

Emotional support for patients with depression



Depression is regarded as a major global public health problem it affects all types of people in all cultures across the world, and is the cause of substantial suffering and disability worldwide.

Depression is fourth leading cause of disability. Depression is predicted to be the second leading cause of disability in the year (2020) the disability also increases with severity of the depression. The World Health Organization (2006) established that over the past 45 years, suicide rates had increased by 60% worldwide and that suicide was the third most common cause of death for both men and women between the ages of 15 and 44 years demonstrating a change from earlier figures where older people were the most likely group to commit suicide. The World Health Organization (2006) stated that depression was the cause for approximately 90 percentage of all cases of suicide (Hansson, 2010).

Depression

Is a common mental health disorder that often presents with depressed mood, loss of interest or pleasure feeling of guilt or low self worth, disturbed sleep, loss of appetite, low energy and poor concentration. As result, these problems can become chronic or recurrent and lead to substantial impairments in the individual's ability to take care of his or her everyday responsibilities (WHO, 2011). Genetics and neuroscience research and other research studies have shown that depressive illnesses are disorders of the brain. Yet, the exact causes for these illnesses are not yet clear and are still being studied. Imaging technologies such as magnetic resonance imaging (MRI) scans show that the brains of people with depression look different from those of people without the illness. The scans show that the areas of

the brain that control moods, thinking, sleep, appetite and behavior are not functioning properly (National institutes of health, 2007).

There are many causes of depression such as a reaction to life event(i. e.) death of a loved one, breakdown of relationship, financial worries, stressful events in person life and difficult childhood experiences are leading to depression in adulthood (Walsh, 2009).

There are also genetic causes such as family history of disease, there are biochemical causes such as changes in hormones and there are chemical imbalances psychological causes such as social, anxiety, stress. As well as there are serious medical illnesses like, diabetes, cancer, Parkinson's disease, in addition to the causes there are some medication which are taken for these illnesses may cause side effects that contribute to depression (National institutes of health, 2007).

Types of depressions

There are many types of depressions described.

- Major depressive disorder (MDD) in old age

It is associated with increased volumes of visceral fat, which is also known as organ fat is located inside the peritoneal cavity , packed in between internal organs as opposed to subcutaneous fat which is found underneath the skin and intramuscular fat which is found interspersed in skeletal muscle (Anderson, Anderson, 2006).

As well as a high prevalence of the metabolic syndrome, this is a cluster of metabolic derangements that are associated with primary disturbances in

adipose tissue (Potenza, &Mechanic 2009). It is characterized by at least 2 weeks of depressed mood or loose of interest in pleasure consists of a single episode as recurrent major depression at various points in life often it begins between ages 18 and 45 (Major depression, 2009). The symptoms can be very sever can also include psychosis, psychosis mean a person has lost the ability to distinguish between what is real and what is not real. A person can experience hallucinations. Moreover, hallucinations are when major depressive disorder person sees things that are not there or hears voices (Kneisal, Wilson&Trigoboff)

- Major depression episode

It is mood of disturbance characterized by sadness and grief is resulting from personal loss, tragedy, or loss of interest in activities (Kneisl, Wilson & Trigoboff, 2004).

- Dysthymic disorder

It requires a chronically depressed mood for the at least two years symptoms tend to be less severe than in major depressed disorder(Kneisl, Wilson & Trigoboff, 2004).

- Seasonal affective disorder

Seasonal affective disorder, it is also called (SAD) that triggered by the season of the year the symptoms begin in the winter and end by summer (Kneisl, Wilson&Trigoboff, 2004).

- Bipolar disorder

Are group of mood disorders that include manic episode, hypomanic episodes, depressed episodes and cyclothymia disorder. Bipolar disorders tend to be recurrent decreasing in frequency as the individual age's most bipolar 1 disorder clients return to normal functioning (Kneisl, Wilson&Trigoboff, 2004).

- Mood disorder due to other conditions

It is manifested by physiological conditions mood disorder due to a general medical condition such as hepatitis it may also induced by substance abuse such as cocaine or prescribed medication like antihypertensive or oral contraceptive (Kneisl, Wilson&Trigoboff, 2004).

- Postpartum mood episodes (PPME)

Almost 50% of women experience it is occurs from 2 weeks to 1 year following the birth of the child (Kneisl, Wilson&Trigoboff, 2004).

Diagnosing depression

The (DSM-IV) the diagnostic and statistical manual of mental disorders is probably the most widely consulted classification system in psychiatry. Its provides a system for the classification of all mental disorders, including differential diagnosis, with a coding system for each disorder for record-keeping purposes. The manual is designed to guide diagnosis in clinical practice (Barker, 2009). Moreover, the important step in getting appropriate treatment is visit a doctor or the mental health professional, he or she will exclude the case of the other medical cause of depression by doing the complete physical exam and interview and laboratory tests.

The mental health professional will ask about the history of symptoms, such as when it started and how they have lasted a long time, whether signed before, whether they were treated. Hence, the mental health professional will diagnose depression then the most appropriate treatment will be choose and to be start (National institutes of health, 2007). There are many screening instrument are used in diagnosis of depression such as the Zung self-rating depression scale (WHO, 2011) The GDS- scoring sheets (Walsh, 2009).

Psychiatric unit

Patient who are in need of psychiatric care for depression are often admitted to psychiatric unit for treatment of in-patient who requires psychiatric care (Anderson, Anderson, 2006).

Role of the nurse

According to American Nurses Association psychiatric mental health is specialized area that includes the continues and comprehensive primary mental health care services in promoting of optimal mental health and preventing of mental illness. Hence, self awareness, empathy, emotional support and moral integrity all enable the psychiatric nurse to practice the use of self artfully in therapeutic relationships(Kneisl, Wilson&Trigoboff, 2004).

The Depression Nurse Specialist (DNS) plays a key role in initially assessing symptoms of depression, educating and activating patients, providing feedback on patients progress to their primary care clinician, helping to implement treatment plans, and monitoring patients to improve their

compliance with their treatment regimen. Moreover, the care is consisting of face -to face patient supervision, and communication (RAND, 2010). A major goal for nursing is to provide the high level of physical care that it currently meet the needs of the patients holistically. Patient who receive holistic care generally do much better than those who do not. It is also well documented that those with a good support group, which provides good emotional, psychological and social, spiritual help do much better than those without it. To integrate the above to provide best practice advice on the care of people with depression and their family and careers (Anderson, et el. 2010).

Jean Watson theory of human caring influenced by Jungian psychology, feminist theory caring healing within Watson framework is based on values like, kindness, love of self and others

A humanistic altruistic value system faith hope and sensitivity of self and others. Therefore, her theory emphasizes sensitivity of self and values clarification regarding personal and cultural beliefs. As a result, she credits much of her thinking on therapeutic relationship and communication to work indentifying congruency, empathy and warmth as foundational to a caring relationship that expression of emotion Watson develops the notion of spiritual environmental and the interconnectedness of all things. (Kneisl, Wilson&Trigoboff, 2004).

Emotional support

Emotional support is regarded as a sensitive under-standing approach that helps patients accept and deal with their illnesses. This includes that the patient have the to communicate their anxieties and fear, drive comfort from

a gentle, sympathetic caring person and increase their ability to care for themselves (Anderson, Anderson, 2006).

Nursing management

Nursing management of patients suffering from depression generally includes emotional support. Emotional support involves facing the patients as individuals, increasing their feelings of safety, reducing their anxieties and increasing the patients trust and faith in the future. Patient typically experience painful thoughts and emotional such as fear, grief, confusion, shame embarrassment and guilt. Patients are often afraid of losing control of themselves or of being viewed as weak for expressing their felling (Keltner, Schwecke & Bostrom, 2007). In general most patient desire to have someone to support them emotionally. In fact, many hospital have a counseling service, many patients feel more comfortable with the nurse who provides emotional support and care to them. Thus, the nurse is the most available person to question and to seek support from, so this is a natural desire (Lee, 2009).

Aim

To explore the impact of emotional support given by the nurse to patients with a diagnosis of depression, in a psychiatric unit.

Research questions

How dose emotional support affect the patient outcome?

By giving emotional support to the patient, how does this affect the nurse?

Do all patients with depression in a psychiatric unit need emotional support?

METHOD

A literature review is the method chosen for this study. “ A literature review is a critical summary of research on a topic of interest, often prepared to put a research problem in context” (Polit&Beck, 2008).

The authors will analyse between 15-25 articles by reading them and exchanging the articles

Between the authors, and then highlight the similar words, which were like, depression using the following tools during the research for data collection.” Literature review which is critical summary of research on a topic of interest, often prepared to put a research problem in context” (Polit&beck, 2008).

PubMed

During the author searching, we use PubMed, “ which is a database that anyone, anywhere in the world with internet access can search for journal articles and permanent resource regardless of your institutional affiliation” (Polit&Beck, 2008).

CINAHL

It is regarded as an important electronic database for nurses its covers references to virtually all English language nursing and allied health journals. In addition to provide, bibliographic information for locating references (i. e. the author, title, journal, year of publication volume and page number). (Polit&Beck, 2008).

Mesh term (key word)

Depression, Depressions type, emotional support.

Data collection

Inclusion criteria and exclusion criteria

The PubMed and CINAHL are used in this study to search for academic article and all in English language. The authors will include the old age 56 and above patient with major depression disorder in the hospital especially in psychiatric unit. The authors will exclude the cases without major depression disorder and young ages under 56.

ETHICALS CONSIDERATIONS

Ethical consideration is known as moral values of the method, procedures, perspective and how to analyze problems and issues (Polit&Beck, 2008). The authors must consider the ethical issues, in the articles, which were approved by the ethical committee. According to(National Institute of Environment Health Sciences, 2010) the research ethic are honesty, objectivity, integrity, carefulness, respect, and they used the justices when they did their survey. The authors avoid any misconduct such as fabrication, falsification or plagiarism in reviewing the research (Polit&Beck, 2008).

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