integrity and value of the selected research. To ensure the uniformity of the analysis, the researcher did not consider any research written in other languages than English. These rules were aimed at ensuring that the data was interpreted uniformly and to eliminate any linguistic errors that could have been present. This factor improved the overall quality and dependability of the material that was put together (Hendren, Newcomer, Pandey, Smith and Sumner, 2022: p. 485). By being careful when using these factors for addition and removal, a more thorough selection process was possible, improving the quality of the study. Table 1 presents the inclusion and exclusion criteria for the selection of articles.

Table 1: Inclusion and Exclusion Criteria

Inclusion Criteria	**Exclusion Criteria**
Peer-reviewed articles about nursing interventions for adult depression in nursing	Articles other than nursing intervention for adult depression
Research targeting the adult population including older adults.	Research targeting groups other than the adult population.
Studies in English language	Studies written in a language other than English
Research published from 2014 to 2024 (within 10 years)	Research published before 2013
Open-access peer-reviewed journal articles	Paid articles

The following is an adaptation of the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) flow diagram (Figure 1) which shows the systematic literature search process in every stage.

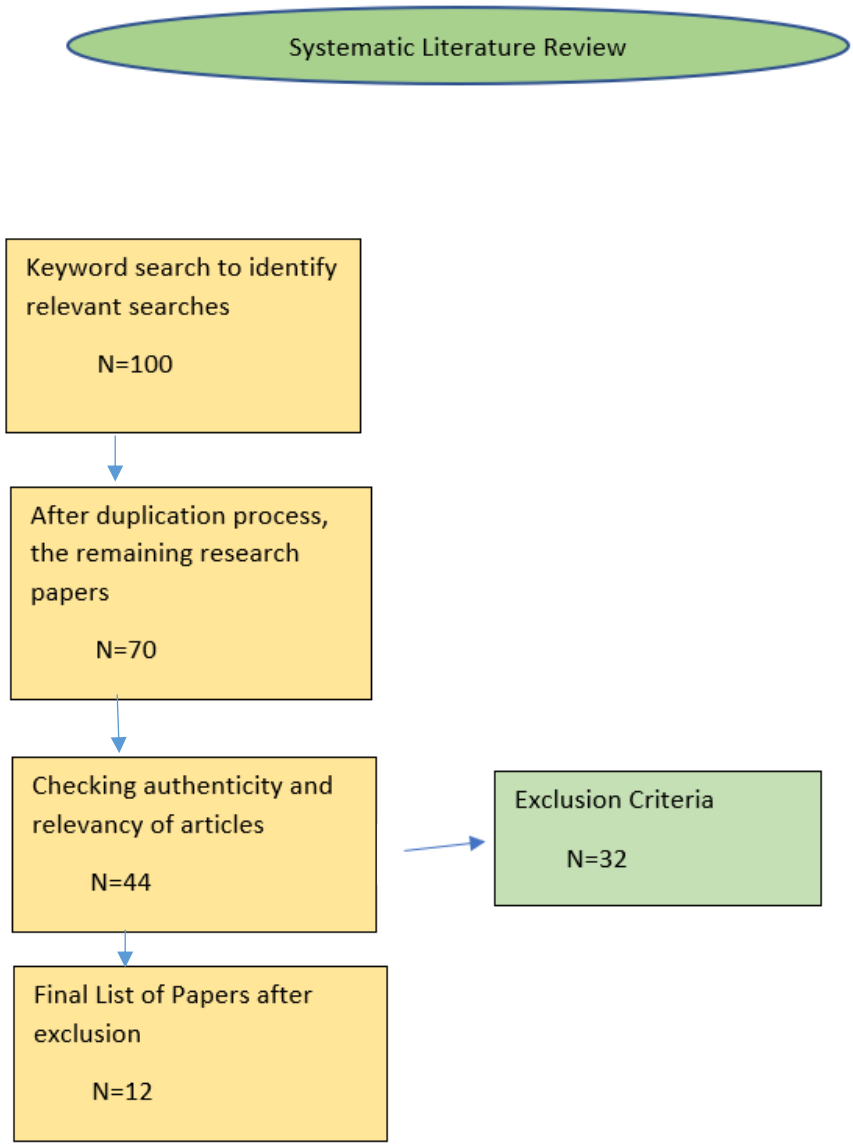

Figure 1: PRISMA Flow Chart

The sources of the articles used for the thematic data analysis have been presented in Table 2.

Table 2: Table showing the source of articles used in the analysis of the study

Search string and database	Number of articles chosen based on title and abstract (Filters: 2014-2024; full article; open-access; English language; nursing)	The final number of relevant articles selected based on inclusion criteria
Science Direct "Nurses and depression treatment in adults"	32	3
PubMed "Depression", "Nursing interventions" AND / "Rehabilitation" "Nurses and depression treatment in adults"	28	5
New EBSCOHOST "Depression", "Nursing interventions" AND "Rehabilitation" / "Nurses and depression treatment in adults"	23	1
Google Scholar "Depression", "Nursing interventions" AND "Rehabilitation" "Nurses and depression treatment in adults"	17	3
		Total=12

3.5 Extraction Table

After an extensive search for relevant articles across various platforms, these articles were selected after they had met the inclusion requirement. In all, twelve articles were selected and used in the analysis. A list of the selected articles is presented in Table 3.

Table 3: Extraction Table with Selected Articles

Identifier	**Title**	**Author(s)**	**Method**	**Findings**
1	"BE-ACTIV for depression in nursing homes: primary outcomes of a randomized clinical trial."	Meeks et al. (2015).	Researchers administered 10 weeks of individual therapy with follow-up evaluations taking place three months and six months after treatment. The control (TAU) group received weekly visits from researchers. Eighty-two (82) residents from 23 nursing homes were involved.	Depression symptoms in the intervention group were more likely to be relieved at three months after the intervention than the treatment-as-usual group. However, six months after the intervention, there was no difference between the two groups.

2	"Effectiveness of smartphone-based mindfulness training on maternal perinatal depression: randomized controlled trial."	Sun et al. (2021).	The participants were 168 pregnant women randomly sampled from an obstetrics clinic. Eighty-four were randomly assigned to a "self-guided 8-week smartphone-based mindfulness training" while 84 were in an attention control group, during pregnancy. Mental health indicators of all participants were assessed 5 times during pregnancy by online self-assessment.	After the intervention, depression symptoms in mindfulness training participants reduced significantly compared to the preintervention stage.
3	"Effects of a group-based lifestyle medicine for depression: A pilot randomized controlled trial."	Ip et al. (2021).	Thirty-one (31) people suffering from depression were randomly selected from Hong Kong. The participants received either Life Medicine treatment or treatment-as-usual, for six continuous weeks. The Lifestyle Medicine intervention comprised diet, exercise, mindfulness, psychoeducation and sleep management.	After the intervention, depression, anxiety, stress and insomnia symptoms in the Lifestyle Medicine group reduced significantly than in the usual treatment group.
4	"Individual Nurse-Led Active Listening Intervention for Spouses of Individuals with Depression: A Pre-/Posttest Pilot Study."	Hirota et al. (2023).	Researchers conducted ten weeks of individual listening sessions for 16 couples who participated in the study. the sessions enabled the participants to express themselves freely.	Participants expressed satisfaction with the intervention and depressive symptoms improved in patients after the intervention
5	"Nurse-led group cognitive behavioral therapy for major depressive disorder among adults in Japan: A preliminary single-group study".	Tanoue et al. (2018).	Researchers administered weekly 90-minute sessions to 23 participants for six weeks. A comparison between baseline and post-intervention outcomes was made for groups of 3-4 individuals that received the intervention comprising motivation, psychoeducation, cognitive, behavioural and problem-solving techniques.	The intervention significantly reduced depressive symptoms in the participants.
6	"Registered nurses' experiences of managing depressive symptoms at care centres for older people: a qualitative descriptive study."	Borglin et al. (2019).	Researchers interviewed ten Registered Nurses from 10 geriatic care centres in southern Sweden. They analysed the transcribed texts through content analysis.	The Registered Nurses reported that it was not easy for them to detect depression because sometimes it shows a physical illness. They did not use evidence-based nursing interventions often in their practice.
7	"Smartphone-delivered multicomponent lifestyle medicine intervention for depressive symptoms: A randomized controlled trial."	Wong et al. (2021).	Seventy-nine depression patients randomly sampled were randomly assigned to two groups. Thirty-nine participants received a Lifestyle Medicine treatment while forty participants did not receive the intervention.	The intervention significantly reduced depressive symptoms, generalized anxiety symptoms, insomnia symptoms, functional impairment), and quality of health from Week 0 to Week 9 in the treatment group compared with the control group
8	"Collaborative nurse-led self-management support for primary care patients with anxiety, depressive or somatic symptoms: Cluster-randomised	Zimmermann et al. (2016)	Nurses were allocated to the interventional practices for 12 consecutive months providing services for patients over this period. They followed a weekly practice visitation schedule, according to which they worked at a particular practice. They were given their own office room inside the practice room. There, the patients received routine GP care. As an incentive, control	The intervention improved self-efficacy in the intervention group during assessments after the baseline.

	controlled trial (findings of the SMADS study)."		practices were offered the nurse-led intervention for 12 months after closing the RCT.	
9	"Effects of group music intervention on depression for elderly people in nursing homes. International"	Yu et al (2022).	Sixty-three (63) senior citizens took part arbitrarily to either a music group or a control group in a randomized control trial. The music group went through 30-minute semiweekly sessions for 10-weeks but the control group received care-as-usual without music.	In the fifth and tenth week following the intervention, depressive symptoms decreased in the intervention group, but no changes occurred in the control group.
10	"Active versus receptive group music therapy for major depressive disorder—A pilot study."	Atiwannapat et al. (2016)	The Montgomery Åsberg Depression Rating Scale (MADRS) Thai version was used to assess 14 depressed out-patient at the baseline. In the 1st, 3rd and 6th months of the study in addition to standard care. The patients were randomly allocated to receive active music therapy or group counselling for a time frame of 12 weeks.	Though the scores of those who received active music therapy were better than participants that received passive music therapy and group counselling, the difference was not statistically significant.
11	"The effects of a community-based, multicomponent, depression prevention intervention in mothers at-risk."	Atkins et al. (2022).	Researchers collaborated with students, and local people in a low-resourced neighbourhood to implement a multicomponent intervention for 15 ethnic minority mothers. The intervention involved social group dance, health education, and socialization.	Depressive symptoms reduced significantly after the intervention. Self-esteem and social support levels improved significantly.
12	"A nurse-led mHealth intervention to alleviate depressive symptoms in older adults living alone in the community: a quasi-experimental study."	Hong et al. (2023)	Researchers randomly assigned each of sixty-four participants to either the intervention group where they received standardized mHealth device training, a nurse-led mHealth programme and art activities, or a control group that received usual care. Nurses assessed the depressive symptoms of participants using the ecological momentary assessment using a mobile tablet.	Depressive symptoms improved in those who received the intervention than those who did not.

3.6 Data Analysis

The data analysis procedure for this thesis was a secondary qualitative approach which involved an in-depth review of the available qualitative information (Qualtrics 2024). This process involved reviewing and synthesising the qualitative findings from the studies retrieved through the literature search (Ameel, Kontio, and Junttila, 2019: p. 2900). The thematic analysis method was applied to reveal patterns, themes, and concepts that repeated throughout the studies (Qualtrics 2024). This method enabled the drawing of valuable insights from various sources to gain a more intrinsic understanding of nursing actions that contribute toward rehabilitation for depression in adults. Secondary qualitative analysis was very appropriate in line with the nature of the research question where richness defines the qualitative data prominent across literature sources. Through the application of this approach, the study created a general interpretive meaning in understanding how nursing interventions affected depression rehabilitation by providing depth and also contextuality to its findings. The articles

selected were grouped according to the main interventions identified from the literature review as Table 4 presents.

Table 4: Theme, subthemes, categories identified from the literature review

Theme	Nursing interventions in depression rehabilitation				
Subthemes	Behavioural Interventions	Complementary Therapeutic Interventions	Nurse-Led Interventions	Pharmacological Interventions	Multicomponent Treatment Approaches
Categories	Behaviour therapy, Cognitive behaviour therapy, Behaviour Activation, Behaviour modification, Counselling, Behaviour management	Psychosocial therapy, Complementary therapies: Listening therapy, Group therapy, Music therapy, Talk therapy, Social activities, Interaction	Personalized care, Patient support, Counseling, nurse-led, patient education Home visits, Conversation, group activities, Enhancing clinical and self-management for patients	Medication administration, Guidance, Patience and Family medication education, Follow up, reminders	Combination of approaches, Lifestyle medicine, Holistic Lifestyle, Technological interventions, complementary therapies Facilitating Physical activities, promoting a healthy lifestyle
Unit of Analysis	1,2,4,5,6,7,12	1,3,5,7,9,10	1,4,5,6,8,12	1,4,6	2,3,7,8,11,12

4 FINDINGS

4.1 Behavioural Interventions

One randomized clinical trial (Meeks et al. 2015), a preliminary one-group study (Tanoue et al. 2018), a qualitative descriptive study (Borglin et al. 2019), and a quasi-experimental study (Hong et al. 2023) disclose that while behavioural interventions can be successful in depression rehabilitation in adults, behavioural change requires some effort from the patient and the caregiver(s) to happen. One randomised controlled trial (Sun, Li, Wang, Chen, Bazzano, Cao 2021, 17,) suggested the use of smartphone-based Mindfulness Behavioural Cognitive Therapy (MBCT) to reduce prenatal depression symptoms in pregnant women. Meeks et al. (2015, 13) call for the use of alternative interventions such as behavioural and psychological therapy by practitioners to support the widespread use of antidepressants in nursing homes. When nurses receive training on Cognitive Behavioural Therapy in their practice, it enhances their interactions with depressed patients and behavioural activation (Tanoue, Yoshinaga, Kato, Naono-Nagatomo, Ishida and Shiraishi 2018, 219). They also report that nurse-led group CBT was highly accepted in Japan and the intervention led to a significant reduction in the severity of major depression disorder in participants (Tanoue et al. 2018, 221).

Nurses educate and counsel depressed patients in nursing homes and other settings to understand ways through which they can recognise and eliminate risk factors of depression, usually through behavioural change. Despite the importance of Cognitive Behavioural Therapy in depression rehabilitation. Borglin, Räthel, Paulsson, Sjögren and Forss (2019, 11) state that CBT and other therapeutical services are not readily available. Meeks, Van Haitsma, Schoenbachler and Looney (2015, 20) report that a well-implemented behavioural intervention in a nursing home increases the possibility of older people healing from depression. However, behavioural interventions for nursing homes must be monitored regularly to enhance sustainability (Meeks et al., 2015, 20).

Hong, Lee, Song, Mijung Kim, Yuntae Kim, Hyein Kim and Heejung Kim (2023, 7) report a statistically insignificant decrease in depressive symptoms in participants of an intervention based on Cognitive Behavioural Therapy and Behaviour Activation. Their study exclusively used non-pharmacological treatment options and the researchers did not know whether the findings were negatively affected by their omission of pharmacological treatment from their design (Hong et al 2023, 7). Motivation can enhance the adoption of behavioural change strategies by depression patients (Ip, Ho, Yeung, Chung, Ng, Oliver, and Sarris 2021, 16-17).

4.2 Complementary Therapeutic Interventions

Six articles highlight the relevance of complementary therapies in depression rehabilitation in adults (Meeks et al. 2015; Ip et al 2021; Tanoue et al. 2018; Wong et al. 2021; Yu et al. 2022; Atiwannapat et al. 2016). Depressed patients who went through individual nurse-led listening therapy improved in depression symptoms (Hirota, Chiba, Aoyama, Hirano, Ichikawa, Greiner and Hashimoto (2023, 22). They suggest listening therapy enhances the self-esteem of the one being listened to and may help elevate their mood (Hirota et al. 2023, 24). When depressed patients find someone to listen to them fairly, they feel safe to speak and this can improve their mood. Talking as a form of therapy is embedded in Cognitive Behavioural Therapy (Borglin et al. 2019, 10).

Yu, Lo, Chen and Lu (2022, 8) propose group musical therapy as an effective way to reduce depression in elderly people and highlight its cost-effectiveness in depression rehabilitation. Atiwannapat, Thaipisuttikul, Poopityastaporn and Katekaew (2016) also support the use of music group therapy to complement other rehabilitation strategies because music reduces depression symptoms. Ip et al. (2021, 16) suggest that group therapy reduces the severity of depression. Social interactions during group activities help relieve stress and improve mental clarity. Sun, Li, Wang, Chen, Bazzano and Cao (2021) report Mindfulness-Based Therapy as an effective tool to enhance depression rehabilitation in adults. Through Mindfulness-Based Therapy, nurses guide depression patients to control their thought patterns and focus on the moment.

4.3 Nurse-Led Interventions

Four articles reveal insights about the interventions led by nurses in depression rehabilitation in care centres, nursing homes, primary care facilities and communities (Tanoue et al. 2018; Borglin et al. 2019; Zimmerman et al. 2016 and Hong et al. 2023).

Nurses play essential roles in the rehabilitation of depressed patients and their contribution helps to reduce the effects of depression using nurse-led interventions such as listening therapy and Cognitive Behavioural Therapy (Borglin et al. 2019, 2; Tanoue et al 2018, 219). Borglin et al. (2019) highlight some nursing interventions that enhance rehabilitation in nursing homes, primary care, and community settings. Nurses undertake initiatives that enable them to build sustainable, cordial, and trusting relationships with depressed patients (Borglin et al. 2019, 10). They enhance clinical and self-management by supporting patients during routine visits or activities (Borglin et al. 2019, 5). Counseling, patient education and personalized service are other activities led by nurses to improve rehabilitation in depressed patients (Zimmermann, Puschmann, van den Bussche, Wiese, Ernst, Porzelt, Daubmann and Scherer 2016)

Sometimes nurses visit their patients in their homes and during such times they listen, support and interact with their patients (Borglin et al. 2019, 6). These regular home visits enable them to recognise depression symptoms early and offer support to the patients. Hong et al. (2023, 6) describes a nurse-led intervention based on Behaviour Activation and Cognitive Behavioural Therapy which reduced depressive moods in older adults through personalised care. They mention that the nurse-led intervention offered the older adults an opportunity to self-monitor their depressive symptoms and this has been suggested to help adults to understand their symptoms well (Hong et al 2023, 7). Nurses coordinate many other interventions including listening, music and Cognitive Behavioural Therapy.

4.4 Pharmacological Interventions

Three articles mention the use of antidepressant medication in depression rehabilitation (Meeks et al. 2015; Borglin et al. 2019 and Hirota et al 2023). Borglin et al. (2019, 6) mention some of the nurse-led pharmacological interventions applied in depression rehabilitation in adults. Antidepressant therapy has been the main treatment for depressed adults (Borglin et al. 2019). Though frequently used in rehabilitation activities, these medications are not always effective (Borglin et al. 2019). Nurses follow up on patients to remind them to take their medication. They counsel patients and use excellent communication skills to improve adherence to treatment regimes. In care centre and nursing home settings, nurses motivate depressed patients to make good use of antidepressant therapy. They also visit patients and find out whether their medication is effective or whether they need to make changes in the treatment regime.

Meeks et al. (2015, 20) report that antidepressant medication did not prevent the development of depressive disorders in their study emphasized the need to adopt nonpharmacological rehabilitation options. Also, Hirota et al. (2023, 24) state that though some patients had undergone treatment using antidepressants for 15 years, they still had depressive symptoms.

4.5 Multicomponent Treatment Approaches

One randomized controlled trial (Wong et al. 2021), one pilot randomized controlled trial (Ip et al. 2021), one quasi-experimental mixed methods study (Atkins et al. 2022), one preliminary single group study (Tanoue et al. 2018) and one quasi-experimental study (Hong et al. 2023) support the use of multicomponent treatment approaches by nurses to enhance depression rehabilitation in adult patients. The multicomponent treatment approach to depression rehabilitation is a multifaceted approach that makes use of a combination of different

strategies and principles (Atkins, Kelly, Linz, Jackson, Pontes, Wunnenberg, Williams, Stellmacher, Lewis, Halty and Williams 2022, 74). Wong et al. (2021) and Atkins et al. (2022) highlight the significance of the multicomponent treatment approach in minimizing the symptoms of depression in adults. Atkins et al. (2022, 69-70) report a multicomponent approach for depression management, composed of interventions including nutritional health education, dance, fitness, stress management, parenting self-care and social engagement opportunities. Ip et al. (2021, 4) present a five-pronged intervention comprising diet, exercise, mindfulness, psychoeducation, and sleep management. Nurses in nursing homes and care centres usually lead residents through the activities listed.

The contents of a specific multicomponent programme will be different from others. Nurses coordinate many aspects of the multicomponent treatment approach including health education and stress management. Wong et al. (2021, 971) mention that multicomponent approaches, especially Lifestyle Medicine, address problematic lifestyle habits that affect physiological functions negatively. Wong et al. (2021, 978) report the use of an integrative smartphone application to implement a multicomponent intervention (Lifestyle Hub) improved depression symptom. The intervention composed of lifestyle psychoeducation, physical activity, dietary recommendations, stress management, sleep management, and motivation and goal-setting techniques (Wong et al. 2021, 972). Smartphones have become common, and nurses can use smartphone-delivered interventions to promote rehabilitation. Hong et al. (2023, 3) mentions a multicomponent depression rehabilitation approach composed of Cognitive Behavioural Therapy (problem-solving skills, relaxation techniques, and social skills), engaging in art (drawing, painting and colouring), and some non-pharmacological apps. They found that the multicomponent intervention reduced depressive symptoms, but the finding was not statistically significant (Hong et al. 2023).

5 DISCUSSION

5.1 Behavioural Interventions

The goal of behavioural interventions is to change the maladaptive responses of individuals to specific situations (Drummond 2001). As Varcarolis and Fosbre (2020, 19) suggest, behavioural therapy seeks to discourage maladaptive behaviour by rewarding adaptive behaviour usually through conditioning. The behavioural approach to therapy indicates that people have learned to become who they are through the interaction between their environment and genetic background (Townsend 2015, 290). Cuijpers, Quero,Dowrick and Aroll (2019, 3-4) suggest the most important psychological interventions employed by nurses in primary care include cognitive behavioural therapy, behavioural activation therapy, interpersonal psychotherapy, problem solving therapy, non-directive counseling, psychodynamic therapy, life review therapy, third wave therapies and mindfulness-based CBT.

Tanoue et al. (2018, 219) indicate that Cognitive Behavioural Therapy can be used by nurses in various care settings. This finding supports the statement by Health Quality Ontario (2017, 1) which indicates that CBT, interpersonal therapy, and supportive therapy are some psychological therapies used in anxiety and depression rehabilitation. Though the effectiveness of Cognitive Behavioural Therapy is gaining popularity in recent times, its implementation in depression rehabilitation has been suggested to be minimal because of the lack of CBT experts (Tanoue et al. 2018, 221; Borglin et al. 2019). Some of the principles guiding CBT do not differ from those guiding the nursing profession and they include “empathy, building relationships with patients, and engaging with them” (Tanoue et al. 2018). Similarly, the American Psychological Association (2019) mentions that behavioural therapy involves collaborative work between nurses and patients to help improve the mood and functioning of people suffering from depression.

Healthy relationships with patients are built on mutual trust between the patient and the nurse (Borglin et al. 2019, 6). The success of behavioural interventions can be enhanced by respecting depression patients, supporting them to practice mindfulness, and ensuring their safety and wellbeing. This supports Iddon and Grant’s (2013, 4) assertion that choosing a behavioural therapy for a specific context depends on a patient’s circumstances and other conditions. Sun et al. (2021, 17) report that Mindfulness Cognitive Behavioural Therapy (MCBT) delivered through smartphones can be a cheap intervention to reduce perinatal depression in developing countries. Similarly, Karouri et al. (2021, 9355) suggest that mindfulness-based cognitive behavioural therapy helps to prevent depression. When a patient has low motivation to change, CBT becomes difficult because it relies on the patient’s willingness to overcome the challenges related to their condition (Zimmermann et al 2016). Finally, NICE (2022, 56) describes another

form of psychological intervention called short-term psychodynamic psychotherapy that seeks to unravel difficult feelings in significant relationships and stressful situations.

Karrouri, Hammani, Benjelloun and Otheman (2021) recommend Cognitive Behavioural Therapy for treating major depressive disorder and for preventing relapse. However, behavioural approaches to rehabilitation in severe depression include group and individual behavioural activation (BA) and cognitive behavioural therapy (CBT) (National Institute for Health and Care Excellence 2022, 49-50). Hong et al. (2023, 1) state that when they applied an exclusively non-pharmacological intervention based on Cognitive Behavioural Therapy to treat depression in older adults, they found no significant reduction. However, they add that excluding pharmacological treatment might have caused an insignificant effect. This supports the assertion of Meeks et al. (2015, 20) that their intervention might have been effective due to the use of antidepressants in nursing homes. This explains why studies such as Hirota et al. (2023) included antidepressant therapy in their study design. It is relevant for any behavioural intervention to be carried out together with antidepressant use because most behavioural therapies may function best as complementary to medications. This aligns with the assertion by the National Institute for Health and Care Excellence (NICE) (2022, 49) that though behavioural interventions can be effective in mild cases of depression and may reduce side effects that arise from medications, in severe depression, they need to be combined with medication. Similarly, Iddon and Grant (2013, 4) indicate that emerging behavioural approaches in depression rehabilitation complement each other.

5.2 Complementary Therapeutic Interventions

Therapeutical interventions found in the articles were listening therapy, music therapy, group therapy and Mindfulness-Based Therapy. Though these are not fundamental first-line rehabilitation interventions for depression, their role in reducing depressive symptoms in adults has been reported. Though many of these interventions cannot enhance remission when used independently of traditional first-line treatments, they may improve the effectiveness of mainstream rehabilitation strategies by functioning as complementary and supportive treatment options (Institute for Quality and Efficiency in Health Care 2020). Major Depressive Disorder patients and their family members go through stressful conditions because of the disorder (Hirato et al. 2023, 19). When nurses listen to these people, their stress levels may be reduced. Listening therapy is therefore a form of family support for families with chronic depression patients. Listening, talking and social interactions have been suggested to affect depressive symptoms and nurses should develop strategies that will allow conversations and other social activities to happen (Borglin et al. 2019, 5). Similarly, Karrouri et al. (2021, 9357) mention other therapies including marital and family therapy, problem-solving therapy, group

therapy, mindfulness-based CBT (MCBT), medication and supportive therapy (ST) and explained that they can complement well-established depression therapies.

Atiwannpat et al. (2016) describe the effectiveness of using group music therapy to treat depression in adults and indicate that depressive symptoms were reduced in both active and passive music groups in their study. The active participants sang while the passive participants listened to songs. Plumb & Stickley (2017, 33) suggest that singing can positively affect people with mental health challenges. Sun et al. (2021) report that depressive symptoms in pregnant women who received mindfulness training reduced significantly. Mindfulness-Based Therapy is a strategy to help patients to optimise the present moment. Nurses counsel, coach, and guide patients about how to conform to mindfulness practices.

5.3 Nurse-led Interventions

Nursing interventions contributing to depression rehabilitation include nurse-led patient and family education, medication education, emotional support, and patient-centred care (Xu and Liu 2023, 6). This is supported by Zimmerman et al. (2016) who highlight the significant impact of nurse-led interventions on depression remission and medication compliance for different categories of patients. Despite the setting where they are undertaken, these interventions are unique in their individualised and coordinated approaches. Similarly, Cranstoun et al. (2024, 24-26) report that nurse-led interventions identified in their study are delivered face-to-face or by telephone, individually or in groups, and in a health facility or the home. Martin (2024) indicates that, among other activities, nurses administer antidepressant medications, encourage patients to think positively, listen to the concerns of patients, guide patients to choose healthy food, educate them about depression, and give positive feedback (April 30). Tanoue et al. (2018, 219) discovered that psychiatrists use techniques such as active listening, therapeutic communication, and empathetic support to promote a good rapport with patients who are depressed in the psychiatric setting. This corroborates the findings of Cranstoun et al. (2024, 24-26) who explain that nurse-led interventions include health education, reminiscence therapy (RT), CBT, medication management, mindfulness-based CBT, and personalized care.

Nurses use in-depth evaluations and continuous reviews to work alongside other professionals in designing care plans that will suit the patient perfectly and ensure holistic management of depression. Also, community nurse-led interventions transcend healthcare facilities into the residents' homes (Borglin et al. 2019, 6). Nurses are trained to educate patients and their relatives and guide them with resources and assistance. Similarly, NICE (2022, 45) mentions that nurses counsel patients suffering from major depressive disorder. Consequently, patients can manage depression in the community after leaving the hospital. This aligns with the assertion by Tabangcora (2024) indicating that nurses support patients to improve self-care and

personal hygiene. Additionally, nurses communicate effectively with depression patients, provide psychoeducation, ensure patient safety and educate them about medication compliance (Tabangcora, 2024, May 9). Adams (2019, 8) mentions that nursing interventions including daily up-date on patient, medical adherence, setting goal, problem-solving, and behavioural activation are important in depression rehabilitation.

Psychiatric nurses build lasting relationships with the families of patients and collaborate with them in the rehabilitation of depression patients. This agrees with the finding that nurses build trusting relationships with their clients that enhance communication (INSCOL 2023, 27 February). They establish trust, openness, and good rapport with their patients and families (Borglin et al. 2019, 6). These excellent relationships and the care they provide to patients help them appreciate their worth, to improve treatment outcomes (Borglin et al. 2019, 6). When nurses adopt evidence-based practices, and the idea of continuous professional development, they improve their expertise in providing high-quality care, enhancing the quality of care. However, nurse-led interventions that do not include pharmacological treatment may not effectively reduce depressive symptoms (Hong et al. 2023, 7).

5.4 Pharmacological Interventions

Medications, especially antidepressants have been the fundamental approach in depression rehabilitation (Borglin et al. 2019, 5). However, the National Health Service (NHS) (2023) explains that antidepressants can be used only when a qualified healthcare practitioner prescribes them. Bains and Abdijadid (2023) suggest that though all antidepressants have similar effectiveness they have different side effects. Again, individuals respond differently to antidepressants (NHS 2023). In contrast, Maß et al. (2023, 1968) reports that antidepressants did not relieve depressive symptoms during inpatient depression treatment. Despite the outcomes of Maß et al. (2023, 1968), NICE (2022, 53) recommends administering antidepressants for at least six months and for some time after symptoms are relieved.

Meeks et al. (2015, 20) argue that the effectiveness of antidepressants in reducing depressive symptoms should be evaluated because though many participants of their study were taking antidepressants for about nine months, they could still be diagnosed with depressive disorders. This agrees with the assertion by Tabangcora (2024) that though medications are the fundamental treatment for depression, sometimes they have to be complemented with other therapies. Again, Maß et al. (2023, 1698) indicate that when pharmacotherapy is supplemented with psychotherapy the outcome is better than monotherapy However, when psychotherapy is the main treatment and pharmacotherapy is the supplementary treatment, the effect is not better than monotherapy (Maß et al. 2023, 1968). Similarly, Chand et al. (2023) state that medications combined with brief psychotherapy can relieve the symptoms of depression.

Lähteenvuo, Taipale, Tanskanen, Rannanpää and Tiihonen (2022, 240) state that despite the use of antidepressants to treat depression in more than 177000 Finland nationals, 11% developed treatment-resistant depression (TRD) They emphasised the need to introduce complementary treatment strategies early in severe depression cases because such complementary treatments enhance remission (Lähteenvuo et al. 2022, 240). This may be necessary because antidepressants are part of psychotropic medications that help to manage physical and behavioural symptoms but do not relieve psychological problems (Townsend 2015, 69-70).

Nurses conduct continuous assessments of patients, and can detect the need for relevant interventions that can augment pharmacotherapy. This is similar to the findings of Townsend (2015, 70) who reports that nurses ensure the ethical and legal use of antidepressant medications, assess the suitability of medications for patients, evaluate the effectiveness of these medications, and educate patients and their families about medications. They also support patients and their families with guidance and counseling services, to ensure strict adherence to antidepressant therapy. Borglin et al. (2019) state that though antidepressant therapy is not highly effective in older adults, it is still the first-line approach by nurses. However, nurse-led interventions such as sleep, nutrition, and social activities are as effective as pharmacological therapy (Borglin et al. 2019).

5.5 Multicomponent Treatment Approaches

Multicomponent treatment approaches uniquely enhance creativity and promote social interactions and physical activity. They comprise interesting and captivating content that can sustain the interest of patients. However, Demissie et al (2024, 5) indicate that not all multicomponent programmes help in treating depressive disorders because some aim at detecting depressive disorders. Hernandez (2023, 19) mentions role play as an intervention that complements traditional ones. Atkins et al. (2022, 76) report that mothers who participated in their multicomponent intervention enjoyed all the components (Zumba dance, nutritional education, fitness, stress management, parenting self-care, and social engagement opportunities) but showed a higher preference for the dance component. Physical activities provide exciting opportunities to interact with others and leading such activities will be easier for nurses than other strict and mundane treatment options such as pharmacotherapy. Additionally, NICE (2022, 60) emphasises that exercise therapy is one of the therapeutic interventions used in the rehabilitation of severe depression in adults. In contrast, Ugartemendia-Yerobi et al. (2023, 19) state that a multicomponent physical activity intervention did not effectively reduce depressive symptoms in senior citizens residng in a nursing home.

A multicomponent Lifestyle Medicine intervention implemented through smartphones improved depressive symptoms (Wong et al. 2021, 978). This is similar to the findings of Ngo, Weiss, Lam, Dang, Nguyen and Nguyen (2014, 7) who report that a multicomponent intervention named the Vietnam Multicomponent Collaborative Care for Depression Program (MCCD) significantly decreased depressive symptoms (Ngo et al. 2014, 7). The intervention implemented by healthcare professionals including nurses, comprised screening and assessment, psychoeducation, pharmacotherapy, behaviour activation therapy, follow-up, and family support (Ngo et al. 2014). However, the intervention by Wong et al. (2021, 981) focused on the use of technology, and they proposed that nurses should include technology-related interventions in their practice because these devices can enhance the delivery of non-pharmacological treatments.

Nurses use technological devices such as telephones and mobile phones to make follow-up calls and digital equipment in their routine assessments and evaluations to facilitate rehabilitation interventions. Sun et al. (2021) highlight the importance of Mindfulness-Based Interventions, delivered through the Internet and smartphone applications, in preventing and treating perinatal depressive symptoms in women. Lähteenvuo et al. (2022, 240) propose introducing complementary therapies early to augment antidepressant therapy in rehabilitating severely depressive patients in various contexts.

6 CONCLUSION AND RECOMMENDATION

6.1 Conclusion

A holistic exploration of depression management strategies is conducted in this thesis, involving many interventions, including nursing-led interventions, cognitive-behavioural therapy, multicomponent treatments, pharmacological interventions, complementary therapies, and psychoeducation integrated with resilience-focused interventions. The research findings underline the significance of such interventions as a channel to remission for those with depression, stabilisation of psychotropic medications, and building resilience among individuals facing the condition. Patient outcomes from the interventions implemented by nurses showed promising but varying results. Though some researchers such as Meeks et al (2015) suggest behavioural interventions and complementary therapies to be as effective as antidepressant therapy, others including Hong et al (2021) propose that pharmacological interventions should be included in all rehabilitation interventions. Using CBT and other interventions exclusively as independent treatment options without pharmacotherapy is not highly recommended by the authors of the articles used in the data analysis.

Another key finding is the potential to use the inventions in various settings to produce desirable results, including psychiatric units, communities, and primary care facilities. Despite the suggested inefficacy of antidepressant therapy in some contexts, nurses continue to use it as the first approach nurses to tackle depression before considering other interventions. The findings show that it will be more helpful to include complementary treatments early enough, to prevent the development of treatment-resistant depression (TRD). Furthermore, Some of the authors suggested that CBT is effective in the treatment of depression. Multimodal treatments were also discussed to prove that they could simultaneously address the different aspects of depression effectively. However, for a treatment strategy to be effective, it is vital to integrate various fields and consider the specific needs and circumstances of the individuals. By assessing these interventions' effectiveness and focusing on a patient-centred approach, healthcare providers can achieve optimal treatment outcomes by creating a supportive environment for recovery. The discussion suggests that the application of evidence-based therapies plays a key role in devising a global strategy for the management of depressive disorders, thereby improving patient outcomes, and promoting holistic treatments.

6.2 Recommendations

6.2.1 Recommendations for Future Research

This study shows that person-centered nursing therapies for adult depression help recovery. Progress has been made, but further research is needed to increase nurse treatment efficacy and sustainability.

Empirical studies are required to examine the potency and resilience of nurse-led interventions and how they can be fully incorporated into current healthcare systems and workflows. Evaluating the sustainability and effectiveness of such interventions will reveal insights into their robustness, adaptability, and applicability. Longitudinal research should be carried out to investigate the impact of personalized treatment approaches on depression rehabilitation to unravel the durability, cost-effectiveness, and suitability of such approaches in different geographical, gender, and cultural contexts.

6.2.2 Recommendations for Practice

The study shows the importance of personalised care in depression rehabilitation. Nurses should ensure that each patient gets care tailored to their needs by considering their background, values, and tastes. This method fits with the current direction in healthcare towards patient-centered care because it looks at the person instead of just their symptoms. Additionally, culturally competent care helps patients and healthcare staff get along and trust each other by ensuring treatments work and considering how each person is different. Psychiatric nurses should be open-minded, fair, and tolerant in their work, and promote inclusion. They should also be taken into account the demography of patients when designing treatment plans. Finally, nurses need to collaborate with other health professionals to provide holistic care to depression patients in various settings. Furthermore, using technology in nursing practice is recommended because technology makes things easier and faster.

7 ETHICAL CONSIDERATIONS

This Thesis puts a lot of weight on ethics problems because it talks about the touchy subject of mental health treatments. When researchers follow ethical guidelines, they protect the rights, privacy, and overall validity of the people who take part in the study. The study has followed the rules very carefully to protect the subjects' privacy and the private information they gave. This was achieved using articles from credible sources that uphold high ethical principles. The data analysis and literature review also followed ethics standards by only using reliable sources and giving credit to all of them correctly. The ethical framework for the study is based on honesty, openness, and care for human respect and safety. Additionally, the researcher acknowledges that the findings of this study are based on their interpretation and may not be generalized broadly.

8 RELIABILITY

Reliability in this thesis highlights the consistency and dependability of the research process and its result. Strict steps were taken to make the study more reliable, so the results are correct and can be repeated. The information used for the literature review came from reliable academic databases and other sources. The process of collecting data was carefully planned, from searching databases to setting guidelines for what to include and what to leave out, to ensure that only reliable studies were included. Using appropriate research methods made the results much more reliable. Because of this dedication, one can trust what it adds to our understanding of nursing treatments for depression recovery.

9 LIMITATIONS

One primary limitation of this study is that the researcher, a single author, could not exhaust all the perspectives for addressing the problems. Though objectivity was ensured by being open-minded throughout the study, a single person’s view may not reflect the complete outcome because the experience and background of the researcher might affect the interpretation of the findings to a certain extent. Additionally, the study used only articles in the English language. This means research on the same subject in other languages was exempted and any relevant information from those articles will be missing here. It is crucial to know that new developments in the subject might not be fully covered if research studies and book reviews are limited to a certain period. Finally, though the articles were selected fairly and objectively, it is clear whether all the relevant articles were included. However, the researcher ensured

that the chosen articles were scrutinized comprehensively to extract the most essential and representative information. Inherent flaws in the methodologies of the selected articles may affect the interpretation of findings in this work. This was addressed by selecting articles from highly credible databases and sources.

10 REFERENCES

Aloufi, M.A., Jarden, R.J., Gerdtz, M.F. and Kapp, S., 2021. Reducing stress, anxiety and depression in undergraduate nursing students: Systematic review. Nurse Education Today, 102, p.104877. Accessed 15 June 2023. Available at: https://doi.org/10.1016/j.nedt.2021.104877

Adams, E.G., 2019. Treatment of depression in integrated care: implementation of the nurse care manager. SAGE Open Nursing, 5, p.2377960819861862. DOI: 10.1177/2377960819861862

Ameel, M., Kontio, R., Junttila, K., 2019. Nursing interventions in adult psychiatric outpatient care. Making nursing visible using the Nursing Interventions Classification. Journal of Advanced Nursing 75, 2899–2909. Accessed 20 December 2023. Available at: https://doi.org/10.1111/jan.14127

American Psychological Association (APA). 2022. Patients and Families — Understanding the Guideline for Treatment of Depression. Accessed 4 May 2024. https://www.apa.org/depression-guideline/patients-families

American Psychological Association., 2019. Depression treatments for adults. Accessed 24 May 2024. https://www.apa.org/depression-guideline/adults

Anxiety & Depression Association of America (ADAA). 2020. What is depression? Accessed 3 March 2024.

Arias, D., Saxena, S. and Verguet, S., 2022. Quantifying the global burden of mental disorders and their economic value. EClinical Medicine, 54. https://doi.org/10.1016/j.eclinm.2022.101675

Arnaez, J.M., Krendl, A.C., McCormick, B.P., Chen, Z. and Chomistek, A.K., 2020. The association of depression stigma with barriers to seeking mental health care: A cross-sectional analysis. Journal of Mental Health, 29(2), pp.182-190. https://doi.org/10.1080/09638237.2019.1644494

Bains, N., Abdijadid, S., 2023. Major Depressive Disorder. [Updated 2023 Apr 10]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2024 Jan-. Available from: https://www.ncbi.nlm.nih.gov/books/NBK559078/

Barton, S., Armstrong, P., Wicks, L., Freeman, E. and Meyer, T.D., 2017. Treating complex depression with cognitive behavioural therapy. The Cognitive Behaviour Therapist, 10, p.e17. http://dx.doi.org/10.1017/S1754470X17000149

Beckett, J., 2007. Legal Research Methods, in: Handbook of Research Methods in Public Administration, Second Edition. CRC Press. Accessed. 16 October 2023. http://dx.doi.org/10.1201/9781420013276.ch12

Björkelund, C., Svenningsson, I., Hange, D., Udo, C., Petersson, E.L., Ariai, N., Nejati, S., Wessman, C., Wikberg, C., André, M. and Wallin, L., 2018. Clinical effectiveness of care managers in collaborative care for patients with depression in Swedish primary health care: a pragmatic cluster randomized controlled trial. BMC Family Practice, 19, pp.1-10. Accessed 02 December 2023. Available at: https://doi.org/10.1186/s12875-018-0711-z

Chand, S.P., Arif, H. and Kutlenios, R.M., 2021. Depression (nursing). Accessed 7 May 2024. Available at https://www.ncbi.nlm.nih.gov/books/NBK568733/#__NBK568733_dtls__

Charalambous, A., Wells, M., Campbell, P., Torrens, C., Östlund, U., Oldenmenger, W., Patiraki, E., Sharp, L., Nohavova, I., Domenech-Climent, N. and Eicher, M., 2018. A scoping review of trials of interventions led or delivered by cancer nurses. International Journal of Nursing Studies, 86, pp.36-43.

Cheong, H.I., Lyons, A., Houghton, R. and Majumdar, A., 2023. Secondary qualitative research methodology using online data within the context of social sciences. International Journal of Qualitative Methods, 22, p.16094069231180160.

Chodavadia, P., Teo, I., Poremski, D., Fung, D.S.S. and Finkelstein, E.A., 2023. Prevalence and economic burden of depression and anxiety symptoms among Singaporean adults: results from a 2022 web panel. BMC Psychiatry, 23(1), p.104. https://doi.org/10.1186%2Fs12888-023-04581-7

Coelho, J., Moreno Poyato, A., Roldán Merino, J., Sequeira, C., & Sampaio, F. 2024. Perspectives of adult patients with mental health disorders on the relationship with nurses: a focus group study. BMC Nursing, 23(1), 9. Accessed 5 April 2024.

Cranstoun, D., Baliousis, M., Merdian, H.L. and Rennoldson, M., 2024. Nurse-led psychological interventions for depression in adult cancer patients: A systematic review and meta-analysis of Randomised Controlled Trials. Journal of Pain and Symptom Management. https://doi.org/10.1016/j.jpainsymman.2024.03.028

Cui, L., Li, S., Wang, S., Wu, X., Liu, Y., Yu, W., Wang, Y., Tang, Y., Xia, M. and Li, B., 2024. Major depressive disorder: hypothesis, mechanism, prevention and treatment. Signal Transduction and Targeted Therapy, 9(1), pp.1-32. https://doi.org/10.1038/s41392-024-01738-y

Cuijpers, P. and Christensen, H., 2017. Are personalised treatments of adult depression finally within reach? Epidemiology and Psychiatric Sciences, 26(1), pp.40-42. https://doi.org/10.1017%2FS204579601600007X

Cuijpers, P., Quero, S., Dowrick, C. and Arroll, B., 2019. Psychological treatment of depression in primary care: recent developments. Current Psychiatry Reports, 21, pp.1-10. https://doi.org/10.1007/s11920-019-1117-x

Daines, C.L., Hansen, D., Novilla, M.L.B. and Crandall, A., 2021. Effects of positive and negative childhood experiences on adult family health. BMC Public Health, 21, pp.1-8. https://doi.org/10.1186/s12889-021-10732-w

Dardas, L.A., Van De Water, B. and Simmons, L.A. 2018. 'Parental involvement in adolescent depression interventions: A systematic review of randomized clinical trials', International Journal of Mental Health Nursing, 27(2), pp. 555–570. Accessed 08 January 2024. https://doi.org/10.1111/inm.12429.

Demissie, M., Birhane, R., Hanlon, C., Eshetu, T., Medhin, G., Minaye, A., Habtamu, K., Cleare, A.J., Milkias, B., Prince, M. and Fekadu, A., 2024. Developing interventions to improve detection of depression in primary healthcare settings in rural Ethiopia. BJPsych Open, 10(2), p.e52. https://doi.org/10.1192/bjo.2024.1

Doenges, M.E., Moorhouse, M.F. and Murr, A.C., 2019. Nursing care plans: Guidelines for individualizing client care across the life span. FA Davis.

Foster-Smith, R., 2024. Influence in nursing: Making a positive impact. Nursing Management, 55(2), p.56.

Goodwin, G.M., 2006. Depression and associated physical diseases and symptoms. Dialogues in clinical neuroscience, 8(2), pp.259-265. https://doi.org/10.31887/DCNS.2006.8.2/mgoodwin

Green, T.L., McNair, N.D., Hinkle, J.L., Middleton, S., Miller, E.T., Perrin, S., Power, M., Southerland, A.M. and Summers, D.V., 2021. Care of the patient with acute ischemic stroke (posthyperacute and prehospital discharge): update to 2009 comprehensive nursing care scientific statement: a scientific statement from the American Heart Association. Stroke. Accessed 18 December 2023. Available at: https://doi.org/10.1161/str.0000000000000357

Gulanick, M. and Myers, J.L., 2021. Nursing care plans-e-book: Nursing diagnosis and intervention. Elsevier Health Sciences.

Halter, M. J. 2014. Varcarolis' foundations of psychiatric mental health nursing: A clinical approach. Elsevier, Saunders. https://www.google.com.gh/books/edition/Varcarolis_Foundations_of_Psychiatric_Me/mZ15AAAAQBAJ?hl=en&gbpv=1

Health Quality Ontario, 2017. Psychotherapy for major depressive disorder and generalized anxiety disorder: a health technology assessment. Ontario health technology assessment series, 17(15), p.1. http://www.hqontario.ca/evidence-to-improve-care/journal-ontario-health-technology-assessment-series

Hendren, K., Newcomer, K., Pandey, S.K., Smith, M., Sumner, N., 2022. How qualitative research methods can be leveraged to strengthen mixed methods research in public policy and public administration? Public Administration Review 83, 468–485. Accessed 10 April 2024 https://doi.org/10.1111/puar.13528

Hernandez, V.C., 2023. Nursing Interventions to Decrease Depressive and Anxious Symptoms in Hispanic-American Youth. Honors Undergraduate Theses. 1359. https://stars.library.ucf.edu/honorstheses/1359

Hillhouse, T.M. and Porter, J.H., 2015. A brief history of the development of antidepressant drugs: from monoamines to glutamate. Experimental and Clinical Psychopharmacology, 23(1), p.1. https://doi.org/10.1037%2Fa0038550

Hong, S., Lee, S., Song, K., Kim, M., Kim, Y., Kim, H., & Kim, H., 2023. A nurse-led mHealth intervention to alleviate depressive symptoms in older adults living alone in the community: a quasi-experimental study. International Journal of Nursing Studies, 138, 104431. Accessed 10 April 2024. https://doi.org/10.1016/j.ijnurstu.2022.104431

Ibu, M. Josephine, Ogbor, G. I., and Molua, C. J., 2024. Impact of Nursing Interventions on Patient Outcomes: A Comprehensive Analysis. Journal of Nursing Research, Patient Safety and Practise, 4(02), 10–22. https://doi.org/10.55529/jnrpsp.42.10.22

Iddon, J.L. and Grant, L., 2013. Behavioural and cognitive treatment interventions in depression: An analysis of the evidence base. Open Journal of Depression, 2(02), p.11. http://dx.doi.org/10.4236/ojd.2013.22003

Ip, A. K. Y., Ho, F. Y. Y., Yeung, W. F., Chung, K. F., Ng, C. H., Oliver, G., & Sarris, J. 2021. Effects of a group-based lifestyle medicine for depression: A pilot randomized controlled trial. Plos one, 16(10), e0258059. Accessed 15 April 2024. https://doi.org/10.1371/journal.pone.0258059

In Home Care, 2019. Nursing interventions for home care. Accessed 8 September 2024. Available at https://www.inhomecare.com/what-is-nursing-intervention-guide-to-nurse-interventions/

Jansson, Å., 2020. Melancholia and depression. In Oxford Research Encyclopedia of Psychology. Accessed 17 April 2024. http://dx.doi.org/10.1093/acrefore/9780190236557.013.623

Karrouri, R., Hammani, Z., Benjelloun, R. and Otheman, Y. (2021). Major depressive disorder: Validated treatments and future challenges. World Journal of Clinical Cases, [online] 9(31), pp.9350–9367. doi:https://doi.org/10.12998/wjcc.v9.i31.9350. Accessed 5 April 2024.

Kim, Y.H., Choi, K.S., Han, K. and Kim, H.W., 2018. A psychological intervention programme for patients with breast cancer under chemotherapy and at a high risk of depression: A randomised clinical trial. Journal of Clinical Nursing, 27(3-4), pp.572-581.Accessed 12 April 2024. Available at: https://doi.org/10.1111/jocn.13910

Kumar, K. S., Srivastava, S., Paswan, S., & Dutta, A. S. 2012. Depression-symptoms, causes, medications and therapies. The Pharma Innovation, 1(3, Part A), 37

Lähteenvuo, M., Taipale, H., Tanskanen, A., Rannanpää, S., & Tiihonen, J. 2022. Courses of treatment and risk factors for treatment-resistant depression in Finnish primary and special healthcare: A nationwide cohort study. Journal of Affective Disorders, 308, 236-242. https://doi.org/10.1016/j.jad.2022.04.010

Liu, Q., He, H., Yang, J., Feng, X., Zhao, F., & Lyu, J. (2020). Changes in the global burden of depression from 1990 to 2017: Findings from the Global Burden of Disease study. Journal of Psychiatric Research, 126, 134-140. https://doi.org/10.1016/j.jpsychires.2019.08.002

Maharaj, S., Lees, T. and Lal, S. 2019. 'Prevalence and risk factors of depression, anxiety, and stress in a cohort of Australian nurses', International Journal of Environmental Research and Public Health, 16(1), p. 61. Available at: https://doi.org/10.3390/ijerph16010061

Maier, C.B. and Buchan, J., 2018. Integrating nurses in advanced roles in health systems to address the growing burden of chronic conditions. Eurohealth, 24(1), pp.24-27.

Markowitz, J.C. and Weissman, M.M., 2012. Interpersonal psychotherapy: past, present and future. Clinical Psychology & Psychotherapy, 19(2), pp.99-105. https://doi.org/10.1002%2Fcpp.1774

Martin, P., 2024. 6 Major depression nursing care plans. Accessed 24 May 2024. https://nurseslabs.com/major-depression-nursing-care-plans/#h-nursing-interventions-and-actions

Maß, R., Backhaus, K., Lohrer, K., Szelies, M. and Unkelbach, B.K., 2023. No benefit of antidepressants in inpatient treatment of depression. A longitudinal, quasi-experimental field study. Psychopharmacology, 240(9), pp.1963-1971. Accessed 5 May 2024. https://link.springer.com/article/10.1007/s00213-023-06417-4

Meeks, S., Van Haitsma, K., Schoenbachler, B. and Looney, S.W., 2015. BE-ACTIV for depression in nursing homes: primary outcomes of a randomized clinical trial. Journals of Gerontology Series B: Psychological Sciences and Social Sciences, 70(1), pp.13-23. https://academic.oup.com/psychsocgerontology/article-abstract/70/1/13/548151

National Institute for Health and Care Excellence (Great Britain). 2022. Depression in adults: treatment and management. National Institute for Health and Care Excellence (NICE).

Ngo, V.K., Weiss, B., Lam, T., Dang, T., Nguyen, T. and Nguyen, M.H., 2014. The Vietnam multicomponent collaborative care for depression program: development of depression care for low-and middle-income nations. Journal of Cognitive Psychotherapy, 28(3), pp.156-167. http://dx.doi.org/10.1891/0889-8391.28.3.156

Nordaunet, O.M., Gjevjon, E.R., Olsson, C., Aagaard, H. and Borglin, G., 2024. What about the fundamentals of nursing—its interventions and its continuity among older people in need of home-or facility-based care: a scoping review. BMC Nursing, 23(1), p.59. https://doi.org/10.1186/s12912-023-01675-1

Omaha System (2024). Intervention scheme. Accessed 8 September 2024. Available at https://www.omahasystem.org/interventionscheme

Organisation for Economic Co-operation and Development, & European Commission. Directorate-General for Health and Food Safety. 2018. Health at a Glance: Europe 2018: State of Health in the EU Cycle. OECD Publishing

Paganin, W., Signorini, S. and Sciarretta, A., 2023. Difficult-to-treat depression. Scoping review. Clinical Neuropsychiatry, 20(3), p.173. https://doi.org/10.36131%2Fcnfioritieditore20230302

Pan American Health Organisation (PAHO). 2019. Mental health problems are the leading cause of disability worldwide, say experts at PAHO Directing Council side event, 2 October. Accessed 6 May, 2024. https://bit.ly/45cocpi

Plumb, L., & Stickley, T. 2017. Singing to promote mental health and well-being. Mental Health Practice, 20(8). Accessed 20 April 2024. http://dx.doi.org/10.7748/mhp.2017.e1182

Qualtrics 2024. Thematic analysis in qualitative research. Accessed 2 June 2024. https://www.qualtrics.com/experience-management/research/thematic-analysis-in-qualitative-research/

Remes, O., Mendes, J.F. and Templeton, P., 2021. Biological, psychological, and social determinants of depression: a review of recent literature. Brain Sciences, 11(12), p.1633. https://doi.org/10.3390%2Fbrainsci11121633

Rush, A.J., 2022. Patient education: Depression treatment options for adults (Beyond the Basics). B. m.: UpToDate. Accessed 7 May 2024.

https://www.uptodate.com/contents/depression-treatment-options-for-adults-beyond-the-basics

Salonen, K., Hyvönen, K., Paakkolanvaara, J.V. and Korpela, K., 2022. Flow with nature treatment for depression: participants' experiences. Frontiers in Psychology, 12, p.768372. https://doi.org/10.3389%2Ffpsyg.2021.768372

Søgaard Neilsen, A. and Wilson, R.L. 2019. 'Combining e-mental health intervention development with human computer interaction (HCI) design to enhance technology-facilitated recovery for people with depression and/or anxiety conditions: An integrative literature review', International Journal of Mental Health Nursing, 28(1), pp. 22–39. Accessed 01 December 2023. Available at: https://doi.org/10.1111/inm.12527

Stachowicz, K. and Sowa-Kućma, M., 2022. The treatment of depression—Searching for new ideas. Frontiers in pharmacology, 13, p.988648. https://doi.org/10.3389/fphar.2022.988648

Statista. 2024. Depressive Disorders – Worldwide. Accessed 1 May 2024. https://www.statista.com/outlook/hmo/mental-health/depressive-disorders/worldwide

Tabangcora, I. D., 2024. Major depression. Accessed 26 May 2024. https://nurseslabs.com/major-depression/#h-nursing-interventions

Tanoue, H., Yoshinaga, N., Kato, S., Naono-Nagatomo, K., Ishida, Y. and Shiraishi, Y., 2018. Nurse-led group cognitive behavioral therapy for major depressive disorder among adults in Japan: A preliminary single-group study. International Journal of Nursing Sciences, 5(3), pp.218-222. Accessed 1 May 2024. https://www.sciencedirect.com/science/article/pii/S235201321830187X

Tirupati, S., 2018. The principles and practice of psychiatric rehabilitation. Indian Journal of Mental Health and Neurosciences, 1(1), pp.8-12. http://dx.doi.org/10.32746/ijmhns.2018.v1.i1.1

Townsend, M. C., 2015. Psychiatric mental health nursing: Concepts of care in evidenced-based practice (8th Ed.). F. A Davis Company, Philadelphia

Trivedi, M.H., 2004. The link between depression and physical symptoms. Primary Care Companion to the Journal of Clinical Psychiatry, 6(suppl 1), p.12. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC486942/

Tuominen, L., Stolt, M., Meretoja, R. and Leino-Kilpi, H., 2019. Effectiveness of nursing interventions among patients with cancer: an overview of systematic reviews. Journal of Clinical Nursing, 28(13-14), pp.2401-2419. Accessed 23 December 2023. Available at: https://doi.org/10.1111/jocn.14762

Ugartemendia-Yerobi, M., Kortajarena, M., Elordi, U., Zinkunegi-Zubizarreta, N., Zarrazquin, I., Calvo-Aguirre, J.J. and Irazusta, A., 2023. Effects of a multicomponent physical exercise programme on perceived health-related quality of life and on depressive symptoms in older adults living in long-term nursing homes. International Journal of Nursing Sciences, 10(1), pp.16-22. https://doi.org/10.1016/j.ijnss.2022.12.015

University of St. Augustine for Health Sciences (2024). Nursing Interventions – Implementing Your Patient Care Plans. Accessed 4 May 2024. Available at https://www.usa.edu/blog/nursing-interventions/

Varcarolis, E.M. and Fosbre, C.D., 2020. Essentials of psychiatric mental health nursing E-book: A communication approach to evidence-based care. Elsevier Health Sciences. Accessed 01 November 2023. http://sutlib2.sut.ac.th/sut_contents/H126373.pdf

Wagner, C.M., Butcher, H.K. and Clarke, M.F., 2023. Nursing interventions classification (NIC)-E-book: Nursing interventions classification (NIC) E-book. Elsevier Health Sciences.

Williamson, K., Johanson, G., 2017. Research Methods: Information, Systems, and Contexts. Chandos Publishing. Accessed 18 October 2023. http://110.164.66.211/ULIB6/_fulltext/bookcontent/13399116894/B0031223.pdf

World Health Organization (WHO). 2023. Depressive disorder (depression). Accessed 4 May 2024. https://tinyurl.com/2v5d74d6

World Health Organization. (2017). Depression and other common mental disorders: global health estimates (No. WHO/MSD/MER/2017.2). World Health Organization.

Xu, H. and Liu, D., 2023. Nursing Interventions in the management of mental health and alcohol use disorders: A Comprehensive Review: Role of Nursing Interventions. In the Management of MHDs and AUDs. Galen Medical Journal, 12, pp.e2999-e2999. http://dx.doi.org/10.31661/gmj.v12i.2999

Yu, A. L., Lo, S. F., Chen, P. Y., & Lu, S. F. 2022. Effects of group music intervention on depression for elderly people in nursing homes. International Journal of Environmental Research and Public Health, 19(15), 9291. Accessed 2 April 2024. https://doi.org/10.3390/ijerph19159291

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Title and Journal	Author(s) and Year	Aim	Study Design, Methods and Sample	Findings/Conclusion
BE-ACTIV for depression in nursing homes: primary outcomes of a randomized clinical trial. Journals of Gerontology Series B: Psychological Sciences and Social Sciences, 70(1), 13-23.	Meeks, S., Van Haitsma, K., Schoenbachler, B., & Looney, S. W. (2015).	To report the primary outcomes of a cluster randomized clinical trial of Behavioral activities intervention (BE-ACTIV), a behavioral intervention for depression in nursing homes	Randomized Clinical Trial Twenty-three nursing homes were randomized to BE-ACTIV or treatment as usual (TAU); 82 depressed long-term care residents recruited from these nursing homes. BE-ACTIV participants received 10 weeks of individual therapy after a 2-week baseline. TAU participants received weekly research visits. Follow-up assessments occurred at 3- and 6-month posttreatment.	BE-ACTIV group participants showed better diagnostic recovery at post-treatment in intent-to-treat analyses adjusted for clustering. They were more likely to be remitted than TAU participants at posttreatment and at 3 months posttreatment but not at 6 months. Self-reported depressive symptoms and functioning improved in both groups, but there was no significant treatment by time interactions in these variables.
Effectiveness of smartphone-based mindfulness training on maternal perinatal depression: randomized controlled trial.	Sun, Y., Li, Y., Wang, J., Chen, Q., Bazzano, A. N., & Cao, F. (2021).	The objective of this study was to evaluate the effectiveness of a smartphone-based mindfulness training intervention during pregnancy on perinatal depression and other mental health problems with a randomized controlled design	Randomized Controlled Trial Pregnant adult women (168) who were potentially at risk of perinatal depression were recruited from an obstetrics clinic and randomized to a self-guided 8-week smartphone-based mindfulness training during pregnancy group or attention control group.	Smartphone-based mindfulness training is an effective intervention in improving maternal perinatal depression for those who are potentially at risk of perinatal depression in early pregnancy. Nulliparous women are a promising subgroup who may benefit more from mindfulness training.
Effects of a group-based lifestyle medicine for depression: A	Ip, A. K. Y., Ho, F. Y. Y., Yeung, W. F.,	To examine the effects and acceptability of a group-based, integrative lifestyle	Pilot Randomized Controlled Trial Participants (n = 31) with PHQ-9 score above	A six-week group-based, integrative lifestyle

pilot randomized controlled trial. Plos one, 16(10), e0258059. https://doi.org/10.1371/journal.pone.025805	Chung, K. F., Ng, C. H., Oliver, G., & Sarris, J. (2021).	medicine intervention as a standalone treatment for managing depressive symptoms, a pilot randomized controlled trial (RCT) was conducted in a Chinese adult population in 2018.	the cut-off of ≥ 10, which was indicative of moderate to severe depression, were recruited from the general community in Hong Kong and randomly assigned to lifestyle medicine group (LM group) or care-as-usual group (CAU group) in a ratio of 1:1. Participants in the LM group received 2-hour group sessions once per week for six consecutive weeks, which covered diet, exercise, mindfulness, psychoeducation, and sleep management.	intervention program was effective in lowering depressive, anxiety, stress, and insomnia symptoms in the Chinese population.
Individual Nurse-Led Active Listening Intervention for Spouses of Individuals With Depression: A Pre-/Posttest Pilot Study. Journal of Psychosocial Nursing and Mental Health Services, 61(12), 19-25	Hirota, M., Chiba, R., Aoyama, S., Hirano, Y., Ichikawa, K., Greiner, C., ... & Hashimoto, T. (2023).	The aim was to investigate the impact of an individual nurse-led active listening intervention for spouses of individuals with depression on spouses' psychological states and patients' depressive symptoms.	A Pre-/Posttest Pilot Study Sixteen couples participated in the study. Individual sessions were conducted over 10 weeks to help spouses express their thoughts and feelings.	Nurse-led intervention of active listening for spouses may provide a better environment for improving the depressive symptoms of patients
Nurse-led group cognitive behavioral therapy for major depressive disorder among adults in Japan: A preliminary single-group	Tanoue, H., Yoshinaga, N., Kato, S., Naono-Nagatomo, K., Ishida, Y., & Shiraishi, Y. (2018).	The aim of the study was to examine the feasibility and acceptability of nurse-led group CBT for Japanese patients with depression.	A preliminary single-group study The effects of a 6-week group CBT, led by trained nurses, on patients with major depression was evaluated.	Six weeks of nurse-led group CBT produced a favorable treatment outcome for individuals with major depression in a Japanese clinical setting

study International Journal of Nursing Sciences, 5(3), 218-222.				
Registered nurses experiences of managing depressive symptoms at care centres for older people: a qualitative descriptive study. BMC nursing, 18, 1-12	Borglin, G., Räthel, K., Paulsson, H., & Sjögren Forss, K. (2019).	The study aimed to illuminate RNs, working at care centres for older people, experience of identifying and intervening in cases of depressive symptoms	The data for this qualitative descriptive study were collected through interviews (n = 10) with RNs working at 10 care centres for older people in southern Sweden. The transcribed texts were analysed using inductive content analysis	A nurse-patient relationship that was built on trust and was characterised by continuity of care was identified as a necessary prerequisite. Appropriate nursing interventions—afforded the same status as pharmacological treatment—are warranted as the first-line treatment of depression.
Smartphone-delivered multicomponent lifestyle medicine intervention for depressive symptoms: A randomized controlled trial. Journal of Consulting and Clinical Psychology, 89(12), 970	Wong, V. W. H., Ho, F. Y. Y., Shi, N. K., Tong, J. T. Y., Chung, K. F., Yeung, W. F., ... & Sarris, J. (2021).	To evaluate the efficacy and credibility of a smartphone-delivered multicomponent lifestyle medicine (LM) intervention, Lifestyle Hub, as a primary modality for managing depressive symptoms in an adult Chinese population.	Randomized Controlled Trial Participants with at least a moderate level of depressive symptoms (n = 79), as indicated by a Patient Health Questionnaire-9 score of ≥10, were randomly assigned to an LM Intervention group (LMG; n = 39; eight weekly sessions) or a waitlist control group (WLG; n = 40)	The smartphone-delivered multicomponent LM intervention Lifestyle Hub may serve as a primary modality for managing depressive symptoms
Collaborative nurse-led self-management support for	Zimmerman n, T., Puschmann, E., van	The SMADS trial evaluated the effectiveness of a primary care-based,	Cluster-Randomized Controlled Trial We randomly	

primary care patients with anxiety, depressive or somatic symptoms: Cluster-randomised controlled trial (findings of the SMADS study). International journal of nursing studies, 63, 101-111	den Bussche, H., Wiese, B., Ernst, A., Porzelt, S., ... & Scherer, M. (2016)	nurse-led, complex intervention to promote self-management in patients with anxiety, depressive or somatic symptoms.	allocated participating primary care practices to either the intervention group (IG), implementing a nurse-led collaborative care model, or to the control group (CG), where patients with the psychosomatic symptoms received routine treatment. Participants: Patients from 18 to 65 years of age, regularly consulting a participating primary care practice, scoring 5 on the anxiety, depressive or somatic symptom scales of the Patient Health	
Effects of group music intervention on depression for elderly people in nursing homes. International Journal of Environmental Research and Public Health, 19(15), 9291. https://doi.org/10.3390/ijerph19159291	Yu, A. L., Lo, S. F., Chen, P. Y., & Lu, S. F. (2022).	The purpose of the study was to examine the effects of group music intervention on depression for elderly people in nursing homes	Randomized Control Trial The music group received 20 sessions of group music intervention (two 30-minute sessions per week for 10 weeks), and the control group received usual care with no music intervention. The Geriatric Depression Scale—Short Form (GDS-SF) and salivary cortisol at baseline, 5 weeks, and 10 weeks were collected for analysis	The group music intervention has positive effects on depression.
Active versus receptive group music therapy for major depressive disorder—A pilot	Atiwannapat, P., Thaipisuttikul, P., Poopityastaporn, P.,	To compare the effects of 1) active group music therapy and 2) receptive group	Pilot Study On top of standard care, 14 MDD outpatients were randomly assigned to	Group music therapy, either active or receptive, is an interesting adjunctive treatment option for outpatients with MDD.

study. Complementary therapies in medicine, 26, 141-145.	& Katekaew, W. (2016)	music therapy to group counseling in treatment of major depressive disorder (MDD).	receive 1) active group music therapy (n = 5), 2) receptive group music therapy (n = 5), or 3) group counseling (n = 4). There were 12 one-hour weekly group sessions in each arm. Main outcome measures: Participants were assessed at baseline, 1 month (after 4 sessions), 3 months (end of interventions), and 6 months. Primary outcomes were depressive scores measured by the Montgomery Åsberg Depression Rating Scale (MADRS) Thai version. Secondary outcomes were self-rated depression score and quality of life.	
A nurse-led mHealth intervention to alleviate depressive symptoms in older adults living alone in the community: a quasi-experimental study. International Journal of Nursing Studies, 138, 104431. https://doi.org/10.1016/j.ijnurstu.2022.104431	Hong, S., Lee, S., Song, K., Kim, M., Kim, Y., Kim, H., & Kim, H. (2023).	To develop and evaluate the effect of a nurse-led mHealth intervention of geriatric depression in older adults living alone	Quasi-experimental study Study participants were randomly assigned to the intervention or control groups by drawing lots. In the intervention group, nurses repeatedly assessed older adults' depressive symptoms using an ecological momentary assessment via a mobile tablet. The intervention consisted of weekly sessions, which included	Compared with the control group (n=23), the intervention group (n=21) showed a decreased depression score ($t = 4.041$, $p = .027$). There was no statistical difference between the intervention and control groups based on traditional scales and the ecological momentary assessment

			standardised mHealth device training, (2) a nurse-led mHealth (1) program (2) me, and (3) art activities. The control group received care as usual.	
The effects of a community-based, multicomponent, depression prevention intervention in mothers at-risk. Western Journal of Nursing Research, 44(1), 66-80.	Atkins, R., Kelly, T. A., Linz, S. J., Jackson, K. J., Pontes, M. C., Wunnenberg, M., ... & Williams, W. (2022)	The purpose of this study was to develop a 12-week multicomponent, depression prevention pilot intervention and evaluate its feasibility and preliminary effects on improving levels and correlates of depressive symptoms, including anger, self-esteem perceived stress, social support, and racism.	Quasi-experimental, mixed methods University faculty, students and community residents collaborated at a low-income housing complex in a low-resourced, urban community. Fifteen low-income, ethnic minority mothers ages 23–46 years completed the intervention and evaluation surveys. Eight mothers participated in a focus group. The intervention included social group-dance, health education, and socialization	Mothers identified barriers and facilitators of program engagement. Depressive symptoms were significantly reduced ($t(14) = 2.41$, $p = .030$). Self-esteem ($t(14) = 2.28$, $p = .039$) and social support levels ($M = 4.5$, $p = .035$) were significantly increased. This multicomponent intervention is feasible. Preliminary efficacy evidence was mixed.