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**Community Educational Session on Identifying the Signs of Depression and
Resources Available**

by

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A project submitted to the faculty of
Gardner-Webb University Hunt School of Nursing
in partial fulfillment of the requirements for the degree of
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Isaiah 43: 18-19

Abstract

The DNP Project was designed to educate the community on identifying the signs of depression and the community resources available to them. The intent of the project was to improve the community's knowledge of depression symptoms and the community resources available that offer assistance to those dealing with these symptoms. There is a great need for education on depression signs, as many in various communities suffer from untreated depression, which often leads to negative outcomes. The impact of the project implementation was measured by using pre- and post-survey data evaluating the participants' overall knowledge of the signs of depression, stigma associated with depression, recognizing depression, and community resources available to get help. Knowledge in all six survey items demonstrated improvement in the post-survey after intervention. In conclusion, providing the community the education on the signs of depression and the resources available can increase knowledge and be effective in decreasing the risk of suicide.

Keywords: depression, depression education, anxiety, adults, outreach

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Introduction

Depression is a mood disorder that causes one to have feelings of sadness, hopelessness, and emptiness (Estakhri, 2023). If left untreated depression can cause problems with one's physical and emotional health (Estakhri, 2023). Some common symptoms of depression include constant feelings of sadness and emptiness, loss of interest in once enjoyable hobbies or activities, sleeping too much, insomnia, weight changes, headaches, digestive issues, fatigue, feelings of hopelessness, and suicidal ideations (Estakhri, 2023). In the United States (US) approximately 21 million adults have reported having at least one depressive episode (National Institute of Mental Health, 2022). In adult females, this number was much higher (10.5%) than those noted in adult males (6.2%) (National Institute of Mental Health, 2022).

Problem Recognition

In the target community, between 2016 and 2019, the fourth leading cause of injury death was by self-inflicted firearm and the fourth leading cause of hospitalization from an injury was by self-inflicted poisoning (ECUHealth.org, 2022). Depression seems to be highest among the 18–25 age group (17.0%) and even higher among those individuals who reported being of mixed race (15.9%) (National Institute of Mental Health, 2022). In the target community, 21.0% of those surveyed reportedly had been diagnosed with depression (North Carolina Department of Health and Human Services [NCDHHS], 2022). Adult females were the highest of those diagnosed at 26.9% over the adult male at 14.7% (NCDHHS, 2022). The age group with the highest amount of reported diagnosed depression was those in the 35-44 age range (25.5%) (NCDHHS, 2022). The second highest age group was the 18-34 age range (23.6%) (NCDHHS,

2022). Currently, the population of the target population is approximately 170,663 (United States Census Bureau, 2022). Roughly, about 50.4% of the population have reported needing more information on mental health issues and 15.1% stated more information is needed on suicide prevention (ECUHealth.org, 2022).

The rate of suicide has increased over the last decade and suicide is often preceded by periods of depression. One way to help decrease this number is to provide education to the public on identifying the signs of depression. According to the American Foundation for Suicide Prevention (AFSP) (2020) survey results, 90% of the respondents reported if faced with a specific situation of someone dealing with a mental health crisis and they recognized it, they would do something. However, 22% of respondents confessed they did not know what to do (AFSP, 2020). Educating the community with the knowledge to be a support for their neighbor who may be dealing with depression is a step towards increasing awareness of the signs of depression. According to AFPS (2020), 52% listed social stigma as a barrier to seeking help for mental health issues. Surveys have shown the negative beliefs about people with mental illnesses have increased (Substance Abuse and Mental Health Services Administration [SAMSA], 2013). Mental health is a public health issue and offering education to the community is one way to dispel the negative stereotypes surrounding mental health (SAMSA, 2013).

The need for adult education on the signs of depression is great within the target community. Twenty-one percent of the population in the target community have admitted to having been diagnosed with some type of depression (North Carolina Department of Health & Human Services [NCDHHS], 2022). This includes male and female community members. Those members of the community in the 35 – 44 age group had the highest rate

of depression at 25.5%, with the second highest being the 18-34 age group (NCDHHS, 2022). Within the 18-34 age group, 18.7% screened positive for depression through the use of the Patient Health Questionnaire (PHQ-4) screening tool (NCDHHS, 2022).

Although suicide prevention is an important area of concern, educating the public on the signs of depression could provide lifesaving interventions. The target community currently has six facilities that treat community members with mental health issues; however, none have implemented a program to educate the population on depression or the signs of depression (Mentalhealthfacilities.net, n.d.).

Problem Statement

Will providing education on depression to adults within the community increase awareness of the signs and symptoms of depression and available resources?

Literature Review

A literature review was completed for community education on depression and the signs of depression leading to improved outcomes. Oostelbos (2016) wrote about the importance of the patient's understanding that self-management does not indicate a lack of support from the healthcare community. Through self-management, we are to empower the individual and help them to become partakers in their own self-care (Oostelbos, 2016). To find out what strategies mattered most to those with depression, van Grieken et al. (2015; 2013) used concept mapping to explore the strategies patients with depression perceived to be most helpful. Fifty strategies emerged from this study and the results showed the strategies the patients deemed most helpful are connected to engagement in leisure activities and pleasurable distractions (van Grieken et al., 2015; 2013). In a systematic review and meta-analysis, Ould Brahim et al., (2021) compared 15

studies and showed that self-management interventions added some benefit in improving symptoms of depression and could be effective in improving outcomes. According to Coulombe et al. (2016), teaching self-management strategies to those with depression helps to reduce their symptoms and promotes a positive mental health outlook in their personal recovery. These authors related the barriers that social inequalities play in a person's state of recovery. Coulombe et al. (2016) found men and low-income participants had more severe symptoms of depression and less positive outcomes when it comes to mental health.

The Mayo Clinic (2023) lists the importance of learning the symptoms of depression in order to assist a family member or friend during a depressive crisis. Since these symptoms vary from person to person, receiving proper education will allow one to be attuned to the signs of worsening depression (Mayo Clinic, 2023). Additionally, the Mayo Clinic (2023) suggested ways one could learn to help those suffering from depression. Several of the suggested approaches are the same as those listed in several self-management strategy studies. The approaches recommended are to engage or talk to the person, explain depression is a medical condition, express your willingness to help, and suggest they seek help from a medical professional (Mayo Clinic, 2023). Hagerty and Bathish (2018) conducted a study to test whether their self-management intervention tool could be used with or without the support of mental health providers. Hagerty and Bathish (2018) hypothesized their Self-Regulated Illness Management of Depression intervention tool would be helpful to those who may have difficulty with access to medical care. These researchers showed their self-management intervention tool had a positive effect on improving the health outcomes of those with depression (Hagerty &

Bathish, 2018). van Grieken et al. (2018) explored the use of 50 self-management strategies that are helpful to patients and used on a daily basis to manage their depression symptoms. Using these strategies empowers a person to become actively engaged in their own care. van Grieken et al. (2018) found many of the participants felt the strategies were very helpful; however, they perceived the most helpful strategies were those involving engaging in treatment and those involving physical activities. According to Duggal (2019), self-management of depression should have the goals of teaching those with depression to recognize the signs of the chronic illness, plan strategies to use during periods of exacerbation, and know what resources in the community are available and how to access them. Duggal (2019) wanted readers to understand that self-management is learning effective ways to manage depression long-term, which are skills that work in combination with the short-term methods of self-help strategies.

Duggal (2019) believes self-management strategies increase a person's sense of well-being and empowerment as they complement professional approaches to depression and enhance self-efficacy. It provides a person with a sense of self-control as they deal with their symptoms of depression and implement a behavior change that can change their mental state (Duggal, 2019). Arya (2013) promoted a conceptual framework entitled PRISM (Promoting Resilience, Independence, and Self-Management). PRISM puts the power back in the hands of the mental health consumer and suggests case managers and care coordinators step back and allow people to self-manage (Arya, 2013). The proponents of PRISM enable consumers to take charge of their care and treatment, facilitate error-free care through the use of an agreed protocol for appropriate care (PAC), and improve coordination by minimizing waste by everyone using the one care plan the

consumer owns (Arya, 2013). Schaffler et al. (2018) performed a descriptive systematic review of 23 studies on the effectiveness of self-management interventions on individuals with low incomes or low literacy levels and found them to be very effective. However, the systematic review had a commonality suggesting greater efficacy of the self-management interventions when only three or four skills are taught (Schaffler et al., 2018). The Military Health System used an 11-item questionnaire form to assist military personnel in learning self-management strategies for depression (Military Health System and Defense Health Agency, 2021). This 11-item questionnaire asks questions about once enjoyable activities, the amount of time spent doing physical activities and exercise, and the amount of time spent with others for support (Military Health System and Defense Health Agency, 2021). The Military Health System questionnaire also asks about time spent doing relaxing activities, the type of diet, and any use of alcohol (Military Health System and Defense Health Agency, 2021). The questionnaire is very strategic in determining a person's method of coping through the use of prompting statements, allowing the person to free text information regarding steps to take in the care of larger problems by listing blanks for steps 1-3 (Military Health System and Defense Health Agency, 2021). Lastly, the questionnaire lists prompts for information to be submitted on how one makes major decisions during depressive episodes if one practices positive thinking, and if one communicates openly with a healthcare provider and follows instructions about their treatment (Military Health System and Defense Health Agency, 2021).

Community Resources

The target community has several resources available for community use. The National Alliance on Mental Illness (NAMI) of the target community is one of the resources available to members of the community. NAMI has local support groups and a crisis line for those with mental illness or who just need someone to talk to (NAMI, 2023). Trillium Health Resources is a local government agency providing support for mental health, substance abuse, and intellectual and developmental disability services within the area. Trillium manages a mobile crisis team that offers 24 hours a day for 7 days a week crisis management for those in need (Trillium Health Resources, 2023). Hope4NC is a part of the North Carolina Department of Health and Human Services, and they offer confidential support to those who are overwhelmed with life's stressors and are having a difficult time coping. Their assistance for emotional support, counseling referrals, and community resources are available 24 hours a day, 7 days a week (NCHHS, n.d.). The Real Crisis Center is a nonprofit organization dedicated to offering crisis relief, expert guidance, and tailored services to those in need. They also offer a crisis help hotline available 24/7 for those having a serious moment or just need to talk to someone (Real Crisis Center, 2023). Other community resources include the NC Port Human Services crisis center, Vidant Behavioral Services, and a national Suicide & Crisis Lifeline.

Needs Assessment

Those with depression are at an increased risk for suicide; therefore, understanding suicide risk and the warning signs someone may be considering suicide is important (Mayo Clinic, 2023). Depression is a serious issue and has plagued many

individuals causing problems ranging from an inability to focus on tasks to severe disability in enjoying once enjoyable activities. Untreated depression only increases the symptoms being experienced and can lead to other serious problems like risky behaviors, addictions, and suicide (Bruce, 2021).

Target Population

The target population for this project included individuals living within the target community. Capturing the full scope of how depression affects the two most at-risk individuals in the target community required inclusivity of all adults over age 18. Therefore, a convenience sample of men and women over the age of 18 years of age was included.

PICOT

In adult residents in a community, would a 30-minute education session on the signs of depression and resources available provide knowledge on identifying depression and community resources when compared to no education at all?

Available Resources

Located within the projected community is a local church with a large congregation. The church has adopted values centered around people with the belief that people matter. This can be seen by the church's community involvement and positioning themselves to be of assistance wherever needed. The church is fully vested in activities and education to help improve the outcomes of the target community. The values of the host church are in line with those of the projected leader, improving the outcomes of the community one issue at a time. The church views the health of the community as a priority, so much so that they have developed a nonprofit organization whose mission is

to build bridges of opportunity for the underserved populations in the area (Koinonia Community Solutions, 2021). The church is equipped with three meeting rooms. The meeting rooms are equipped with large projection screens to facilitate the screening of presentations.

Desired and Expected Outcome

The outcome of this project was participants will have an increased awareness and knowledge related to depression. Participants would be able to identify the signs and symptoms related to depression. Additionally, participants would have an increased awareness of available community resources for depression within the target community.

Team Selection

The DNP project team consisted of the DNP project leader, the DNP project chair, and a practice partner. The DNP project chair was a doctoral-prepared nurse practitioner (NP) who saw and guided the project. The practice partner was a doctoral-prepared physical therapist who served as executive pastor of the project implementation site.

Project Scope

The scope of this project was to spread awareness of how depression presents itself. Additionally, to educate the community about the signs of depression in hopes of decreasing the rates of untreated depression and make known the local resources that are available to community members.

Objectives and Timeline

Objectives

The objectives for this community population included:

1. Participants will be able to identify signs and symptoms of depression.
2. Participants will have an increased knowledge and awareness of community resources.

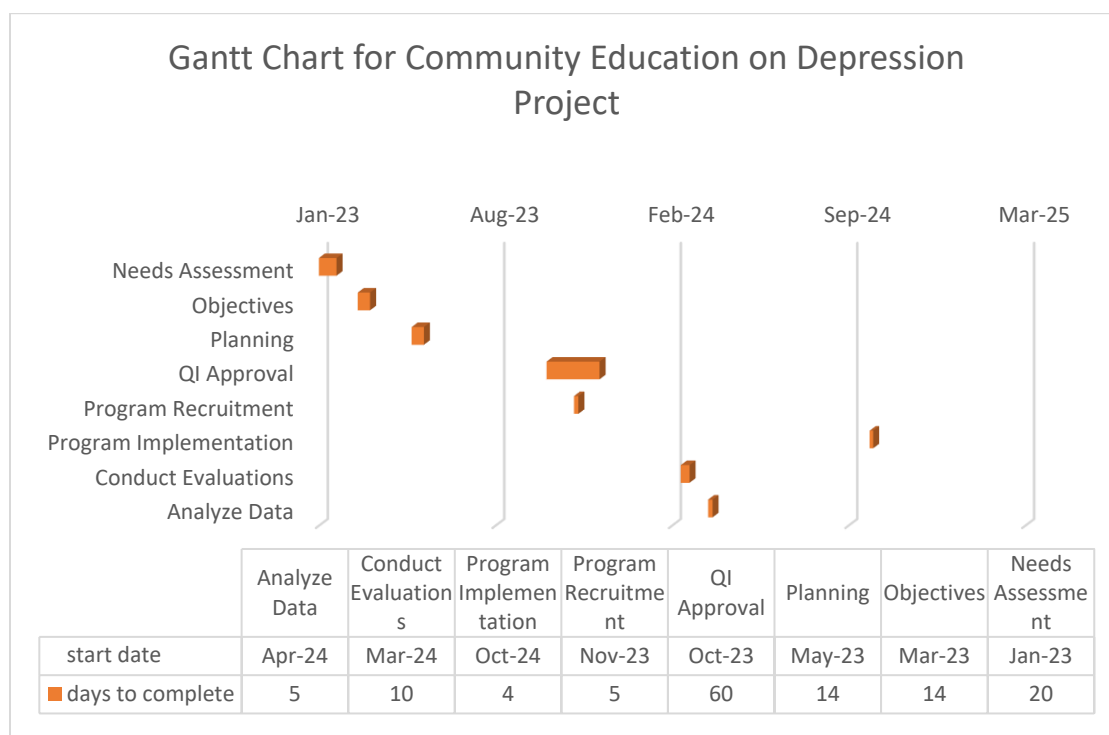
Timeline

The timeline and Gantt chart used in this project is depicted in Figures 1 and 2.

Figure 1

Project Timeline

[illegible]

Figure 2*Gantt Chart***Theoretical Underpinnings**

Any type of change would require one to adapt to a new way of thinking or behaving and implement new concepts into one's everyday life. Kurt Lewin is a 20th-century social psychologist to whom the change theory in nursing is attributed. The theory is based on behavior change related to three concepts driving forces, restraining forces, and equilibrium (New World Encyclopedia, 2018). Lewin described driving forces as factors that influence one's social situation (New World Encyclopedia, 2018). These forces are either helping forces as they drive movement toward a goal or hindering forces that block movement toward a goal. In explaining field theory, Lewin postulated an interactive field represents a person's life space of psychologically directed pathways emphasizing movement along directed pathways, the dynamics of person-environment

interactions, and the person's behavior at environmental obstacles and barriers (New World Encyclopedia, 2018). The pathways of movement represent past experiences and future expectations. The life space represents a person's motives, values, needs, mood, goals, anxieties, and ideals (New World Encyclopedia, 2018). Lewin envisioned the concept of force field analysis, examining factors that can influence a situation (New World Encyclopedia, 2018). Any changes to the life space would depend on the person's internalization of external stimuli (New World Encyclopedia, 2018). Lewin believed the identification of the power or rationale behind the driving and restraining forces would allow for the understanding of why people act the way they do, with this understanding one could manipulate the rationale of the forces to effect change (Shirey, 2013).

As used in nursing, Lewin's Change Theory involves three stages to encourage change: unfreezing, change, and refreezing. The first stage termed unfreezing involves disrupting the current behavior and allowing the letting go of unproductive patterns (Nursing Theory, 2023; Simmons et al., 2022). Unfreezing can be accomplished through manipulation by increasing the driving forces that positively direct behavior, decreasing the restraining forces that negatively affect movement, and combining the two at various times to allow for directional change toward the second stage (Nursing Theory, 2023). The second stage is the actual movement in a new direction which can involve a change in motives, values, needs, mood, goals, anxieties, and ideals (Nursing Theory, 2023). Refreezing is the third stage which solidifies the change and establishes a new standard (Nursing Theory, 2023). This stage is critical in preventing one from backsliding into old counterproductive ways.

Utilizing Lewin's Change Theory created a learning and knowledge change in the target population. To initiate unfreezing, the target population was administered a screening tool in the form of a pre-test questionnaire to spark their knowledge of the signs of depression and to ascertain their awareness of community resources. The catalyst for the change stage was a 1-hour session educating the target population on the signs of depression and the resources available to those affected within the community. The expectation was for the outcome to produce refreezing, which is the third stage of the Change Theory. In this stage, the target population demonstrated adherence which was determined by the post-test questionnaire.

Work Planning

Cost and Benefit

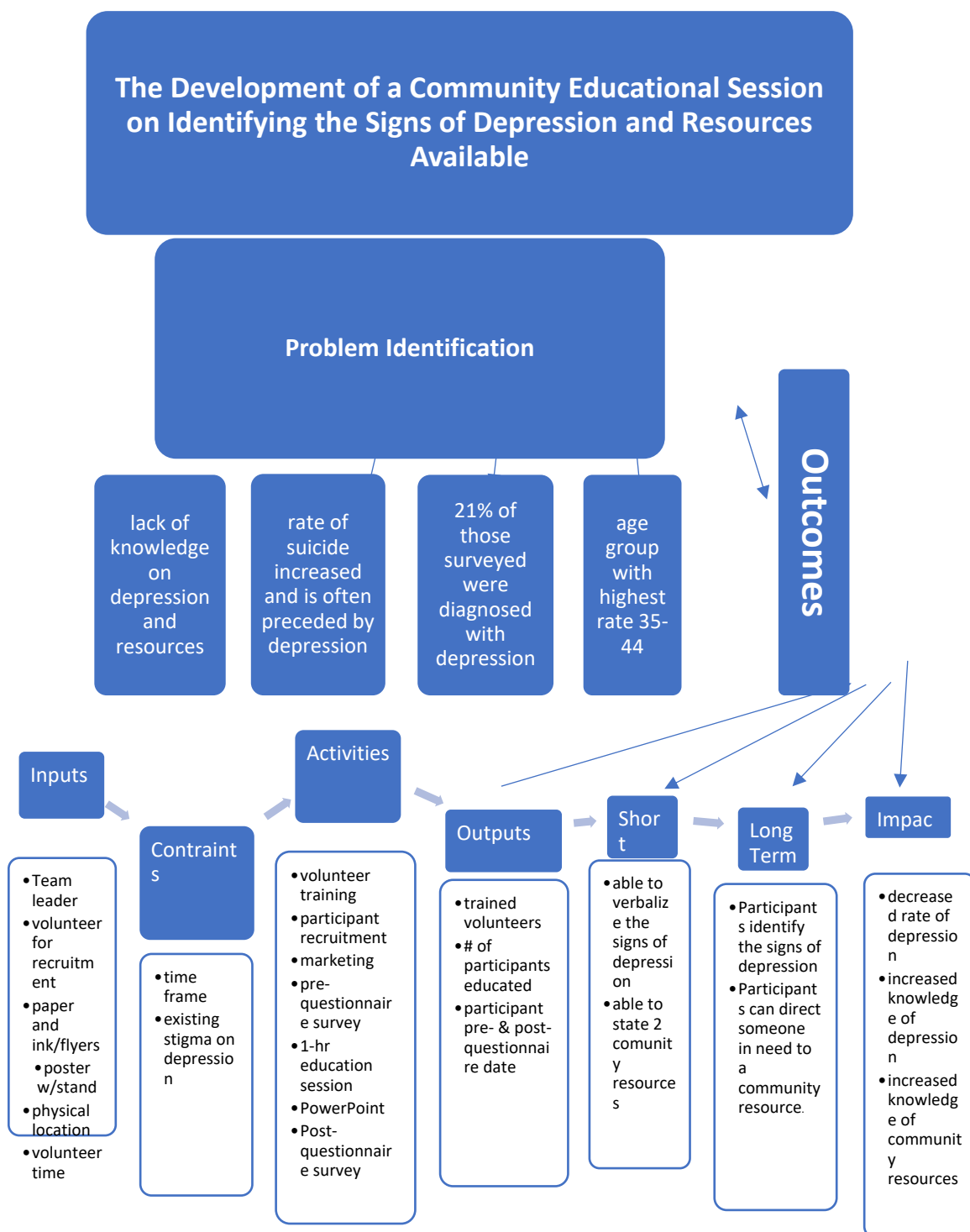
The diagnosis of Depression has increased the burden of healthcare on an already costly system. The increasing cost of depression, direct and workplace costs per individual, comes primarily from healthcare claims (Greenberg et al., 2021). Depression has been shown not only to increase medical costs, but it can negatively affect treatment outcomes (Meadows Mental Health Policy Institute, 2023). Over 80% of adults with depression reported difficulty with work and other activities of daily living (Greenberg et al., 2021). The increase in the rate of those diagnosed with depression has increased by 37.9%, which has cost the US Healthcare system 326.2 billion up from 236.6 billion from 2010 to 2018 (Greenberg et al., 2021). Out of the high healthcare costs related to depression, workplace costs had the highest increase (Greenberg et al., 2021). Depression has cost U.S. employers \$187 billion per year, with \$20.9 billion being in absenteeism, and \$32.9 in lost productivity (Meadows Mental Health Policy Institute, 2023). Providing

awareness of the signs of depression and knowledge of the resources available reduces the stigma and thereby promotes treatment and recovery. Additionally, it increases a person's sense of well-being and empowerment by providing them with a sense of self-control as they deal with their symptoms of depression and implement a behavior change. This will cut down on the cost of health care burden and as they are seeking care late at the local emergency department.

The cost of this project will be kept to a minimum by utilizing supplies already on hand like a computer, Canva subscription, and printer ink. Extra supplies needed are printing paper, posters, and a banner with a stand. Fortunately, there will be no cost incurred for utilizing the church. The total cost for the project leader will be approximately \$300.

Evaluation Planning

A simple logic model was used for this community project. A logic model (Figure 3) was chosen to provide a visual presentation of the project, the qualitative data to be collected, and how the education session would work (Zaccagnini & Pechacek, 2021). The diagram indicates the parts involved in educating the community and the relationship between them. The goal was for the resources utilized to bring about measurable outcomes in patient education and improve patient health.

Figure 3*Logic Model*

Project Implementation

Threats and Barriers

No threats were encountered during the implementation of this project. The only barrier was the time of the weekday sessions. The idea behind choosing the evening during the weekday was to enable participants enough time to get home from work and transition before attending the education session. This did not work out as planned as attendance for weekend sessions was greater than that of the weekday sessions. The unanticipated successes were evident by the constant requests from other groups and organizations to have this depression education presented to their members. Additionally, the nurse supervisor for a local home health and hospice group requested this education session to be presented to the nurses to provide them with insight into the importance of obtaining the PHQ9 assessment and how depression may present in some patients. According to Kozlov et al. (2019), the prevalence of depression symptoms in cancer patients in hospice was 38.6% and for anxiety symptoms, it was 43.5% during their last weeks of life. The nurse supervisor felt the nurses needed a reminder of the signs of depression and the community resources available to better serve their patient population.

Monitoring of Implementation

The project implementation took place over a 3-day timeframe. Each education session was 60 minutes and additional time was allotted for the pre- and post-surveys. Participants were receptive to the information provided by the project leader. Several participants felt comfortable enough to tell their personal stories of dealing with depression. Other participants asked questions related to the signs they recognized in a

friend or loved one. The project leader was able to provide them with community resources.

Project Closure

The data collected gave a good presentation of the effects the depression education. Participants completed a pre-survey questionnaire that assessed their knowledge of depression symptoms as well as their knowledge of the community resources available for assistance with depression prior to the educational session. After the education session was presented, participants were provided with a post-survey, which included the same questions as the pre-survey, to complete to ascertain if they gained any knowledge of the symptoms of depression and community resources available from the 60-minute education session. There were many verbal sentiments concerning the appreciation for the information provided on depression, as well as the need for others to be exposed to education sessions like the one provided.

Interpretation of Data

Project Outcomes

The outcome of this project was determined by the results of the pre- and post-survey responses. A total number of 29 participants participated in the educational session. The number of participants who completed the pre-survey was 29 and the post-survey was 29. Each adult participant was provided with a pre-survey of six questions to determine their knowledge of the signs of depression as well as their knowledge of any community resources. Question one asked if the participants knew the second-highest at-risk age group for depression. The post-survey results revealed that 42% answered it correctly compared to 21% on the pre-survey results. The second question sought to

determine if the participants could identify the signs of depression by asking them to select the signs of depression from the five choices provided. Eighty-six percent could identify the signs of depression whereas the pre-survey showed only 65.5% answered correctly. Question three wanted to determine if the participants agreed with one of the stigmas of depression by asking if they thought depression was a sign of weakness. Both pre- and post-surveys showed that participants consistently agreed depression was not a sign of weakness (100%). The fourth question determining the participant's alignment with depression stigmas sought to determine if participants thought successful people could not be depressed. The pre- and post-surveys determined that more than 93% of the participants understood successful people can be depressed. Question five took a more personal approach and asked how confident the participants were in recognizing a person with depression. According to the post-survey, 59% agreed and 34% strongly agreed they could recognize someone with depression as opposed to 14% who agreed and 45% strongly agreed on the pre-survey. Lastly, question six asked if the participants felt they could name two community resources available to provide help to someone experiencing depression. At least 48% of the participants strongly agreed and 44% agreed they could name at least two community resources available to those with depression as opposed to 21% who strongly agreed and 34% agreed on the pre-survey results. Overall, an increase in knowledge was noted by participants after receiving the educational information on signs of depression and available resources.

Implications for Practice

Many communities like the one used for this project are in dire need of education on the signs of depression. The sentiment of the people is that this education is needed to

provide people with knowledge on how to recognize symptoms of depression in themselves and their loved ones. Educating the community on the signs of depression is important in helping individuals recognize this disease and its effects. Utilizing Lewin's Change Theory has proven to be effective in changing mindsets, behaviors, and procedures (Nursing Theory, 2023; Simmons et al., 2022). Educating the community with the knowledge to recognize the signs of depression and provide them with available community resources is the beginning of solidifying the change. Hopefully, this project has worked to introduce an effective way to educate the public on depression symptoms and provide access to community resources. For future recommendations, consider holding the education session early in the afternoon during the week or on the weekend. The time the event was held was a big factor in the low participation rate.

Project Sustainability

This project can be sustained through a collaborative effort with other community partners to provide this educational material. The presentation of this educational information has opened other opportunities to present this information to others within the community. Several dates for later in the year have been secured to present education on the signs of depression and to let people know what community resources are available.

Conclusion

The use of community education on signs of depression and available resources has proven to be effective in increasing the knowledge of participants. Given the high rate of depression in the target community, arming the community with self-management skills to help combat the effects of depression is one way to reduce this number. If left

untreated depression can increase the chance of a patient experiencing other chronic medical conditions as this contributes to reduced work performance, increased workplace disability costs, absenteeism, safety issues, and employee turnover (Meadows Mental Health Policy Institute, 2023). Effective treatments for depression can improve outcomes and reduce medical costs (Meadows Mental Health Policy Institute, 2023). Educating the community with the knowledge to recognize the signs of depression and provide them with available community resources is the beginning of solidifying the change. An important step in combating depression is making the population aware of what depression looks like and the community resources available for early intervention.

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