REDUCING BARRIERS TO SELF-HELP TOOLS AMONG WOMEN WITH DEPRESSION

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Reducing Barriers to Self-Help Tools among Women with Depression

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Abstract

In 2010, worldwide, depressive disorders were ranked the second leading cause of disabilities. In addition, depression, depression is considered third According to epidemiological data reports, and females were 1.7 times more likely to be depressed than males (Van Grieken et al., 2018). Finding ways to improve patient functioning and reduce healthcare costs for patients with depression can be achieved using appropriate self-management tools and strategies. Impaired

social functioning is a characteristic of depression (Ladegaard et al., 2016). Individuals with depression often report having difficult relationships and less satisfying social lives (Ladegaard et al., 2016). Encouraging self-help tools at the onset of psychological distress in depressed women and even after remission may improve social cognition and functioning. With pharmacological treatment and psychotherapy, self-help tools could enhance outcomes for those experiencing depression and possibly decrease the global economic burden associated with depression.

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Chapter One: Introduction and Overview

Depression-related deaths are the third-highest disease burden globally compared to stroke and suicidal deaths (Albert, 2015). In comparison to men, epidemiological data reports the incidence of depression in females was 1.7 times higher (Van Grieken et al., 2018). Biological, psychological, and personal vulnerability are some factors that factors are associated with an increased risk of depression (National Research Council, 2009). For women, abuse, heredity, and socioeconomic burdens cause mentally disturbing consequences, resulting in depression.

Women suffering from depression are often physically and emotionally affected. This calls for researchers to develop clinical policies and guidelines that promote evidence-based interventions that complement the mental health care delivery system. Opportunities to lower the level of stigmatization through technology and enhanced connectedness may increase adherence to treatment plans. Healthcare leaders in various clinical settings can better support providers and patients by implementing evidence-based interventions and ensuring consistent medical services. Incorporating self-help tools for self-reliance in treatment plans for the depressed patient is desirable for patient-centered care. Having self-help tools included in the care of depressed women would be similar to the depression screening that is now a standard part of our mental health assessment.

Major depression issues can be best solved when the members interact with their surroundings using the best integration methods that include psychological and biophysical science. One's

ability to control their thoughts, behavior, and attitudes is a primary concern. The application of science-based concepts will enable women to overcome some of the drawbacks that affect their moods compared to medication use alone.

Inexpensive options have emerged to provide patients with information, coping strategies, and support. Nontraditional resources to combat mental and emotional issues are now easily accessible and affordable. Since improving mental and emotional wellness has increased self-efficacy, motivation and, confidence in many patients, identifying the appropriate tools for patients will encourage self-empowerment and enhance their abilities. Incorporating technology-based care and web-based services has been found to help patients self-manage their medical care (Greene et al., 2012).

This project seeks to provide depressed female participants at a mental health outpatient clinic with a better understanding of strategies that encourages self-management during the acute phase and past the point of symptom remission. Interactions and assessments conducted by nurses and providers at the mental health clinic will be done with participants. These interactions will provide opportunities to identify, develop and promote treatment plans with self-help techniques that can be utilized during the three months of the study. Using self-help techniques will also allow patients to recognize how cognitive and emotional functioning affect their behavior. Skills-oriented approaches may be relevant in treating depressed patients (Ladegaard et al., 2016).

Background of the Project

There is a high prevalence of major depression among women that is connected to biological and socioeconomic factors. Abuse of women, violence, sexual abuse, poverty, low education and illiteracy, and insufficient income to sustain households, and increased sensitivity to interpersonal relationships make women vulnerable to depression. Furthermore, some instances of depression are linked to ovarian hormonal changes, which cause anxiety, postmenopausal depression, postpartum depression, and premenstrual dysphoric disorder (Sadeghi et al., 2019). Domestic violence is associated with physical, sexual, or emotional harassment and harm by persons within the victim's domestic circle.

Another notable fact is the increase in global demand for psychotherapeutic treatments; developing self-help tools for women will make treatments accessible and affordable, even for the most vulnerable (Gieselmann et al., 2015). Additionally, women face unique social and cultural challenges that may hinder them from accessing psychotherapeutic treatments. For example, women experiencing domestic violence and sexual abuse may be unable to access face-to-face psychotherapy support due to fear. Nevertheless, with self-help tools, they can access alternative psychotherapeutic interventions discreetly and anonymously.

Statement of the Problem

Undesirable adverse life events and thoughts are linked to depression. At the onset of depression, there is often an increase in stress, lack of sleep, poor diet, or non-compliance if patients lack knowledge about their medications or if drugs or alcohol are involved. In many cases, medication alone is not enough to help patients recover, making it challenging to remain

compliant with their treatment plan. In addition, it is evident that significant depression disproportionately affects more women than men, thereby creating a need for an intervention approach targeted at women. Consequently, depression and depressive symptoms are also associated with physical complaints that will often lead to healthcare access.

When negative thoughts occur, there can be increased stress levels, lack of sleep, poor diet, and non-compliance with medication regimens. Furthermore, negative thoughts can be intensified if drugs or alcohol are used. Finding solutions to maintain both physical and mental wellbeing and improve self-care should be embraced. Learning essential life skills that replace negative thoughts that often leads to depression is vital. A growing body of research has provided clinicians with the knowledge base to implement new practices and close gaps. However, more effort is needed to ensure consistent use of self-help tools for improved health outcomes, eliminate obstacles, and increase patient participation. The primary treatment for depression relies on pharmacological intervention/drug therapy, which is effective with only 30-50% of patients treated (Nutt et al., 2015).

Nurses at an outpatient psychiatric clinic in Florida where this research for this study was conducted reported that a significant number of patients routinely stated a desire to have more education about their condition and frequently requested information about alternative options. Past studies show fifty percent of patients use alternative treatments, but this is not communicated to their physician (Steyer). Thus, a better understanding of conventional treatment and incorporating alternative options into practice has the potential to be a transformational experience for patients. Self-help tools are listed on the mental health clinic's Health Reassessment form. However, the clinic lacks the manpower to complete the health reassessment form with every patient. Furthermore, the nurses at the clinic have been consistently turned down by patients to do a subsequent interview with them after their initial assessment.

Purpose of the Project

The purpose of this qualitative and quantitative research study is to explore the efficacy of self-help tools to maintain both the physical and mental wellbeing of depressed patients who lack education about their condition and awareness of self-management. Building a foundation through a multidisciplinary, national approach to have self-help tools included as a standardized part of treatment is the objective. Advancing the understanding of people who experience depression with well-established research, new policies, and practices are the project's aim. An action plan to boost existing interventions by increasing self-monitoring/self-management tools in the clinical setting will be developed. Implementing the nursing intervention Self-Help, Education, Literature, Events, Counseling, and Training (S.E.L.E.C.T) will facilitate strategies to improve wellness and reduce suffering.

Including self-help tools in treatment plans for depressed women empowers them while cultivating life skills and a sense of self-confidence. These self-care tools can stall relapse and onset of depressive episodes during the waiting period to access available coping strategies and treatments (Baumel et al., 2018). Self-help tools can be efficient and effective in treating and preventing major depressive disorders in women, which dovetails contemporary patient-centered

care concepts. For that reason, providers and counselors should focus on patients' preferences, needs, and values. Understanding emotional health illness and challenges that influence behavior forges stronger partnerships and better care delivery. This research study focuses on ways to increase non-pharmaceutical treatments using communication technology to support mental health care.

Research Question

An abundance of available information shows self-help tools are helpful in a patient's ultimate remission and recovery. This PICO question was asked to understand the underlying factors associated with social cognition and symptomatic depressed patients. For example, in women with depression

A second clinical question was asked in women with depression (P), how does the implementation of the S.E.L.E.C.T intervention during twelve weeks (I) compare to nonuse of the S.E.L.EC.T. Nursing intervention (C) increase the use of self-care in patients. Thus, this study seeks to determine to what extent and in what ways self-help tools can empower women to become knowledgeable and proactive in their self-care for depression treatment.

Theoretical Framework

The social cognitive theory (SCT) developed by Albert Bandura provides an excellent framework to guide this research. This theory helps to inspire change by improving an individual's self-efficacy in combination with individual and environmental-level characteristics (Schunk & DiBenedetto, 2020). Interactions between behaviors, thoughts, and the environment shape people. Therefore, human behavior is essentially an outcome of learning which can occur through knowledge, direct experiences, and observations. According to Tak et al. (2017), behavior changes can be attained through the SCT constructs of self-efficacy, social support, outcome expectations, and goal setting.

Bandura also highlighted in the SCT theory that the self-concepts of individuals with depression differ totally from those of individuals without depression. Depressed people take responsibility for evil occurrences and are full of blame in their lives. In comparison, successes are only considered as being caused by external factors beyond an individual's control (Schunk & DiBenedetto, 2020). Moreover, depressed people believe that they cannot influence their situations through self-efficacy. Due to flawed judgmental processes, they set high personal goals and then fail to attain them. Repeated failure will likely decrease an individual’s self-esteem and self-belief to change any action/behavior, resulting in depression.

A significant psychological concept that is directly associated with self-efficacy in Bandura's idea is the locus of control such that, when an individual strongly believes that he/she can change and affect his/her situation, he/she is termed to have an internal locus of control and a high-self efficacy. On the contrary, when an individual feels that he/she is entirely at the mercy of the environment and cannot alter their situation, they possess an external locus of control characterized by a low self-efficacy sense.

Significance of Project

Worldwide, depression is considered the leading cause of disability. According to the Anxiety & Depression Association of America (2021), major depression is more prevalent in women than men. In fact, women are twice as likely to be affected by generalized anxiety as men, and women are twice as likely to suffer from panic disorders and social phobias (Anxiety & Depression Association of America, 2021). Annually, in the United States alone, the economic burden associated with depression is over two hundred billion dollars (Chow et al., 2019). It is clear to see the enormous challenge of treating major depression, anxiety, and other mood disorders. Behavioral changes and successful interventions can help patients avoid hospitalization and may lessen healthcare system burdens.

Antidepressants are effective for moderate, severe, and chronic depression; however, it is unclear if they help in cases of mild depression (Chow et al., 2019). Thus, there is an enormous challenge to treating depression. Depression medications work to relieve depression symptoms, and, in some cases, depression medications can aid in preventing suicidal thoughts. However, psychopharmacological drugs are often less effective if patient adherence is lacking. In some cases, patient adherence is impacted by one's access to specialized care. There may also be undesirable side effects associated with psychopharmaceutical medications. While the side effects from these medications sometimes outweigh their benefits, it is essential to note that antidepressant non-adherence increases the risk for worsening depression, can result in reoccurring depression and relapse, and may impact over usage of hospitals and healthcare resources. Drug-related costs associated with treating depression can also impact one's level of treatment compliance. The aforementioned factors contribute to societal costs and can impact one's functional impairment and work productivity.

Definition of Terms

Depression

Depression refers to a mood disorder associated with the following characteristics: sadness, loss of interest, diminished interest in activities of daily living (ADLs), among other previously exciting activities.

Major Depressive Disorder (MDD)

Major depressive disorder (MDD) is a mood disorder characterized by persistent feelings of sadness and/or a lack of interest in outside stimuli.

Psychosocial Adjustment

Psychological adjustment is synonymous with a state of living well cognitively, emotionally, psychologically, and socially.

Psychotherapy

Psychotherapy means psychological-based treatment of mental illness or behavior disorders.

Self-Help/Self-Monitoring Tools

Self-help/self-monitoring tools are day-to-day self-guided psychological therapies that help with depression, stress, and anxiety, i.e., exercise, weight management, spirituality, meditation and relaxation apps, and journaling.

Social Functioning

Social functioning references the ability of an individual to perform and fulfill traditional societal roles.

Social Support

Social support references any form of advice, guidance, follow-up, or information that shows a woman that she is valued, esteemed, and loved.

Stress

Stress means an actual or interpreted threat to a person's psychological or physiological integrity, resulting in mental, physical, or physiological adjustment and responses.

Nature, Scope, and Limitation of the Project

The scope of the study's core interest is the management of major depression in women can be achieved using both pharmacological and psychotherapeutic approaches. The goal is to boost existing interventions through the use of self-monitoring/self-help tools. Tracking habits, offering wellness goals, engaging in workouts, finding ways to improve sleep, nutrition suggestions, and fluid monitoring could help patients achieve their goals (Biesheuvel-Leliefeld et al., 2017). Women who have emotional problems lack self-control. To effectively treat and prevent the recurrence of major depressive disorder among vulnerable women, it is paramount that sex-specific bio psychosocial interventions be at the core of future research and Practice.

Gieselmann et al. (2015) described self-help tools as useful supplementary tools to improve health care delivery for women with depressive disorders. Self-help tools will be used as the primary intervention or as a supplement to psychotherapy treatments and medication. The ease of delivery of self-help tools is beneficial to women at the mental health clinic as they can be delivered at low costs. These self-help tools would be made available for use after the intervention tool is implemented. Self-improvement approaches that are grounded in research evidence should be utilized to promote behavior change. Moreover, the study seeks to empower women at the mental health clinic through self-help tools that are much more impactful and sustainable over time.

The target population for this study will be women between the ages of 18 and 55. Patients with severe mental illness will be excluded, and those who regularly miss appointments will also be excluded from the study. Levels of depression in participants will not be studied. Embedding the self-help tool in a different area of the nurse's workflow at the clinic can pique the interest of more clients. Information about self-help tools can be found on the mental health clinics' Health

Reassessment form but has been completed infrequently due to lack of patient interest. They incorporate the S.E.L.E.C.T. intervention tool when scheduling appointments to let patients know their options without spending time answering assessment questions. The information that is made available to them by the nurses could be discussed further with their provider, and this would be likely to be more acceptable to patients. Reviewing these options would give patients simple strategies that are often overlooked. Data will be gathered from an email account that the mental health clinic will provide.

One practical limitation experienced by this researcher is scarce financial resources. The main financial limitation was the ability to hire workers for data collection. The lack of rewards for patients who participate in the study was also a limitation due to budget constraints. A substantial limitation of the study is The COVID-19 pandemic. The pandemic caused some imposed restrictions, making it safer to email educational flyers and the patient survey instead of postal service. However, emailing patients could compromise the response rate by patients. Delimitations of the study are the ethical consideration of securing the patients' informed consent before discussing objectives and goals. For this reason, it was preferable to include informing patients of supplementary education and self-help tools as part of the nurses' workflow.

Conclusion

Current treatments are known to improve self-care, supporting patients with developing essential life skills to avoid worsening depression and hospitalization. However, non-compliance, inappropriate prescribing, lack of education, and not recognizing suicide risks will likely lead to ineffective care, functional impairment, and increased hospitalizations and suicides. Nutt et al. (2015) noted that 30% to 50% of people with any depression respond to pharmacological or psychological interventions. Therefore, a fuller understanding of innovative ways to resolve depression symptoms is necessary. Alternative treatments and low-cost strategies to decrease and prevent acute and chronic stressors of mild and chronic depression are possible through improved instrumental resources. Non-pharmaceutical interventions play a key role in the treatment-seeking process.

This research project aims to reduce one's likelihood of relapse and recurrence of depression symptoms, especially in vulnerable population groups. Vulnerable population groups, specifically those living in underserved communities, typically experience multiple stressors and reduced social support, thereby impacting their access to quality medical care (National Research Council, 2009). The challenges mentioned above put individuals under these circumstances at a higher risk for depression. Evidence increasingly suggests social cognitive impairments can be improved with psychotherapeutic interventions and other self-regulation measures, self-efficacy, and social support. Ending the cycle of stress-depression using self-help tools for coping will improve outcomes among depressed patients. This study is essential for promoting patient-related tangible outcomes.

Chapter Two: Literature Review

The standard definition of depression is that it results from dynamic interactions of environmental and biological risk factors. However, the contemporary conceptualization of depression has been distorted by the media to convince individuals that it is merely a chemical drug that can be fixed by taking drugs (Duggal, 2019). This has resulted in a misconception that antidepressant medications are the only form of treatment for major depression. The fact, however, is that the response rate for antidepressants is estimated to be 44% and that for placebo is around 37% (Duggal, 2019). The relapse rate, often known to be the target for antidepressants, also poses a startling image—just 37% of individuals with significant depression remitting after the first antidepressant trial. Corresponding remission rates were much lower, with subsequent treatment approaches.

This does not mean that antidepressant medication is not an efficient approach for managing depression and that patients should stop taking medication or stop seeking medical help. However, it demonstrates that medications alone can never treat depression. Therefore, a daily self-help tool is needed to complement medication management to manage depression by bolstering the patient's mood and modify habits and behaviors. In some cases, self-help tools have the potential to change the entire lifestyle of an individual. The most significant components of a daily self-help tool include information (e.g., educating oneself and family about depression), symptom management (e.g., various self-monitoring of symptoms), and lifestyle (e.g., exercise and leisure activities), and communication (e.g., communication strategies and assertiveness; Duggal, 2019).

Conceptual Framework

The Chronic Condition Care Model (CCM) guides this research project. CCM was synthesized with Albert Bandura’s Social Cognitive Theory (SCT) to investigate the effectiveness of the S.E.L.E.C.T. SCT has predicted that patients' and healthcare providers' uptake of new resources/tools can promote early recovery in major depressive disorder (MDD). Therefore, these self-help tools should increase knowledge and awareness by utilizing knowledge on an individual's behavior, environmental interaction, and personal factors (Moeini et al., 2019). Besides adopting a conceptual framework that aims change in behavior during the designation, implementation, and evaluation of self-help tools can help define, promote, and explain the difference. The most immediate antecedents to MDD are behavioral performance and intentions to perform a behavior, such as using a self-help tool. Self-help tools also promote significant change in a person's health-seeking behavior, decrease the barriers to accessing mental healthcare services, and increase the presumed value in mental health care. In primary care settings, users experience a decrease in comorbid symptoms of anxiety and are less likely to meet the criteria for MDD with continued use.

Literature Review of Evidence

A literature review was conducted primarily through multiple databases. Relevant material was identified through the Aspen University Library for background, theoretical foundations, and critical themes on Cochrane and ProQuest databases. These keywords were utilized in this search include self-help tools for depression, self-management strategies to improve mood, daily self-

help tools: women and depression. The findings from current studies regarding self-help tools were credible and consistent. There were variations in self-help treatments, but they all had the insight to better support the patient's diagnosis and aspirations.

Grewal, Kataria & Dhawan (2016) define a literature search as a well-organized and systematic search for data and information that is already published to identify high-quality evidence on a given topic. There are different reasons individuals conduct a literature search, such as making clinical practice evidence-based guidelines as part of an academic assessment and formulating research questions after evaluating current literature and identifying potential gaps in practice and the need to conduct further research.

To locate current literature from the Aspen University Library, an initial search in ProQuest and Cochrane electronic databases using the following search terms/keywords; daily self-help tools, self-management strategies to improve mood, self-help tools for depression, depression, women, and depression was conducted. For a more refined search outcome, the Boolean search operators "OR" and "AND" to combine the search terms were used. According to Cooper et al. (2018), the use of Boolean search operators increases the likelihood of obtaining more specific and applicable search outcomes, thus highly recommended. For this particular project, the comprehensive search yielded 45 articles that were relevant to the topic.

To filter these results, the author implied the following inclusion and exclusion criteria. The inclusion criterion was full-text peer-reviewed articles published in English within the past seven years (2014-2021). The emphasis was on studies with either non-experimental designs such as clinical practice guidelines and expert recommendations or experimental methods such as systematic reviews and RCTs. An additional focus was on studies that discussed self-management and intervention strategies, self-help tools, facilitators, and barriers to using self-help tools among women with depression. The exclusion criterion was non-full text articles published in languages other than English, articles published beyond the past seven years, and articles that discussed other interventions rather than self-help tools among women with depression.

Interventional Strategies

This nursing intervention study is theory-driven, and its formulated approach will reduce barriers to patients learning about self-help strategies. Behavioral outcome measures are customarily linked to theory-based underpinnings. In a randomized control trial (RCT) conducted by Sadeghi et al. (2019), the conceptual framework known as the theory of emotion to implement mindfulness-based emotional self-help as an intervention for women since they are more are vulnerable and experience psychological problems caused by social disadvantages, sexual abuse, and domestic violence. A significant decrease in anxiety, depression, and stress was seen among participants in the experimental mindfulness group (Sadeghi et al., 2019). Similarly, the self-help tool's explanation is guided by the social cognitive theory, and the findings are expressed theoretically. This demonstrates that implementing a self-management intervention will cause an outcome comparable to those seen in recent studies guided by the social cognitive theory.

A recent study of rural heart failure patients supports self-management through patient activation. The study concluded that low levels of self-management in patients and self-efficacy accounted for positive behavioral changes (Young et al., 2017)

Effective Self-Management Strategies

The National Institute of Nursing Research (NINR) recognizes the ever-increasing importance of self-management strategies translated into clinical practice (Grady & Gough, 2014). The science of self-management will provide the evidence base to advance the nursing field and nursing practice. According to Grady and Gough (2014), a promising strategy for treating chronic conditions would be self-management of these medical issues. This would reduce the clinical and economic burden on our healthcare system.

In a retrospective study, van Grieken et al. (2018) explored self-management strategies to help patients participate in their care and recovery from depression. Participants in this study who used a daily self-help tool group performed better than those in the medication management group. The data clearly shows self-help tools have been proven to maintain both physical and mental wellbeing. Promoting patient-centric strategies can effectively manage chronic illnesses with tools to manage these conditions, which would result in an improvement in health outcomes (Grady & Gough, 2014). These strategies will also instill individual responsibility in inpatients (Grady & Gough, 2014). Scaling up these interventions to the population level will be a positive and wide-reaching public health action. Understandably, barriers such as demographic disparities, community, home environment, and resources should be considered when developing interventions (Grady & Gough, 2014).

Self-Help Tools for Longer-Term Solutions

In a randomized controlled trial in primary, the results indicated that although medication is effective, the daily self-help tool effectively addresses the root cause of the depression and presents a longer-term solution with fewer adverse outcomes. Self-help tools are known to improve self-care, and they can help depressed patients develop essential life skills to avoid worsening depression and hospitalization. Consequently, a research-based self-management program will allow patients to take responsible stewardship of their health to maintain wellness and manage chronic illnesses long-term. This logical approach will also promote fitness and mitigate further deterioration of health.

Significance of Self-Help Tools

The prevalence of depression affects men and women disproportionately. According to Chambers et al. (2015), women are the most affected due to the psychological, biological, and social variables in women's lives. Therefore, there is an urgent need to implement interventions that target women diagnosed with depression. Van Grieken et al. (2018) defined self-help tools as valuable supplementary tools that can improve care delivery for women diagnosed with depression. Therefore, these tools can either be used as a primary intervention or a supplement to medications and psychotherapy.

Self-help tools benefit women since they are affordable, can be used, and accessed at any location and time. According to Soucy et al. (2017), self-help tools play a significant role in helping women diagnosed with depression develop self-confidence and life skills since individuals can easily access treatments and coping strategies. Therefore, the efficient and effective management of women with depression requires more emphasis on sex-specific biopsychosocial interventions.

Barriers and Facilitators of Using Self-Help Tools

Women face unique cultural and social challenges which are a hindrance from accessing care. This is the most significant challenge of sexual abuse and domestic violence, which influences the fear and hinders face-to-face psychotherapy. In addition, chambers et al. (2015) added that women experience discrimination and stigmas, which are significant barriers to accessing healthcare services. As a result, the majority of women often prefer self-referrals to services. However, self-help tools are an alternate psychotherapeutic intervention that women can easily access anonymously and discreetly.

The use of self-help tools is influenced by the following factors: education and lack of information among friends, family, the general public, organizations, and professionals. This information includes depression self-help tools available for use and information on self-management groups and activities to help individuals. In other instances, women may need support and guidance to find the appropriate information that suits their needs.

Related studies

According to Cesar and Chavoushi (2013), depression is associated with poor prognosis, increased disability and reduction in adherence to treatment. Associations between mortality and depression have been linked up to diagnostically mixed groups of the patients suffering from heart failure, renal diseases, diabetes, cancer, HIV/AIDS and disabled patients. A study was conducted in Netherlands in 2013 about the Dutch people between age 18 and year suffering from major depression. The study showed that more than 75% of the primary care patients with sub-threshold depression, dysthymic depression and major depression suffered from chronic somatic condition. Besides, the patient suffering from somatic condition were suffering from depression. Cesar and Chavoushi (2013 further discovered the risk factors for depression including impulsive behavior, intimate partner violence, hormonal factors and menstruation, sociocultural factors, impulsive behavior, family history, (peri)menopause, childbirth and pregnancy.

Juengst, Kumar and Wagner (2017) said that the etiology of depression is presented by multifactorial responses together with the direct result of the primary pathology. When managing depression, it is important to manage the unique etiology in every patient since it differs from on person to another. Besides, it is necessary to understand the risk factors to depression before addressing the depressing symptoms. Understanding the depressive symptoms will maximize the chances to a positive treatment response. Depression is caused by numerous biological mechanisms including inflammation. When the mediators get an inflammation, the cell surface

makers and the cytokines are elevated with an injury in the CNS. The cell surface makers and cytokines are linked to depression in the neurologically intact adults and older adults. The cell makers are white matter changes and inflammation in the older adults suffering from depression. Comorbid personal factors and pre-injury also changes the functional abilities contribute to adjustment-based depression. Adjustment-depression depression presents with agitation, suicidal endorsement, low self-worth and feelings of guilt.

Methodological Framework

To accomplish this study's research activities and improve previous studies, quasi-experimental research will further develop best practices. One of the strengths of before and after methods the ease of revising the process as new information emerges. Combining qualitative research and quantitative research will produce deeper insight into patients' needs and have complex data simultaneously. The social-cognitive theoretical framework allows interactive management of various medical conditions.

Conclusion

The social cognitive-behavioral theory is commonly used to develop behavioral intervention strategies. Utilizing this theoretical approach will help identify causative factors and connections to casual factors, and this will provide the framework for this researcher. Personal characteristics, environmental factors, and an individual's behavior are associated with specific behaviors. Thus, the social cognitive-behavioral theory can be paired with behavioral intervention strategies that promote self-regulation, self-efficacy, and social support. The DNP project will translate the constructs of the social cognitive-behavioral approach into practice. Customizing self-help tools will require intervention strategies to have providers include it in their treatment plan and promote its use consistently.

Self-help tools may be utilized as a prophylactic technique for people at more significant risks of experiencing depression or those with past depression episodes to avoid recurrence or regression of substantial depression. Self-help tools also complement the conventional treatment approach for depression and will likely enrich patients' experience with their care team. Having more clinical options available for patients is expected to enhance the patients' experience and improve clinical interactions.

Chapter Three: Methodology

Major depression disproportionately affects more women than men (Albert, 2015). The finding by Albert (2015) underscores the need to create an intervention approach targeted at women. Depression is different from other chronic illnesses due to its stigmatization and the impact on identity and self-esteem. The key symptoms entail the loss of motivation, decreased interest, reduced energy level, and are much more severe than other health problems. Hence, it is disputable whether general self-help tools like those used in the Chronic Disease Self-Management Program (CDSMP) are pertinent to depression (Houle et al., 2013). Researchers have also suggested that when individuals are provided with the options of psychotherapy and medication, individuals with significant depression will choose psychotherapy. Often, those with

substantial depression believe that psychotherapy offers them personal interaction opportunities to address depression.

Self-help is also a significant factor in the context of recovery. The idea of mental health recovery has broadened from the classical meaning of clinical symptoms. Instead, recovery is now considered an absence of mood changes that include feeling empowered, feeling connected to others, taking accountability for one's life, developing significant personal objectives, reestablishing a positive identity, and demonstrating hope for the future (Jorge-Monteiro & Ornelas, 2016). This is where a daily self-help tool assists in complementing the conventional treatment approach for depression.

Self-Help Tools for Women with Depression

According to Chambers et al. (2015), self-help tools play an integral role in the early recognition of depression which is also key to depression self-management. For this reason, van Grieken et al. (2018) highlighted that healthcare providers should recommend self-help tools based on a patient's needs or specific purpose. For instance, there are self-help tools for depression screening, diagnosis, or response to treatment. The researchers discuss the hospital anxiety and depression scale as a standard and most widely validated and investigated screening scale used with women diagnosed with depression. However, the researchers emphasize that, when recommending self-help tools to patients, healthcare providers should consider ease of use. The hospital anxiety and depression scale are less useful in clinical practice but recommendable for individual use since it is long and exceedingly difficult to score.

An alternate screening tool for a similar purpose is the Zung Self-Rating Depression Scale (SDS), which contains 20 items (Dunstan et al., 2017). Although it remains in the public domain and is less commonly used, it has a high sensitivity thus can be used to detect response to treatment or change over a specific period. Finally, the most recommended screening tool that can mainly be used among adults and older women is the Geriatric Depression Scale (GDS). This tool is designed to decrease the impact of somatic symptoms linked to illness and aging (Dias et al., 2017). The instrument contains a yes/no format with 15 items and a cut-off of five. Besides, it also has positive predictive values and good sense that can be used to diagnose the major depressive disorder.

Project Design

The actual study design plan is a qualitative study design that includes quantitative methods. Qualitative studies are used to answer questions about experience, meaning, or perspective from a participant's view. They explore the study participants' views, feelings, and thoughts (Hammarberg et al., 2016). The study aims to examine the efficacy of self-help tools to maintain

both the physical and mental wellbeing of depressed women and assess it against medication management. Both quantitative and qualitative methods will be used together as a form of elaboration and corroboration. The data from qualitative data can explain quantitative data findings or give ground to the results. The quantitative method is used when collecting baseline data of patients' needs and goals. It was also meant to support the study's conceptual framework to inspire change and influence behavior.

A qualitative method will collect the answers from the interviews, questionnaires, and surveys on the effectiveness of the self-help tools. For example, surveys were used to record behavioral changes or improvements. At the same time, information from the S.E.L.E.C.T. tools will be used to determine the presence or absence of depression, anxiety, or mood changes and the need for self-management strategies. The qualitative study design is the best design to collect data because it is done in the patient's natural settings and is the best way to understand phenomena in detail. The questions asked are unstructured and accessible form. Qualitative data results collected are subjective because they rely on the feelings and thoughts of the patients. Also, the methods used for collecting data like surveys and questionnaires are the best tools for managing this data because it gives an accurate presentation of what study participants feel. The codes will be kept under the supervision of the researcher only. The regulations will also be used during interviews, data management, and analysis.

Marzano’s New Taxonomy will be used to develop training objectives. The three systems and knowledge that are part of Marzano’s New Taxonomy will establish the validity of the goals. Information will be provided, and patients will take action after gaining insight and new skills from the learning process. With sufficient knowledge and comprehension, the patient will identify the relevance of the concept and objectives that support new activities and behavioral change. Using evidence-based objectives to focus on changeable behaviors is productive and effective in meeting the intervention goals.

Inclusion and exclusion criteria.

Women between the ages of 18 and 55 with a positive depression screen will be included. The exclusion criteria will be for individuals who do not comply with follow-up visits or those with severe mental illness. In addition, participants who are express interest in learning more about their condition and self-management strategies will be perceived to be appropriate for the study. Finally, the study will examine the feasibility and efficacy of a clinic-based intervention for women with depression during twelve weeks.

Sample and Setting

The purpose of this quasi-experimental study is to increase remission rates and keep patients at the psychiatric clinic actively engaged in their care. The overall goal will be to educate women with depression about using self-help tools to maintain both the physical and mental wellbeing of depressed patients. Including quantitative research will ensure a systematic strategy to gather evidence and test the support for the framework. The methodology will be appropriate for the qualitative and quantitative design because it utilizes the interviews and self-reports to collect the

data for the qualitative study, and the questionnaire survey will be used for the quantitative research. The study is non-experimental, making a descriptive design to be appropriate for the task. The guidelines that guide before and after methods will guide the sample size estimation (Kyriazos, 2018). The pre-post questionnaire survey will utilize the Cochran formula to estimate the ideal sample size representing the study population.

The sample size formula will determine the level of significance, desired power, and the impact on the effect size. In addition, the sample size developed will ensure that the hypothesis test will have a specific probability of rejecting the null hypothesis when it is false (Kyriazos, 2018). The replication of the data collection process will entail using similar methods and methodology to that of an original study but against the different geographical locations and cultures. The included subjects are 1) 18–55-year-old women, 2). Women with a Positive depression Screen, 3) Women with a history of one or more visits to the clinic.

Subjects will be recruited from an outpatient psychiatric clinic in Delray, Florida. The evidence-based practice developed by the researcher will be used to assess patients with depression and offer self-help to them. The nurses will utilize the evidence to design effective strategies to reduce the barriers to self-help tools among women with depression (van Grieken et al., 2018). The interactions of the nurses with the participants will allow for assessment, identification of the problem, develop and promote treatment that utilizes self-help techniques in the care of women with depression. The setting will be a mental health clinic. Voluntary female patient participants will be selected after the survey is emailed to female patients with depression.

Instrumentation

A questionnaire and survey will be the standard tool that will be used in this research study. A formal structured interview with written questions will follow after patients respond to an email about their understanding of Support, Education, Counseling, Treatment, and Self-Management (S.E.L.E.C.T.) tools. Individual interviews will be conducted telephonically or through remote media, and a sample of patients will be selected after their consent forms are completed. The collected information will determine the presence or absence of depression, anxiety, or mood changes and the need for self-management strategies. Subsequently, the data will be quantified and objectively measured. The survey will also be used at the end of the research study to assess behavioral changes or improvements.

Data Collection

Day-to-day data collection of positive PHQ-9 or Wooley-2 depression screens will be necessary. The collection of these screening tools will be done using the mental health clinic's quality control feature after the patient's data has been de-identified. De-identifying the data before its use for research will be encouraged to maintain HIPPA requirements. An invitation with an educational flyer will be emailed to women who visit the psychiatric clinic for depression symptoms, and the email will include the S.E.L.E.C.T. questionnaire. After receiving the

S.E.L.E.C.T. questionnaire back from the patient by email, nurses at the clinic will conduct a quick interview when scheduling a follow-up appointment with the patient who responds to the flyer. Patients will be able to increase their knowledge of self-help tools and give the nurses extensive feedback by the end of the study. Self-help tools will be suggested based on the patient's values and preferences.

Data Analysis Methods

A summary of the collected information will be interpreted and presented after testing the hypothesis. A numeric description of the data will be generated (Simpson, 2015). A pie graph or bar graph, figures and descriptive statistics will be used. A doctoral-level biostatistician search with the appropriate technical background and experience began this week to refine measurements, analyze data, and interpret findings. Descriptive statistics for continuous data, frequency, and percentages will be computed for demographic and clinical variables.

Data Management Methods

An appropriate database management system and software tools that are secure have been selected. Proper planning and analysis of the data management tools and systems will be conducted before allowing patients to self-volunteer. Health reassessments are stored in the Practice Fusion System Electronic Medical Record (EMR) system, and information collected via telephone interviews will also be stored in the EMR. Baseline data and follow-up responses will also be stored in this system.

Rather than using the participants' names, the research will utilize participants' codes while labeling the collected data. A separate list that matches the terms of the participants with the qualitative study will attempt to determine the associative relationships between project variables and to explain cause and effect. The qualitative research strategy will include one-to-one interviews by the nursing staff during follow-up calls. The strategy will be conducted at the mental health clinic and will consist of self-reports. The collection of data about the patient's knowledge of S.E.L.E.C.T. will be qualitative data that is observed, recorded, and organized to create the final instrument

Ethical Considerations

The guidelines set forth by the Belmont Report will be used throughout this research project. The protection of privacy, confidentiality, and dignity for all participants will be maintained. Informed consent will not be needed from participants who respond since a response to clinic email does not violate HIPPA laws. To protect patient's right to autonomy and self-determination, instructions will be provided to discuss the S.E.L.E.C.T intervention when making their follow-up appointment, or they may talk to a nurse at the clinic sooner if desired. General information about the risks and benefits of the S.E.L.E.C.T will be reviewed with

patients by clinic nurses. The patient's comprehension of the question intent, motivation, and comfort level will be assessed. Patients will be allowed to make decisions with their provider or obtain information additional information by email or on the clinic's website.

Internal and External Validity

The instrument will be designed to measure improved mood changes from self-management. How well the instrument measures mood changes should have a context-validity index range from 0 to 1. Recovery of those using self-management strategies will be compared to those who do not. The valid instrument is expected to show patients who include a self-help tool as part of their daily routine will have better outcomes than those who take medication only. This instrument will also have sensitivity, specificity, and predictive values.

Conclusion

According to Ladegaard et al. (2016), most studies examine lower-order social cognition in acutely depressed individuals. However, there are limited studies on the trajectory of intermediate and higher-order social cognition in patients moving from the acute state to complete symptomatic remission. Social cognition will be the framework used to identify self-help tools that will provide mental activities for learning and problem-solving. Social cognitive abilities are in a spectrum that ranges from lower order to intermediate to higher-order activities. The point of remission and social cognition

Meeting the medical and non-medical needs of patients is deliberate work. Practitioners who can offer patients services whenever they are interpreting occupational, epidemiological, environmental biostatistical information to patients and the community will have more impactful outcomes. In addition, synthesizing the psychosocial dimension and culture should be part of the care process. The goal will be to have more clinicians offer or recommend customized self-help tools for their patients combined with medication management. For example, a standardized depression screening tool, like the Geriatric Depression Scale (GDS-15), the PHQ-9, or the Wooley questions (yes/no PHQ-2), could be utilized in system-wide practices, which can aid providers in creating a patient-specific treatment plan, thereby improving patient-related outcomes.

In conclusion, the eight AACN's (2020) Essentials of Doctoral Education can be synthesized into the DNP project primarily to safeguard patient's health. The element offers guidelines that enforce quality healthcare to the patients as provided by health care providers. The researcher and the medical staff at the mental health clinic will campaign fully to safeguard healthcare policies for depressed patients by installing self-help tools that produce favorable results when treating mood issues among women. Standardization of daily self-care tools may permanently modify habits and change an individual's entire lifestyle, thus providing a permanent solution to significant depression in women.

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Appendix A

Summary of Primary Research Evidence

First Author

Year

Conceptual Framework	**Design/ Method**	**Sample/ Setting**	**Major Variables**	**Data Analysis**	**Findings**	**Application To Practice**
Biesheuvel-Allied et al. (2017)	None	Randomized control trial (RCT)	248 individuals with a history of depression	Depressive symptoms	Logistic regression analysis Poisson regression analysis	Supported self-help led to significant improvement of the depressive symptoms	Patients with depression should integrate self-help in their treatment regimen.
Sadeghi et al. (2019)	Theory of emotion	Randomized control trial (RCT)					

Students at Kermanshah University of Medical Sciences

80 participants

Anxiety

Depression

Mindful Stress

SPSS-20

Standard deviation, means & tests like

Levene test, chi-squared

Test, independent t-test,

Kolmogorov-Smirnov test, and ANCOVA

The mindfulness-based intervention reduced stress, anxiety, and depression among participants

Mindfulness-based intervention can augment medication treatment for people with depression.

Van Grieken et al. (2018)

None

Qualitative online survey

193 adults ages 18 years or older who were diagnosed with major depressive disorder

Family history of depression

Treatment for depression

SPSS

Descriptive statistics

Treatment, psych education & physical activities most helpful in recovery

Self-management strategies for people with depression should be individualized.

Appendix B

Questionnaire for S.E.L.E.C.T.

Have you used a self-management strategy, such as writing in a blog, writing in a journal, and/or exercising/sports in the past year?

- Yes
- No

Have you used a self-management tool, such as an online app, to track your moods in the past year?

- Yes
- No

Have you been compliant with the treatment ordered?

- Yes
- No

If you have not been compliant with the treatment ordered, please explain why.

Has the education about your diagnosis given you a better understanding of your mental health care?

- Yes
- No

Did the self-management tool or strategy help you to identify the cause of any mood changes?

- Yes
- No

How often did you use this tool/strategy?

Have you recently (within the past ___how long___) joined a support group or attended or enrolled in any community events or activities?

- Yes
- No

Are you working with a professional counselor?

- Yes
- No

Do you understand your diagnosis and treatment plan?

- Yes
- No

Appendix C

Diagram of the Social Cognitive Theory Model