Principles of wellness

This essay will study the case of Shirley, 62, presenting a variety of physical illnesses causing social isolation subsequently resulting in depression. To provide Shirley a learning program to assist recovery, her case will be viewed in the context of two sets of guidelines, Primary Health Care principles and Principles of Wellness. “ Depression is an emotional state… [manifesting] anywhere along a continuum from intermittent feelings of sadness to a persistent deep sense of unending despair” (Funnell, Koutoukidis & Lawrence 2009, p. 858). While Shirley’s depression was originally caused by other health issues, both philosophical frameworks acknowledge that it may prevent her from seeking any help.

The formation of Primary Health Care concepts and implementation in the case of Shirley

The principles of Primary Health Care (PHC) were devised in 1978 during a conference held by the World Health Organisation (WHO) in cooperation with the United Nations (UN) (World Health Organisation (WHO) 1978). The Declaration of Alma-Ata outlined ten principles to be promoted and implemented to improve individuals’ health globally (WHO 1978). Key goals included redefining health as a holistically beneficial state and a basic human right, unbiased and affordable access to PHC facilities for all, the ability for people to vocalise PHC needs as individuals and communities, and the cooperation of governments to provide affordable PHC facilities based on population needs.

The PHC model emphasises access to healthcare for all and the importance of involvement in the family and community (WHO 1978). While Shirley has sufficient access to PHC, the apparent lack of support from her husband and

withdrawal from her community make it difficult for her to take responsibility for and be motivated to solve her health issues. PHC providers can educate and promote the benefits of social relationships to Shirley and the wider population, and therefore promote self-responsibility, motivation and independence in relation to health (WHO 1978).

PHC defines health as a comprehensive state of wellbeing achieved through resolving illness and promoting wellness (WHO 1978). Shirley's health issues encompass a broad range of fields and it will be necessary to treat them holistically to improve short-term health. In the long term, Shirley will require holistic treatment, health education and health promotion to provide relief and avoid deterioration of her health issues and prevent future health issues, especially as she advances toward old age.

Dr. Hopper's Principles of Wellness and the issues that impact on Shirley's Principles of Wellness

The Principles of Wellness, devised by David Hopper of the Hopper Institute, emphasise the role that individuals play in the improvement and maintenance of their health (Hopper 2012). The Principles define wellness as a comprehensive process, dependant on positively empowered, self-responsible individuals, taking proactive actions and producing outcomes restoring health. Shirley's physical illnesses facilitated her withdrawal from community activities which provided social support. Consequently, she has mentally withdrawn, causing depression, a major health issue that impacts her ability to be positive and feel empowered. Shirley's loss of positivity provides her opportunity to deny responsibility for her illnesses and prevents her from taking action to change her situation.

Wellness occurs when several aspects which impact health, including physical, mental and spiritual, are improved to enhance health (Hopper 2012). The process by which this occurs is called the Road to Wellness. While Shirley's health is impacted by several different aspects, the improvement of her mental wellness is an important starting point. Once Shirley's mental wellness improves, increased positive feelings will fuel her sense of empowerment. This provides greater control over her situation and assists achievement of wellness in other aspects. A learning program will provide initial assistance and motivation to improve Shirley's mental state. Further learning programs may be required for wellness in other areas as a later stage of Shirley's journey along the road to holistic wellness.

Health Education and Promotion to Improve Health

Health promotion is dependent on education individuals receive (Funnell et al. 2009). To take action against health issues (ie. promote health) individuals must understand their causes and consequences. They can then work with healthcare providers to develop opportunities for treatment and maintenance of health issues. This interconnection of education and promotion allows individuals to become self-responsible, motivated and in-control in relation to their health.

Incidence and Pathology

One of the main issues preventing Shirley from attempting to work on her health is her depression. Shirley should increase her understanding of her condition by learning about the general incidence, common causes and consequences of depression. Depression is characterised as persistent low mood, often accompanied by other symptoms such as feelings of

worthlessness and guilt or loss of interest in activities (Commonwealth Department of Health and Aged Care (CDHAC) and Australian Institute of Health and Welfare (AIHW) 1999). The major symptoms of depression result from biochemical changes in the brain, often precipitated or facilitated by genetic, psychological, social or environmental factors. The cause of depression in any particular individual is therefore due to a complex interaction of variables. An estimated 11. 6% of Australians aged 16-85 experience depression at some point within their lifetime (Australian Bureau of Statistics 2007, p. 27). A correlation has also been shown between increased incidence of depression in older adults and increased physical illness that accompanies the aging process (Street, O'Connor & Robinson, 2007).

Learning Program

A learning program, tailored to Shirley's needs, can facilitate her understanding of depression, aspects of the illness that affect her specifically, and how to manage them.

Teaching Methods – Shirley's poor eyesight and hearing makes communication difficult. Written and graphical information about depression will be made available incorporating large print and magnification aids. Verbal information will be conveyed using clear, concise and well-paced speech. All communication will be undertaken with minimal time pressures, and Shirley's absorption and understanding confirmed.

Skills/Behaviours To Learn – Shirley will benefit from seeing a counsellor to talk about her concerns (CDHAC and AIHW 1999). Counsellors will teach

Shirley to “ develop a more realistic, positive and adaptive view” through cognitive therapy (CDHAC and AIHW 1999, p. 71). This involves identifying negative thinking, logically examining it and realising its fallacies. Through interpersonal therapy, counsellors will also teach Shirley to “ systematically identify and resolve relationship problems” (CDHAC and AIHW 1999, p. 71). This will improve Shirley’s relationships, increase social interaction and eventually remove the issue of social isolation she is feeling. Shirley should also be advised to talk to her GP about medications providing control of aberrant brain biochemistry such as tricyclic antidepressants (TCAs) or selective serotonin reuptake inhibitors (SSRIs) (CDHAC and AIHW 1999). A timetable or medication organiser should be supplied to ensure Shirley remembers to take her medication.

Learning Activities To Perform – Regular counselling sessions provide recurring opportunities for Shirley to practise her techniques, to establish them as instinctive responses to negative thinking or relationship problems. Their use in real-life situations should also be encouraged. Shirley will be instructed to keep a diary of her mood to reflect upon and analyse during counselling sessions, and to understand how her medications affect her mood.

Resources – beyondblue offers numerous pamphlets which can be ordered over the phone or downloaded from their website (beyondblue 2012). The former option is more appropriate for Shirley’s age, read with the assistance of magnification aids. “ Depression and Anxiety: an information booklet”, a general guide to depression, and “ A Guide to What Works for Depression”,

more comprehensive information about treatment of depression, will assist Shirley to better understand her illness.

The Mental Health Foundation of Australia (MHFA) runs a Mood Disorders Support Group for depression sufferers, and family and friends (Mental Health Foundation of Australia 2012). Attending provides Shirley with information and support from other attendees and an outlet to discuss her own depression. Attending for Shirley's husband provides him better understanding of depression and the ways he can support Shirley.

Reconnexion runs a " Mindfulness-based Cognitive Therapy for Anxiety and Depression" program which combines meditation techniques with cognitive therapy in a group environment (Reconnexion 2012). Reconnexion warns it is not appropriate as initial therapy in cases of severe depression, but it could be an option for Shirley to practise cognitive therapy techniques after preliminary private counselling sessions.

Depression increasingly occurs in older adults, such as Shirley, who deal with increasing age-associated physical illness and social isolation. Many services are required to improve mood, including health education, health promotion, learned positive thinking and problem-solving behaviours, and pharmacological support. Primary Health Care provides these services impartially to all, advocating maintenance of good health once it is achieved. The Principles of Wellness highlight the importance of taking self-responsibility for health and initiating positive and active approaches to healthcare, a difficult process for depression sufferers. Consequently, application of the right learning plan is essential to provide guidance that

improves mood and encourages self-control of health needs, providing greater motivation to tackle other health issues and achieve holistic wellness.