

## REVIEW ARTICLE

# Mental Health Nursing Interventions to Overcome Depression Experienced by Elderly in the New Adaptation Era: A Literature Review

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## ABSTRACT

The problem of depression in the elderly during the covid-19 pandemic requires prompt and appropriate mental health interventions. Mental health nurses must use their knowledge and skills to help elderly people who are depressed. The aim of this paper is to explain the mental health nursing interventions in dealing with depression. The methods are to identify and analyze nursing journal articles, mental health journals, and e-books about nursing interventions in dealing with depression in the elderly. Non-pharmacological approach is used in mental health nursing interventions such as psychotherapy and tandem walking exercises, and cognitive behavior therapy can be done to overcome the problem of depression at a mild level. While depression continues and seriously threatens the safety of the elderly, the antidepressants drugs need to be given immediately. Therefore, the uses of mental health nursing interventions are based on the results of nursing assessment and the level of depression experienced by the elderly. The nurses should encourage the family to support the elderly during nursing care and treatment programs.

**Keywords:** Depression, Elderly, Intervention, Nursing

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## INTRODUCTION

The high elderly population illustrates the epidemiology of the geriatric health sector where there is an increase in morbidity due to degenerative diseases (1). Based on the Basic Health Research in 2018, most diseases in the elderly were non-communicable diseases and infectious diseases. Non-communicable diseases include: hypertension, dental problems, joint disease, diabetes mellitus, heart disease and stroke, and infectious diseases such as upper respiratory infections, diarrhea, and pneumonia. In addition, the elderly also have problems with mental emotional disorders such as depression and dementia. The problem of depression needs serious attention from families, and mental health workers in primary and advanced health services.

Mental health nurses working in clinics must work quickly and appropriately to help elderly people with depression. The non-pharmacological approach is the first and foremost choice for nurses to deal with the problem of depression. Non-pharmacological actions through psycho-educational actions, cognitive behavior therapy, and tandem walking exercises for the elderly

to be able to work independently are more carried out by nurses (2, 25). Non-pharmacological nursing actions are selected and carried out by nurses in independent nursing actions because there are no adverse side effects, are relatively cheaper, easy and can be done together in the elderly group. In carrying out non-pharmacological actions, nurses need to involve the participation of families to support and accompany the elderly during the therapy program.

Furthermore, when depression experienced by the elderly continues and gets worse, the efforts of mental health nurses are to collaborate and discuss with others on the medical team for the administration of antidepressant drugs. The administration of such drugs in the elderly needs to consider various aspects, especially those related to the effects of poly-pharmacy and other adverse side effects for the elderly (3, 19). Depression that occurs in the elderly has different characteristics of clinical and somatic symptoms at a younger age, family history of major depression and history of attempted suicide because depression in the elderly can cause other problems, namely anxiety, psychomotor disorders, cognitive barriers and poorer cognitive control (4, 29). Therefore, nurses and psychiatric nursing teams must be careful in administering drugs and these need to be closely monitored for possible side effects of therapy.

Based on data released by the World Health Organization,

the prevalence of depression was in the age range of 60-64 years and the trend tended to stagnate until it fell back at the age of 80 years (5). Furthermore, the prevalence of major depressive disorder in the elderly reaches 1-5% worldwide. Therefore, mental health nursing interventions are very important and urgent to be provided to the elderly who have depression problems. The reason is that only about 25% of the elderly who suffer from depression receive psychotherapy (6). Non-pharmacological and pharmacological interventions should be given to the elderly by taking into account the level of depression based on the early assessment.

## METHODS

The methods used in writing this literature review were searching nursing journals and health journals using databases from various sources including Researchgate.net, Scimedirect.com, doaj.org, ProQuest.com and Google Scholar. The keywords used in the search for scientific journals are interventions, nursing, depression, elderly, and Covid-19pandemic. Table 1 explains the flowchart of literature review that was done according to The Preferred Reporting Items for Systematic reviews and Meta-Analyses (PRISMA) (28). A total of 27 journal articles on nursing and health were relevant to the topics discussed. It is very useful and provides direction to answer the research questions (7,8). Journal articles that use a foreign language, namely English, have been translated by linguists, so that the results of the analysis, synthesis and evaluation of the journal articles are not biased and the correct sentence meaning is obtained.

## RESULTS

Summary of the results is presented in Table 1. The main problem of depression needs to be detected early in elderly people and treated immediately, because the symptoms will worsen the physical illness, increase withdrawal, non-adherence to treatment, hopelessness and premature death. Symptoms of depression such as anger, irritability and anxiety can be very hard for families; it makes family relationships less comfortable and adds to the burden on the family (9). The risk of passive and active suicide can occur in depressive disorders in the elderly. Factors that increase the risk of suicide in the elderly are the presence of physical illness, lack of psychosocial support from family, medication interactions, experiencing chronic severe pain, living alone, death of spouse and loved ones, fear of death, previous history of depression, and family history of major depression, and history of attempted suicide (10, 29). Thus, non-pharmacological and pharmacological interventions need to be carried out simultaneously to complement each other and aim to reduce depression levels.

Non-pharmacological mental health nursing interventions include psychotherapy such as cognitive behavior therapy and problem solving therapy as well as tandem walking physical exercise therapy. Cognitive behavioral therapy is a form of psychological talk therapy to help solve depression problems, for example, by changing the way people with depression think to try to improve their feelings and change their behavior

**Table 1: Summary of the studies**

The Authors	Methods	Results	References
Kugler, et al	a cross-sectional study design	Depression problems experienced by patients can affect their mental health and quality of life in interacting with their family and social environment.	(9)
Stenholm, et al	an ongoing cohort study	People with number of chronic diseases and physical functioning difficulties have a greater risk of experiencing feelings of depression and limitations in activities.	(10)
McLeod	Literature review	Cognitive behavioral therapy can be used to treat people who have mental health problem such as psychological distress, negative feeling, anxious, depression.	(11)
Leggett & Zarit	Literature review	People who suffer from depressive and anxiety disorders need preventive interventions using psychotherapy, pharmacotherapy and psychosocial efforts.	(12)
Dakin & Arian	Randomized trial	The causes of depression need to be identified first before being provided psychotherapy, so that their adaptability increases and changes in behavior occur.	(18)
Ghotbabadi & Alizadeh	Semi-experimental study with control group using pre-and post-test.	Psychotherapy using spiritual-religious help people who are depression, anxiety and stress.	(21)
Gill, et al	A systematic review & meta analysis	The exercise therapies could reduce the depress feeling.	(24)
Pramukti, et al	Cross sectional survey	People who are having anxiety and suicidal thoughts, must receive assistance from the support system.	(29)

to be more adaptive (11, 18, 24). In implementing it, therapists will teach useful skills in managing depression in a fun way, developing social interaction skills, relaxation and helping the elderly to keep thinking adaptively. Based on the research, through this therapy, the level of depression decreased significantly and was better than the control group (12, 21). In psychotherapy, the role of the family is being the first person to identify and provide assistance to the elderly when feelings of depression arise.

## DISCUSSION

Nursing interventions for depression through problem solving therapy (PST) trains the elderly to be positive so that they have the ability to solve problems adaptively. It is an intervention with a behavioral approach that focuses on training attitudes and problem solving skills to be more adaptive (13, 23). The elderly should be given the opportunity to do activities independently and with minimal assistance. Physical exercise walking tandem to help the independence can also be given to the elderly. Tandem walking is one of the recommended exercises for them because it can improve cognitive function and reduce depression levels based on the results of measurements with the geriatric depression scale (12, 13, 23). With non-pharmacological therapy, the elderly can maintain cognitive, affective and psychomotor abilities so that they can reduce the emergence of feelings of depression that they often experience along with the aging process.

Nursing interventions that are collaborative with the medical team are by administering antidepressant and anti-anxiety medications. The use of antidepressant medications for the elderly should be given with extra caution and need to be closely monitored by mental health professionals and also their families when they stay at home (19). Antidepressants, especially the selective serotonin reuptake inhibitors (SSRIs) such as citalopram and sertraline, have good efficacy in the prevention and treatment of depression in the elderly (14). SSRI medications also have minimal side effects for the elderly. Meanwhile, benzodiazepine anti-anxiety drugs tend to be less effective for sub-syndromal depression due to adverse side effects such as the risk of falling, weakness and cognitive impairment (12).

Because of this discomfort, elderly depressed people more prefer non-pharmacological therapies. Thus, non-pharmacological therapies can be given at the same time as drug administration with the aim of increasing the efficacy and success in reducing the level of depression in the elderly. Although it is quite common that depression in the elderly population occurs around 60 years and older, it does not mean it is normal. Depression can result in negative effects on the elderly quality of life and, in some cases, it can increase the risk cardiovascular disease, a heart attack, stroke and even

suicide due to severe depression. Low spiritual wellbeing also could cause depression (26). Mental health nurse use the standard screening tools such as the geriatric depression scale to determine and measure the level of depression experienced by the elderly. The geriatric depression scale is not only a diagnostic interview to assess the level of depression, but also a useful screening tool in a clinical and home setting (15). Based on the assessment, the nurse justifies whether the elderly who suffer from depression need pharmacological or non-pharmacological treatment.

The nurses have to find an effective antidepressant regimen for a specific case, and this can take time. The nurses must work closely with other mental health professional teams regarding changing doses, changing to a different antidepressant, or even augmenting one medication with another (16, 17). They also have to understand side-effects of the medication that is given to the elderly or patients in a clinical setting. Moreover, they also play an important role in doing the non-pharmacological treatment, such as psychotherapy, tandem walking exercises, and cognitive behavior therapy. Mental health education is part of nursing intervention to understand what depression is, what causes it and how to treat it. The nurses can provide the depression education guideline for the elderly and their family members (20, 22). The nurses also take responsibility for improving the mental health status of both individuals and groups in the community (27). Finally, the family as a community member knows how to take care and support the elderly who experience depression.

## CONCLUSION

Having comorbid diseases, loneliness and isolation and even being abandoned by a spouse can increase the risk of depression in the elderly. The incidence of depression in the elderly is increasingly common and causes various problems, such as a decrease in quality of life and an increased risk of death due to suicide. For this reason, preventive efforts need to be done so that the elderly do not experience ongoing depression. However, while depression persists under certain conditions, mental health nurses need to take appropriate and rapid action to deal with it through the use of non-pharmacological therapy and the administration of antidepressant drugs with close supervision.

Then, mental health nurses must involve families to support and monitor side effects that may arise. They need to honestly explain some of the side effects that may arise in the administration of antidepressant drugs and the efforts that families can take to anticipate them. The referral system when depression persists needs to be notified to the family, so that the elderly can immediately get treatment and treatment at healthcare facilities (30, 31).

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