ARCADA

Nursing Interventions in Depression Management

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Abstract:

Depression is not just a persistent feeling of sadness and low mood, it is more than that. The primary health care team shares different roles in managing depression. Nurses, in all care facilities take care of patients holistically (physically, mentally, emotionally, psychologically and spiritually). Nurses are on top of their profession tending the well and sick. Understanding nurses' key roles in the management of illnesses is vital in the care process. The research is a literature review, which aims to identify the nursing interventions used widely in managing depression in the general population. Jean Watson's Nursing Care Theory was used as a guide theoretical foundation for the research paper and search process uncovered 20 peer reviewed articles published from 2000-2018. Keywords used were depression management AND nurse AND nurse's role OR intervention. Databases included were Ebscohost, PubMed, CINAHL, Theseus and Sage. The research study aims to answer the following research questions: (1) What are the nursing interventions in managing depression? (2) How do the nursing interventions in managing depression help the patient/client? (3) Where does the nurse focus in management of depression?. Results from the study indicated that the nursing interventions in pharmacotherapy and cognitive behavioral interventions such as behavior therapy, cognitive therapy, communication enhancement, coping assistance, patient education and collaborative care, as a part of conclusion, are among the most evidenced-based interventions and are recommended for practice in depression management.

Keywords:	Mental health nursing, nursing, depression, nursing intervention, nurses roles
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Definition of Terms

NIMH – National Institute of Mental Health

ANA – American Nurses Association

WHO – World Health Organization

1 INTRODUCTION

HEA (1996) defined mental health as the emotional resilience which enables us to enjoy life and to survive pain, disappointment and sadness. It is a positive sense of well-being and an underlying belief in our own, and others' dignity and worth. Mental health is the absence of mental illness and also includes the people's mental, emotional, psychological and social well-being.

One of the most common mental illness is depression. Freud (1917), stated that depression can take two forms. With mourning, depression is a grief reaction to the loss of an actual love object (e.g., the death of a loved one). Mourning is characterized by intense sadness and despair, but not guilt shame, or self-reproach. With melancholia, depression is a response to a loss of more psychological nature (e.g., a perceived failure to live up to one's ideals or standards). It is characterized not only by intense sadness but also by self-recrimination and self-deprecation.

According to WHO 2018 (www), Depression is a common illness worldwide, with more than 300 million people affected. Depression is different from usual mood fluctuations and short-lived emotional responses to challenges in everyday life. Especially when long-lasting and with moderate or severe intensity, depression may become a serious health condition. It can cause the affected person to suffer greatly at work, at school and in the family. Close to 800 000 people die due to suicide every year. Although there are known effective treatments for depression, less than 10% of those affected in the world receive such treatments. Barriers to effective care include a lack of resources, lack of trained health-care providers, and social stigma is associated with mental disorder.

Harvard Health Publishing 2009 (www), biochemically defined depression as results from chemical imbalances in the brain, abnormal functioning of the brain networks, hormonal and neurotransmitter imbalances. In addition, it is said that the areas in the brain involve are amygdala (regulates emotions such as anger, pleasure, sorrow and sexual arousal), thalamus (in charge of speech, behavioral reactions, movement, thinking and learning) and hippocampus (registers fear). The brain system is a complex system and while researchers know more now than ever before how the brain regulates mood, their understanding of the biology of depression is far from complete.

Nurses in all health care settings frequently care for patients with mental illness, consequently, the nursing of patients with mental illness is not only provided in mental health care settings, but also in general health care settings such as general hospitals, rehabilitation center, and home care. These patients suffer from both physical and psychological complaints (van der Kluit, Goossens, 2015).

Mental health nursing is the nursing specialty that is dedicated to promoting mental health through assessment, diagnoses and treatment of behavioral problems, mental disorders, and comorbid conditions across the lifespan (Boyd M., 2014). In treating patients with mental conditions, the roles of nurses are important. In the healthcare setting, nurses provide 24/7 patient care, they have their eyes and ears on patients and they are the ones who know more about the patients than anyone in the healthcare team. As described by Halter, nurses work with people throughout their lifespan: children, adolescents, adults and the elderly. Nurses assist people who are in crisis or who are experiencing life problems as well as those with long-term mental illness. Nurses work with individuals, couples, families and groups in every nursing setting. They work with patients in hospitals, in their homes, in halfway houses, in shelters, in clinics, in storefronts, on the street, virtually everywhere (Halter, 2018).

2 BACKGROUND

Knowing the basics of depression lead to a better understanding of the nature of the disease. Understanding the nature of the disease will aid the nurses into enhanced management of depression and accommodates patient-nurse relationship.

2.1 Depression Key Concepts

Depression—also called "clinical depression" or a "depressive disorder"—is a mood disorder that causes distressing symptoms that affect how you feel, think, and handle daily activities, such as sleeping, eating, or working. To be diagnosed with depression, symptoms must be present most of the day, nearly every day for at least 2 weeks. (National Institute of Mental Health-NIMH 2016).

According to NIMH (www), there are different types of depression and the most common are major depression and persistent depressive disorders. Table 1 below shows the different types of depression and how it differs from each other. Depressive symptoms include depressed moods, anhedonia, weight change, sleep disturbance, psychomotor problems, lack of energy, excessive guilt, poor concentration and suicidal ideation while dysthymic symptoms on the other hand include depressed mood, poor appetite or over-eating, sleep disturbance, lack of energy, low self-esteem, poor concentration and hopelessness.

Table 1. Types of Depression

Diagnostic Category	Criteria
Major Depression	Less than or equal to 5 depressive symptoms, including depressed mood or anhedonia
Minor Depression	2-4 depressive symptoms, including depressed mood or anhedonia
Mild	Few (if any) symptoms in excess of those required for the diagnosis; minimal impairment in functioning
Moderate	Greater number and intensity of depressive symptoms; moderate impairment in functioning
Severe	Marked intensity and pervasiveness of depressive symptoms; substantial impairment in functioning
Persistent depressive disorder (dysthymia)	Having symptoms of depression that lasts for at least 2 years
Perinatal Depression	Depression during pregnancy
Seasonal Affective Disorder (SAD)	Depression that comes and goes with the seasons from late fall to early winter
Psychotic Depression	Depression accompanied by psychosis

Source: NIMH 2016 & Diagnostic Categories for Depression Diagnostic and Statistical Manual of Mental Dis orders, Fourth Edition

The study ProCEED (Proactive care and its evaluation for enduring depression) conducted by Dr. Martha Buszewicz and a research team at University College London stated that, the exact causes of mental health problems are not known and are likely to vary between different people. Different theories suggest that a family (genetic) history of the disorder, brain chemical imbalances, major life events and social factors (such as bereavement or unemployment) and, in some cases, a history of abuse or other childhood difficulties have a role to play. In some cases, there is no apparent cause or trigger for someone's depression. In addition, there does appear to be increased risk of depression and anxiety in certain groups. Table 2 represents the most common causes and triggers of depression.

Table 2. Causes and Triggers for Depression and Anxiety

Factors	Definition
Gender	Twice as commonly diagnosed on women
Socioeconomic factors	More common among people at the lowest socio-economic level
Ethnicity	More common in South Asian women in England
Medical Illness	More common in people with coronary heart disease, diabetes, asthma or chronic obstructive pulmonary disease (COPD)
Past history of depression and anxiety	High risk of relapse
Alcohol misuse	Linked with anxiety disorders
Antenatal and postnatal period	Increased risk of depressive symptoms around pregnancy
Psycho-social factors	People experiencing difficult life such homelessness, poverty, debt or abuse

Source: (Buszewicz et. al.)

Two of the common used means in defining depression are the American Medical Association's diagnostic and statistical manual (currently DSM-IV) and the WHO's international classification of disease (currently ICD-10).

According to the World Health Organization (www), depression is a common mental health disorder that presents with depressed mood, loss of interest or pleasure, decreased energy, feelings of self-guilt or low self-worth, disturbed sleep or appetite and poor concentration (WHO, 2012). As described by American Medical Association (www), depression is a type of mental disorder that disturbs person's mood, and it is often used to describe feelings of deep sadness. Depression distorts the way people view themselves, others and the world (AMA, 1998). For some people, sadness can be misunderstood as depression. To differentiate sadness from depression, the latter affects self-esteem (AMA, 1998). The table below shows the checklist for symptoms of depression based on DSM-4 and ICD-10.

Table 3. Symptoms of depression

Symptoms of Depression	DSM-4	ICD-10
Depressed mood	+	+
Markedly diminished interest or pleasure in activities	+	+
Loss of energy or fatigue	+	+
Loss of confidence or self-esteem	-	+
Unreasonable self-reproach or guilt	+	+
Recurrent thoughts of death or suicide, or any suicidal behavior, unease or dissatisfaction (dysphoria)	+	+
Diminished ability to think or concentrate, or indecisiveness	+	+
Psychomotor agitation or retardation	+	+
Insomnia or hypersomnia	+	+
Change in appetite	+	+

Source: according to DSM-4 and ICD-10 (AMA, 1998)

2.1.1 Treatment of Depression

Numerous studies have demonstrated the efficacy of pharmacotherapy and short-term pharmacotherapies, alone and in combination, for acute and maintenance treatments of major depression (Mufson et. al, 1993, p. 36). Treatments are usually combined with the help of the health care team which comprise of Doctors, Physician Assistants, Nurses, Pharmacists, Dentists, Technologists and technicians, Therapists and rehabilitation specialists, emotional, social and spiritual support providers. The book Interpersonal Psychotherapy for Depressed Adolescents by Mufson et. Al. 1993 enumerated the current treatments for depression not just for adolescents but also for the general population who are suffering from depression (Figure 1).
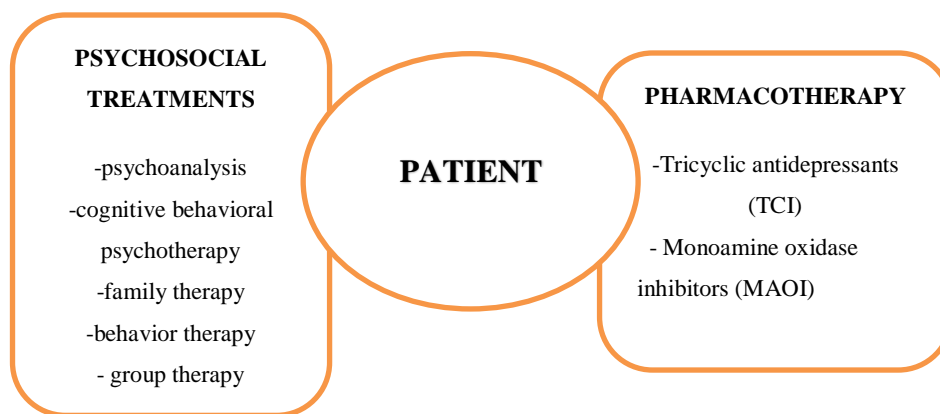

Figure 1. Combination Treatments for Depression

Source: (Mufson et. al. 1993)

2.2 Nursing Roles

American Nursing Association (2010) defined nursing as "the protection, promotion and optimization of health and abilities, prevention of illness and injury, alleviation of suffering through the diagnosis and treatment of human response and advocacy in the care of individuals, families, communities and populations". On the other hand, the International Council of Nurses (www) has their own similar definition of nursing as "including the promotion of health, the prevention of illness and the care of ill, disabled and dying people. Advocacy, promotion of a safe environment, research, participation in shaping health policy, and health systems are also described as key nursing roles ". The World Health Organization (www) defined nursing as "Nursing encompasses autonomous and collaborative care of individuals of all ages, families, groups and communities, sick or well and in all settings. It includes the promotion of health, the prevention of illness, and the care of ill, disabled and dying people".

Literatures give us various roles of nurses and as time passes by, the branch of the nurses' responsibilities still grow and spread. Throughout the literatures, main concepts stood out as nurses' most important roles and these are health promotion, disease prevention, caring for the sick and rehabilitation. Health promotion and disease prevention defines as a process of enabling people to increase control over and to improve their health. Nurses play a huge role in health promotion and disease prevention. Nurses are health educators providing people appropriate information which facilitates for optimal functioning. Nurses also initiates vaccinations, routine screenings and health seminars in the community. Caring of the sick and ill also determines the role of nurses. It includes other health care team and nurses play a key role in collaboration with the patient's treatment and future plans on how the patient manage at home. Nurses are the ones who are always on the bedside and they are the bridge of the patient into other health care team member. Nurses roles comprises the whole entity from start until end (WHO, 1986).
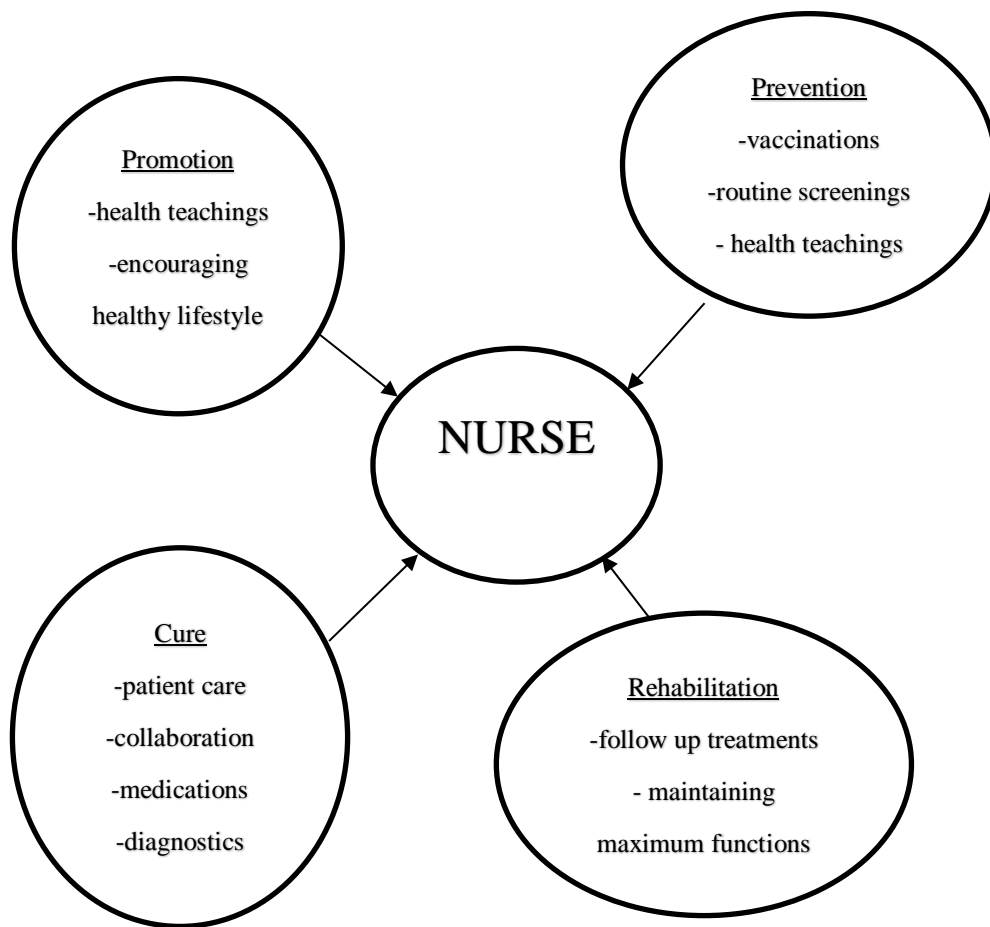
Figure 2. Cores of Nursing Practice

Source: WHO (1986)

3 THEORETICAL FRAMEWORK

University of Southern California (www) defined theoretical framework as consisting of concepts and, together with their definitions and reference to relevant scholarly literature, existing theory that is used for your particular study. The theoretical framework must demonstrate an understanding of theories and concepts that are relevant to the topic of your research paper and that relate to the broader areas of knowledge being considered.

3.1 Jean Watson's Nursing Care Theory

Watson's theory of Human Caring (Smith, M & Parker, M., 2015), is a grand theory that focuses on treating the patient as an individual (human), and not as an object. It places the individual (patient) as the center of practice. These changes were driven by Watson's own growth and development as a nurse and as a person.

Watson's Nursing Care Theory states that the nurse have understanding to the patient/client/family as a person, practicing loving-kindness and equanimity, being authentically present, developing and sustaining a helping trusting, authentic caring relationship, being supportive of the expression of positive and negative feelings, creating healing environment at all levels, administering "human care essentials", assisting with basic needs and engaging in genuine teaching-learning experience (Wagner, A.L. 2010). Holistically caring which is according to Watson: creating healing environment at all levels also means taking care of not just the depressed patient but also including his family and other social networks, environment and also taking into consideration its cultural backgrounds and beliefs. Depression does not just affect the patient but also the family and its surroundings

The theory serves as a framework for providing a format and focus for nursing phenomena. The researchers found Watson's theory of Human Caring to be a fitting approach to the research study because the theory can be used and applied by nurses when promoting positive outcomes of patients experiencing depression. The theory emphasizes the roles of nurses and Watson's theory includes many assumptions and concepts central to humanistic mental health theory, including holistic care, congruence, respect, subject

as person versus object, individual perception of experience, authenticity, harmony among mind/body/spirit (Fitzpatrick, J., & Jones, J., 2012).

4 AIMS AND RESEARCH QUESTIONS

This study will provide a concise, evidence-based information on the nursing interventions in the process of managing depression.

In order to reach the study aim, the researchers formulated three research questions; (1) What are the nursing interventions in managing depression, (2) How does the nursing interventions in managing depression help the patient/client, (3) Where does the nurses focus in management of depression.

5 METHODOLOGY

The research paper is a literature review and in the data methodology, the researchers have followed procedures to ensure a high quality review of literature on nursing interventions in managing depression.

5.1 Literature Selection Process

The search for potential articles began 15.4.2018. The literatures were chosen carefully as not to include the irrelevant journals and duplication. Furthermore, to capture as many relevant literatures as possible, the authors used widely academic data bases by using multiple resources (both computerized and printed).

Researcher 1 (CP) looked for literatures from the databases Google scholar, Ebscohost, PubMed and CINAHL while Researcher 2 (ML) looked for literatures from databases Theseus and Sage. The researchers narrowed down the literatures by using key search engines and other filters like adjusting the publication dates and articles which are accessible for full free text.

In Academic Search Elite (EBSCO), first attempt was made using the Boolean phrase nurses' roles OR interventions AND depression, further filter was then used like full texts and publication year 2000-2018. A total of 38 hits were shown and the authors considered 1 article from the database.

Using the 2nd database CINAHL with the search words nurses' roles AND depression. The authors ticked linked full texts, abstract available and the publication date was adjusted to the years 2000-2018. CINAHL showed 30 hits and since the literatures were almost the same as with the Academic Search Elite database, the authors didn't get any from this database.

PubMed showed generously 107 hits from the search words nurses´ roles AND depression and including publications year 2000-2018 with free full texts. 5 Articles corresponded to the qualifications and were further distributed into categories and themes.

Google Scholar on the other hand is a compilation of different journals, the first attempt with the key search nurses' roles AND depression came up with 21,300 hits. The articles

were so dense and included articles which were far related from the main topic so a 2nd attempt was made. The 2nd attempt was made using a more specific key search using "nurses roles" AND depression which showed just 1,510 hits. The articles were disserted carefully as to meet the inclusion and exclusion criteria. Most of the articles talked about depression with a comorbid physical illness which included to our exclusion criteria. Furthermore, 7 articles were gathered from this database.

Theseus has yielded 1056 full text articles, using the keywords nurses' roles OR intervention AND depression. From 1056 articles, only 6 were selected. The literatures were carefully selected not only basing on the exclusion/inclusion criteria, but also on the basis of relevance and utilization. The researchers ensured that the articles answered directly the research question.

The SAGE Journals, using the keywords nurses' roles OR intervention AND depression has provided 47 full text articles, but many of the literatures were either too broad or specific for the research question which left the researchers to only 1 article.

The data which were gathered were discussed thoroughly by the authors for qualifications like heterogeneity and duplication. The literatures were carefully selected not only basing on the inclusion and exclusion criteria (see Table 4); but also, on the basis of relevance, clarity, and appropriateness. For example, although the keywords have provided hundreds of full-text articles from databases; based on the author's assessment and evaluation, only few articles have provided the relevant information that would answer the research questions.

Table 4. Inclusion and Exclusion Criteria

Inclusion	Exclusion
Peer-reviewed article	Non-peer-reviewed article
Full text available	Full text non-available
English language	Language other than English
2000-2018 published literatures	Literatures published earlier than the year 2000
Depression without comorbid physical illness	Depression secondary to a medical illness

An in-depth collection and search of peer reviewed articles were completed basing on wide range of key terms including "depression management" AND "nurse" AND "nursing roles OR intervention". Data bases included are Ebscohost, PubMed, CINAHL, Theseus and Sage. The search process uncovered 21 peer reviewed articles published from 2000-2018. Citation chaining was utilized by the authors which is a way of searching both backward and forward in the literature to find more relevant papers using a single paper as a starting point. Such a search, starting with one paper, creates a "chain" of references linked backward and forward from the original paper (Penn State College of Medicine, 2018).

EBSCO (Academic Search Elite)	EBSCO (Cinahl)	PubMed	Google Scholar	Sage	Theseus
Keywords: nurses roles AND depression	Keywords: nurses roles AND depression	Keywords: nurses roles AND depression	Keywords: "nurses roles" AND depression	Keywords: nurses roles OR depression AND depression	Keywords: nurses roles OR intervention AND depression
38 hits	**30 hits**	**107 hits**	**1820 hits**	**47 hits**	**1056 hits**

INCLUSION CRITERIA

-nursing peer reviewed articles

-literatures years 2000-2018

-linked full texts and abstract available

-English language

-depression without comorbid physical illness

Selected Articles

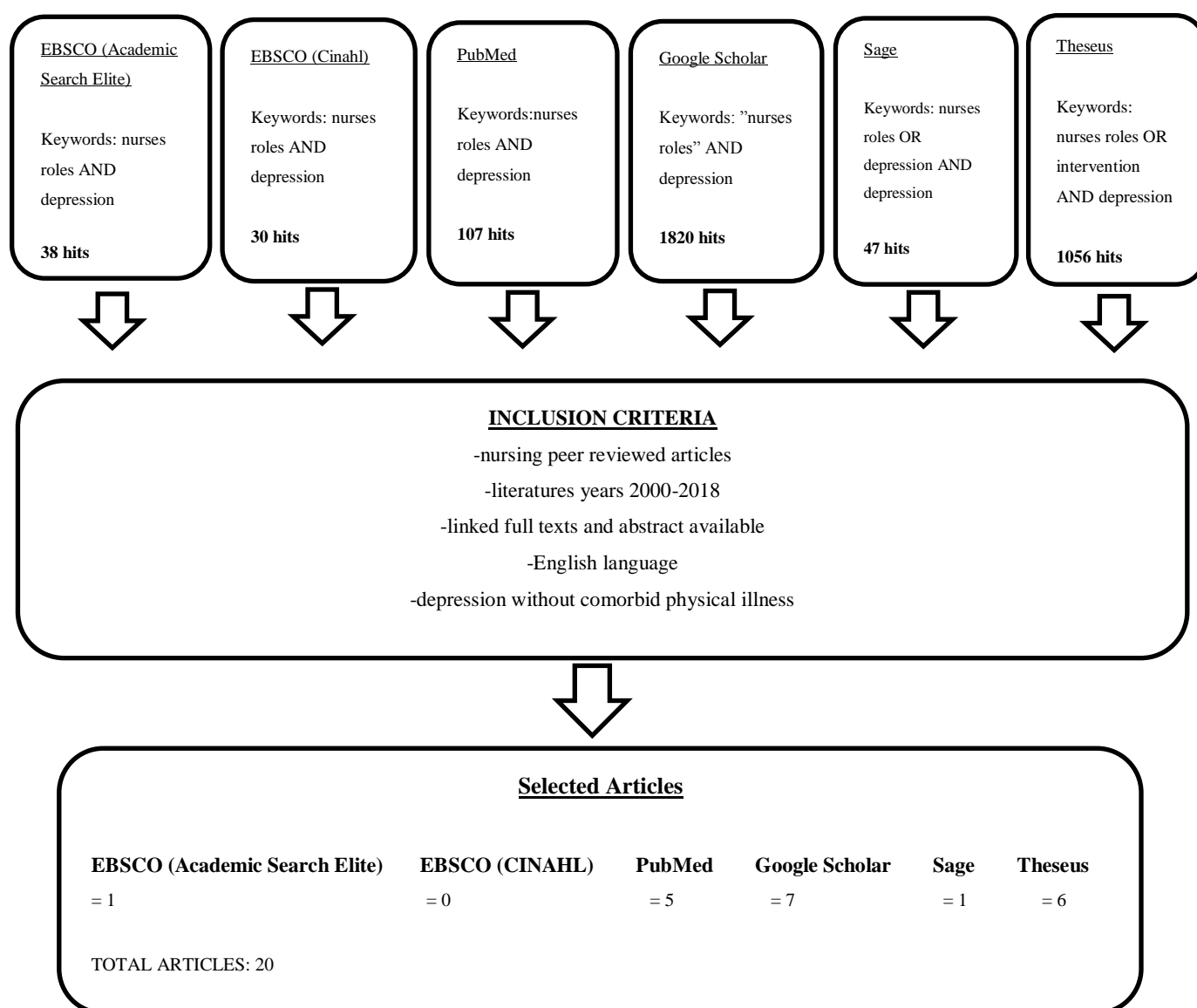| **EBSCO (Academic Search Elite)**	**EBSCO (CINAHL)**	**PubMed**	**Google Scholar**	**Sage**	**Theseus**
= 1	= 0	= 5	= 7	= 1	= 6

TOTAL ARTICLES: 20

Figure 3. Literature Search Flowchart

Extensive review was made throughout the articles and the researchers came up with the following articles. Journals from around the world have been searched independently including Journal of Medical Association, World Health Organization publications, Journal of the American Psychiatric Association, Australian Nursing Journal, Canadian Journal of Nursing Research, Australian Journal of Nursing, African Journal of Nursing and Midwifery, Central European Journal of Nursing and Midwifery, Asian Journal of Nursing Education and Research.
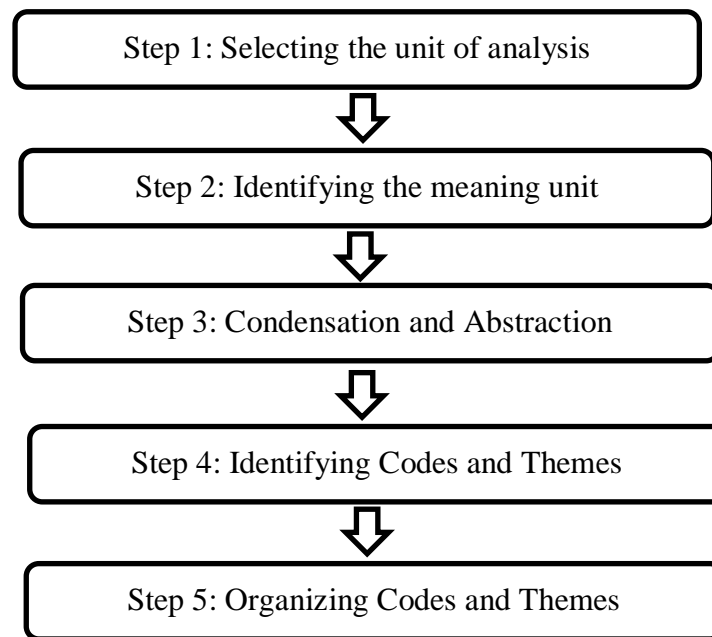
Table 5. List of Articles Collected

#	Author/s	Source of Journal	Title
1	Bennet, M. et.al.	Plos One. September 2013.	Structured Pro-active Care for Chronic Depression by Practice Nurses in Primary Care: A Qualitative Evaluation.
2	Aragones, E. et. al.	Biomed Central Public Health. September 2007.	Assessment of an enhanced program for depression management in primary care: a cluster randomized controlled trial. The INDI project (Interventions for Depression Improvement).
3	Jorm, A. et. al.	BioMed Central (BMC) Psychiatry. June 2008.	First aid strategies that are helpful to young people developing a mental disorder: beliefs of health professionals compared to young people and parents.
4	Van Beljouw, I. et.al.	Implementation Science. 2004.	Implementing an outreaching, preference-led stepped care intervention program to reduce late life depressive symptoms: results of a mixed-methods study.
5	Berley, E. et. al.	BioMed Central Family Practice. 2011.	Managing depression in primary care: A meta- synthesis of qualitative and quantitative research from the UK to identify barriers and facilitators.
6	Aragones, E. et. al.	Perspectives in Psychiatric Care. October 2008.	Improving the Role of Nursing in the Treatment of Depression in Primary Care in Spain.
7	Richards D.A. et. al.	Psychological Medicine. 2008.	Collaborative care for depression in UK primary care: a randomized controlled trial.
8	Whooley, M. et. al.	The New England Journal of Medicine. December 2000.	Managing Depression in Medical Outpatients

9	Poštuvan, V. et. al.	Psychiatria Danubina. 2007.	Nurses' Attitudes Towards Depression: A Study in Slovenia.
10	Sampaio, F.M.C.	Journal of Clinical Nursing. 2015.	Nursing psychotherapeutic interventions: a review of clinical studies.
11	Burnand, Y.	Psychiatric Services. May 2002.	Psychodynamic Psychotherapy and Clomipramine in the Treatment of Major Depression.
12	Shia, N.	Nurse Prescribing. 2009.	The Role of Community Nurses in the Management of Depression.
13	Araya, R. et. al.	The Lancet. March 2003.	Treating depression in primary care in low-income women in Santiago, Chile: a randomized controlled trial.
14	Bro, M.	Theseus, Health and Social Sciences. October 2015.	Mindfulness-based interventions as a treatment for depression: A literature review
15	Appiah, E.	Theseus, Social Sciences, Health and Sports. 2013.	The Use of non- pharmacological in the treatment of depression: A literature review
16	Kaipainen, K. et. al.	Translational Behavioral Medicine: Practice, Policy, Research. 2017	Applicability of Acceptance and Commitment Therapy Based Mobile App in Depression Nursing
17	Fulcher, C. et. al.	Clinical Journal of Oncology Nursing. February 2008.	Putting evidence into practice: Interventions for depression
18	Fulcher, C. et. al.	Clinical Journal of Oncology Nursing December 2014.	Putting Evidence into Practice: Evidence Based Interventions for Depression
19	Robinson, L.	Theseus, Health and Social Sciences. November 2016	The role of mental health nurses in the United States: A literature review
20	Saura C.	Journal of APNA. October 2012.	Treating depression in primary care: An innovative role for mental health nurses

5.2 Data analysis

Analysis is demonstrated by activities such as separating, connecting, comparing, selecting, and explaining. In essence, analysis entails identifying why the information being presented is of importance (Levy, Y. & Ellis, T., 2006).

The researchers chose Graneheim and Lundman (2004) primarily because of its credibility, dependability and transferability in the nursing research procedure.

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│   Step 1: Selecting the unit of analysis │
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│   Step 2: Identifying the meaning unit   │
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│   Step 3: Condensation and Abstraction   │
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│   Step 4: Identifying Codes and Themes   │
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│   Step 5: Organizing Codes and Themes    │
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Figure 4. Steps of Data Analysis

Source: (Graneheim and Lundman 2004)

Unit of analysis is the object of the study. From the 20 articles which were gathered, both researchers identified the meaning unit by relating the contexts of the suitable phrases to each other, looking for keywords and textual units. Condensation refers to a process of shortening whole still preserving the core. The researchers then extracted the keywords and content units from each article abstracting it into themes. If the themes were made, subthemes were then identified together while creating categories. Codes and themes were organized for presentation (see Table 6).

5.3 Ethical Consideration

Early nurse researchers paid scant attention to ethics as such. Nurses were assumed to be professionals with integrity and a vocation in which putting patient's interests before their own could be assumed. Researchers during these times, however, were confronting moral dilemmas and sometimes used methods, when made public, were seen to have infringed human rights and possibly caused harm (Geerish & Lacey, 2013 p. 27)

The National Advisory Board on Research Ethics Helsinki (2009), pointed out that the ethical principles of research in the humanities and social and behavioral sciences are divided into three areas;1. Respecting the autonomy of research subjects, 2. Avoiding harm and 3. Privacy and data protection.

During the literature review, wherein the researchers deal on different articles will in one way or another differ in some approaches. Guidelines were followed in order to accomplish a trustworthy, ethical and credible research. With adherence to the rules and regulations, related learning literatures and other findings from previous researches were referenced appropriately and with accordance to the conduct of research. The researchers took into consideration that manipulation of research materials, equipment, or processes, or changing or omitting data or results are part of fabrication. Appropriate credit was given to another person's ideas, processes, results, or words in order to avoid plagiarism. The research paper is made with Arcada's guidelines. Literatures, both paperbacks and websites which were used were carefully credited, referenced and acknowledged by the researchers in this study.

6 FINDINGS

6.1 Subthemes, Themes and Categories

After the extensive data collection, the articles were then categorized based on the keywords and findings.

Table 6. Illustration of the codes, themes and categories.

Theme	Nursing Interventions for depression					
Subthemes	Basic Physiological interventions:	Complex Physiological interventions:	Behavioral Interventions	Safety interventions	Family centered interventions	Health system-related interventions
Categories	Activity and exercise management, Physical comfort promotion	Drug management, Pharmacotherapy	Behavior therapy, Cognitive therapy, Coping assistance, Patient education	Crisis management, Risk management	Health promotion, support	Health system mediation, Health system management
Minor themes	Exercise promotion,exercise therapy, Environmental management:Comfort,	Medication administration ,Teaching prescribed medications	Activity therapy, Art therapy, Behavior management, Behavior management: Self-harm, Behavior modification			Collaborative interventions, Referrals
Unit of Analysis	3,4	1,2,6,7,8,9,10, 11,13,17,18	1,3,5,8,9,10,1 1,12,13,14,15, 16,17,19		2,3,6	1,3,4,5,6,7,8,1 1,12,13,15,18,

Among 20 articles, 2 literature reviews (3,4) support basic physiological nursing interventions. Basic physiological interventions pertains to care that supports physical functioning, and it includes activity and exercise management (Fuscher et al., 2014). The 2 literature reviews claim that nurses' role to encourage the patient to become physically active, and creating a stepped care intervention such as exercise program are effective for reducing depressive symptoms, thus they are rcommended for practice.

Complex physiological interventions pertains to care that supports homeostatic regulation (Butcher et al., 2018), and it includes pharmacological interventions. 7 literature reviews (1,6,8,10,11,17,18) 3 randomized controlled trials (2,7,13) and 1 survey (9) support the benefit of complex physiological nursing interventions in the management of depressive symptoms. Randomized controlled trials and a lot of studies showed a reduction in depression after patients used antidepressant medication. Literature reviews support the efficacy of antidepressant medications in reducing depressive symptoms. Many patients do not receive adequate treatment because they do not take the antidepressant medications prescribed by the physician long enough to be effective. A registered nurse is well positioned to offer a variety of interventions including medication management. Nurses provide support of antidepressant management, monitor medication adherence and monitor patient's response to antidepressant treatment.

Behavioral nursing interventions include behavior therapy, cognitive therapy, communication enhancement, coping assistance and patient education. In behavior therapy, the nursing interventions reinforce or promote desirable behaviours or alter undesirable behaviours; and cognitive therapy promotes or reinforces desirable cognitive functioning or alter undesirable cognitive functioning (NIC, p.28). Cognitive-behavioral interventions are designed to help patients identify negative or unhelpful thoughts, beliefs and behaviours, establish goals to change them and develop skills to implement helpful behaviours (Futcher, et al., 2014). Ognitive-behavioral interventions can be provided in group setting, in person or via telephone. Patient education and psychoeducation cover a broad range of educational activities in combination with counseling and support (Futcher et al., 2014). Patient education often includes information on management of depression,

symptoms, resources for treatment, follow-up visits, coping strategies and problem-solving strategies. Interventions may be delivered individually or in a group, online, or via telephone. 12 literature reviews (14,15,17,18,19,1,5,6,8,10,11,12) 3 surveys (3,9,16) and 2 randomized controlled trials(2,13) showed the effectivity of behavioral interventions in reducing the symptoms of depression, and registered nurses are uniquely qualified to provide specialized care: cognitive-behavioral activation. One literature review proposed that psychotherapy, which is a contemporary form of CBT is considered to be the most evidence-based nursing intervention for depression.

Safety interventions pertain to care that supports protection against harm. Safety care which includes crisis management, the interventions to provide short term help to both pyschological and physiological crisis; and risk management, which are the interventions to initiate risk reduction activities and continue monitoring risks over time (NIC, p.30). From the articles, the researchers were not able to find any study about safety interventions. More than half of all clinically depressed persons have suicidal ideation, and some symptoms of depression have been identified as particularly important in risk for suicidal behavior: hopelessness, feelings of guilt, loss of interest, insomnia, and low self esteem(Liftshitz, M., et al., 2012). The World health organization defines suicide as the act of killing oneself, the act must be deliberately initiated and performed by the person concerned in the full knowledge, or expectation, of its fatal outcome; suicide is among the top 20 leading causes of death globally for all ages and every year. Inorder to reduce the number of suicidal attempts, effective preventive measure and treatment are very crucial. A study revealed that depressed patients at the time of suicide attempts are inadequatey treated, therefore an intense and collaborative intevention programme will be beneficial in preventing suicidal behaviors.

One randomized controlled trial (2),1 literature review (6) and 1 survey (3) emphasized the benefits of family centered nursing interventions in managing depression. Family centered care includes approaches like partnership and collaboration with the family of the patient. A nurse's role is to ensure the family's role as a support system to the patient; also addresses the internal and external resources which includes the physical and mental

well-being of the whole family. The nurse encourages effective communication and stablity among family members.

Health system related care focuses on collaborative interventions. 9 literature reviews (1,4,5,6,8,11,12,15,18) and 2 randomized controlled trials (7,13) and 1 survey (3) described the success of collaborative interventions in treating depression. Collaborative care is a systematic approach that involves a number of health professionals working with a patient to help them overcome their problems; it often involves a medical doctor, a case manager (the nurse), and a psychiatrist (Archer, et al., 2012). It is an effective intervention for depression which includes both organizational and patient-level intervention components (Richards, et al., 2007). In collaborative management, a nurse does patient referrals to physician/psychiatrist, organizes follow-up programs, monitors treatment process and act as a care-manager who povides educational and emotional support for the patient.

6.2 Discussion of findings

Nursing interventions are the essence of nursing practice. Nursing is a scientific discipline, and like all disciplines, nursing has a unique body of knowledge. Nurses are information and knowledge users (Butcher et al.,2013). Nurses are often the first contact of the patients, they are the ears and eyes of the patients. Patients see nurses from time to time in the hospitals, in clinics, in health centers which paves a way to developing a good rapport. Thus, nurses are well positioned to identify patient's problems, assess the patient, educate, give and provide evidenced-based interventions. To sum it up, in managing depression, nurses are uniquely qualified to provide specialized care: physiological, cognitive-behavioral, family-centered care; and nurses are also experienced in working collaboratively with physicians and other health care team members towards quality patient care. Some studies suggest that in primary care setting and in psychiatric departments, a nurse's specific mental health education (including therapeutic nurse-patient relationship and depression assessment management) is beneficial to be able to provide a depression specific care.

Nurses provide patient care 24/7. Nurses perform assessment, carry out physician's order, and are primarily the caregivers of the patient; thus, nursing interventions have a big impact on the delivery of quality care to patients with depression. In a series of literature reviews conducted, nursing interventions, including exercise training, medication guide, health education and psychotherapy were associated with the remission of depression (Zhou et al., 2016).

Nurses play a key role in patient care, including coordinating and integrating the whole healthcare management process. This ensure continuity throughout the healthcare process, between the various personnel (doctors, nurses, psychiatrists, family members, social workers, psychologists, etc. (Aragones, et al., 2008). Nurses are key components of the treatment process because they are with the patient more than other members if the health care team. Enhanced communications between health care workers, the nurse being the catalysts of messages will benefit the treatment process and the teamwork. Recent studies have documented the effectiveness of collaborative approaches for anxiety

disorders and for depression and comorbid medical disorders such as diabetes and heart disease. The holistic approach of nurses in providing interventions to depression patients is also an important tool towards a therapeutic relationship between the nurse and the patient. This relationship will especially help the patients in recognizing the problems and identifying their own needs; it also encourages self-help and relational skills. Studies have consistently demonstrated the effectiveness of collaborative management in managing depression. In a collaborative care, the intervention team is usually composed of the patient's physician, a nurse, and a psychiatrist. The role of the nurse is crucial in delivering treatment model because nurses act as health care managers, and nurses are known to patients as health care providers.

Although a number of effective treatment models for depression exist, studies have demonstrated that unfortunately, a lot of patients stop their treatment because of its side effects or other concerns and don not follow with their primary care provider for other treatment options (Unutzer, et al., 2014). Most physicians do not have adequate time or enough resources for follow-up care, and registered nurses are qualified to address this concern. In patient education, it is crucial to reiterate to the patient about follow-up visits. In primary health care setting, nurses with specific training or education on mental health are also qualified to receive follow-up visits.

Strategies for an effective management of depression are focused on patient education (patient engagement), support of anti-depressant medications prescribed by the physician, psychotherapy (cognitive-behavioral activation, problem solving strategies), close follow-ups, and referral as needed or facilitation of treatment change/s.

6.3 Relating the Findings to the Theoretical Framework

Jean Watson's Theory of Human Caring has a general and abstract context which can be difficult to understand. The core values of the theory are; first, a practice of loving-kindness and equanimity. Second, there is an authentic presence: enabling deep belief of other (patient, colleague, family, etc.). Third, cultivation of one's own spiritual practice toward wholeness of mind/body/spirit—beyond ego. Fourth, "being" the caring-healing environment, and lastly, allowing miracles (openness to the unexpected and inexplicable life events) (Wagner, A.L. 2010).

Based on the findings, the roles of nurses elaborate and intricate and may vary depending on the stage of depression management. Roles of nurses in general always start from the first contact in getting to know the patient (history, significant life events and social networks). The nurse is one of the caring-environment and has a concrete nursing care plan towards the patient's regime but is also open to incoming changes and result of the plan whether positive or negative. Holistically caring which is according to Watson: creating healing environment at all levels also means taking care of not just the patient but also including his family and other social networks, environment and also taking into consideration its cultural backgrounds and beliefs. Depression does not just affect the patient but also the family and its surroundings. Nurses tend to patients setting aside their own cultural beliefs and background. Watson's theory showed that patients are not treated as objects and that humans cannot be separated from self, nature and others. Redlands Community Hospital (www) has embraced the theory of Jean Watson's Caring Science. Caring Science helps to embrace the positive energy that flows from an integrated mind, body and spirit and is mutually rewarding to both the patient and the nurse. Forged by the vision of Florence Nightingale who asserted that the "role of a nurse is to put her patient in the best position to be able to self-heal", nurses are optimally positioned to be the heart of healing. By actively engaging in caring through authentic presence and intentionality, the nurse is able to optimize her patient's ability to heal from within.

7 CONCLUSIONS

The purpose of this literature review is to identify and elaborate nursing interventions in managing depression in general population and to suggest ways in which it can be used for further researches. There are a lot of researches done with depression and nurses roles but were usually linked with depressed caused by comorbid illnesses. Little was written about depression caused by other environmental factors.

Nursing interventions are a big part of nurses' roles. Nurses' roles are immense and indefinite and as new innovations and technology comes, nurses' roles will continue to develop and expand in time which will lead to more confusion and lapse of responsibilities with other health care team. Through understanding the roles of nurses, diverse questions related to nurses' responsibilites might be answered. New insights have been provided and research questions were answered through findings of the literature review. Using qualitative research, 20 articles have been utilized using University of Arcada's access to different databases and hardbound literatures. Ethical considerations were all the time practiced and the articles were deliberately studied and chosen in order to present a quality and credible information in answering the research questions.

Table 7. Nursing interventions for depression by level of evidence

Nursing interventions for depression by level of evidence
Most evidenced-based, Recommended for practice: ➢ Complex Physiological Interventions: Pharmacotherapy   ➢ Behavioral Interventions: Cognitive-Behavioral Interventions   ➢ Health Systems Related Interventions: Collaborative Care
Recommended for practice: ➢ Basic Physiological Interventions: Activity and Exercise Promotion   ➢ Family Centered Interventions   ➢ Safety Interventions

The health care team works hand in hand in managing depression. Pharmacotherapy including antidepressant medicines, cognitive-behavioral interventions such as behavior therapy, cognitive therapy, communication enhancement, coping assistance and patient

education and collaborative care are the most-evidenced based nursing intervention and are recommended for practice. Activity and exercise promotion, family centered interventions and safety interventions are also recommended for practice

7.1 Strengths, limitations and recommendations

The articles gathered were ranging from the years 2000-2018 and shows the quality and quantity of depression, nursing interventions. Furthermore, the study paper did not concentrate in a particular place, area or continent and journals, which were part of the data analysis were conducted in various places such as The Americas, Australia, Canada, Africa, parts of Central Europe and Asia. The study was in depth and articles were carefully identified, separated and condensed in order to achieve a more precise review of literature of the nursing interventions in managing depression.

The theory which was used in this study can be difficult to understand. The concept of the theory is more difficult to analyze as it is a subjective experience and is acquired through experiences. Some of the valuable articles were not readily available and accessible as it requires payment thus, they were not included. Some of the articles, which were related to the topic were in Finnish or Swedish language and it requires professional help from translators, thus those articles were then included in the exclusion criteria.

There are a lot of studies about depression and nursing intervention, but further researches have to be done for the general population's awareness of depression and how it affects the individual and its environment. More "eye opener" researches expounding on the risks and preventive measures of depression are recommended. Nurses' roles interventions innovate and branch into more broad specialties while the health care team grows. Further studies on nurses' roles not just in depression management is recommended in order to avoid conflicting roles of the nurses from other health care team members. It would also help the students who are aspiring to become a nurse understands the roles of the nurses in these particular illnesses.

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APPENDICES

Appendix I: Inductive Qualitative Analysis Example

Meaning Unit	Condensed meaning unit using the words from the text	Condensed meaning unit's latent meaning	Codes	Minor category	Major category
A number of successful collaborative models for depression have been described (Katon et al., 1997; Schulberg, 2001). These models integrate a mental health professional to provide greater support for management of depressed patients by PCPs (Harpole, 2000; Von Korff, Katon, Unu¨tzer, Wells, & Wagner, 2001).	A number of studies have demonstrated the success of collaborative care models in managing depression.	Collaborative intervention offers a unique opportunity for nurses to work collaboratively.	Most evidenced-based, recommended for practice	Collaborative intervention	Health system related intervention
A randomized controlled trial suggest that psychodynamic psychotherapy is a factor in the cost-effectiveness of acute treatment of major depression (Burnand, Y., Andreoli, A., Kolatte, E.,	The study supports the effectiveness of psychotherapy in treating depression. Psychotherapy is a contemporary way of cognitive-	Cognitive-behavioral interventions show moderate to strong statistical effect(benefit) in treating depression.	Most evidenced based, recommended for practice	Cognitive-behavioral interventions	Behavioral interventions

Venturini A., Rosset, N., 2002)	behavioral interventions.				
Studies claim that antidepressant medications are generally effective in reducing depression. A large sample randomized, controlled trial showed a reduction in depression after patients using antidepressant medications (Fulcher, C., Kim, H., Smith, P., Sherner, T., 2014)	Studies have provided a clear evidence of successful pharmacological interventions in the treatment of depression.	A nurse's support of antidepressant medication management is a crucial asset in managing depression.	Most evidenced based, recommended for practice	Pharmacological interventions	Complex physiological interventions
Several clinical trials have shown promising results in preventing or reducing depressive symptoms through stepped care clinical interventions, including exercise program (Beljouw, I., Laurant, M., Heerings, M., Stek, M., Marwijk, H., Exel, E., 2014)	The intervention programme is effective in reducing depressive symptoms, and valuable lessons can be learned from this implementation trial.	Nurses are experienced in working with patients with depressive symptoms, thus are confident about their skills to provide stepped care interventions.	Recommended for practice	Exercise promotion, exercise therapy	Activity and exercise management
Family centered nursing care works to providing a stronger alliance within the family. It facilitates the spirit of cohesion, open communication and healthy conflict resolution. (Kuo, Frick, & Minkovitz, 2011; Duke& Scal 2011).	Studies claim the importance of the role of the family in the enhancement and support of wellbeing and health.	In family centered interventions, nurses promote health through patient and family education.	Recommended for practice	Health promotion, support	Family centered interventions

Appendix II: List of Articles

Identifier	Title	Author/s	Source of Journal
1	Structured Pro-active Care for Chronic Depression by Practice Nurses in Primary Care: A Qualitative Evaluation.	Bennet, M., Walters, K., Drennan, V., Buszewicz, Marta.	Plos One. September 2013, Vol. 8 Issue 9. 8p.
2	Assessment of an enhanced program for depression management in primary care: a cluster randomized controlled trial. The INDI project (Interventions for Depression Improvement).	Aragones, E., Caballero, A., Piñol, J., Lopez-Cortacans,G., Badia,W., Hernandez, J., Casaus, P., Folch, S., Basora, J., Labad, A., NDI Research Group	BioMed Central (BMC) Public Health. September 2007, 8: 253. 9p.
3	First aid strategies that are helpful to young people developing a mental disorder: beliefs of health professionals compared to young people and parents.	Jorm, A., Morgan, A., Wright, A.	BioMed Central (BMC) Psychiatry. June 2008, 8:42. 10p.
4	Implementing an outreaching, preference-led stepped care intervention programme to reduce late life depressive symptoms: results of a mixed-methods study.	van Beljouw, I., Heerings, M., Stek, M., van Marwijk, H., van Exel, E.	Implementation Science. 2004, 9:107. 13p.
5	Managing depression in primary care: A meta-synthesis of qualitative and quantitative research from the UK to identify barriers and facilitators.	Berley, E., Murray, J., Walters, P., Tylee, A.	BioMed Central (BMC) Family Practice. 2011, 12:47. 10p.

6	Improving the Role of Nursing in the Treatment of Depression in Primary Care in Spain.	Aragones, E., LopezCortacans,G., Badia,W., Hernandez, J., Caballero, A., Labad, A., INDI Research Group	Perspectives in Psychiatric Care. October 2008, Vol. 44 No. 4, p.248-258. 11p.
7	Collaborative care for depression in UK primary care: a randomized controlled trial.	Richards D.A., Lovell K., Gilbody, S., Gask, L., Torgerson, D., Barkham, M., Bland, M., Bower, P., Lanskhear, A. J., Simpson, A., Fletcher, J., Escott, D., Hennessy, S., Richardson, R.	Psychological Medicine. 2008, Vol. 38, p279–287. 8p.
8	Managing Depression in Medical Outpatients	Whooley, M., Simon, G.	The New England Journal of Medicine. December 2000, Vol. 343 No. 26, p1942-1950, 9p.
9	Nurses' Attitudes Towards Depression: A Study in Slovenia.	Poštuvan, V., Bečaj, J., Marušič, A.	Psychiatria Danubina. 2007, Vol. 19, No. 1–2, p61–67. 7p.
10	Nursing psychotherapeutic interventions: a review of clinical studies.	Sampaio, F.M.C., da Cruz Sequeira, C.A., Canut, M.T.C.	Journal of Clinical Nursing. 2015, doi: 10.1111/jocn.12808, 10p.
11	Psychodynamic Psychotherapy and Clomipramine in the Treatment of Major Depression.	Burnand, Y., Andreoli, A., Kolatte, E., Venturini, A., Rosset, N.	Psychiatric Services. May 2002, Vol. 53 No. 5, p585-590. 6p.
12	The Role of Community Nurses in the Management of Depression.	Shia, N.	Nurse Prescribing. 2009, Vol. 7 No. 12, p507-511. 8p.
13	Treating depression in primary care in low-income women in Santiago, Chile: a randomised controlled trial.	Araya, R., Rojas, G., Fritsch, R., Gaete, J., Simon, G., Peters, T.	The Lancet. March 2003, Vol. 361, p995-1000. 6p.
14	Mindfulness-based interventions as a treatment for depression: A literature review	Bro, M.	Theseus, Health and Social Sciences. October 2015, 43p
15	The Use of non- pharmacological in the treatment of depression: A literature review	Appiah, E.	Theseus, Social Scienes, Health and Sports. November 2013, 46p.

16	Applicability of Acceptance and Commitment Therapy Based Mobile App in Depression Nursing	Kaipainen, K., Välkkynen, P., Kilkku, N.	Translational Behavioral Medicine: Practice, Policy, Research. 2017, 40p.
17	Putting evidence into practice: Interventions for depression	Fulcher, C., Badger, T., Gunter, A., Marrs, J., Reese, J.	Clinical Journal of Oncology Nursing. February 2008, Vol. 12 No. 1, p131-140
18	Putting Evidence Into Practice:Evidence Based Interventions for Depression	Fulcher, C., Kim, H., Smith, P., Sherener, T.	Clinical journal of oncology nursing. December 2014, 13p.
19	The role of mental health nurses in the United States: A literature review	Robinson, L	Theseus, Health and Social Sciences. November 2016, 37 p.
20	Treating depression in primary care: An innovative role for mental helath nurses	Saura, C.	Journal of APNA. October 2012, Vol. 8 Issue No. 5, p159-167.