

Psychoeducation as an effective preventative intervention for depression

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Literature research question:

Is psychoeducation an effective intervention to prevent depression in New Zealand faced by teenagers between the ages of 17-18?

Depression is the third leading health issue faced by the New Zealand population. In 2017 \$879m (Wiggins, 2017) of Government funding was invested into mental health to prevent, support, and treat patients and their families experiencing mental health problems. However, there is no evidence of an effective funded prevention programme that is used as a primary health measure towards depression. I have analysed psychoeducation as an effective primary health prevention intervention to support and prevent depression.

Literature suggests:

- 50% of mental health illnesses begin before the age of 14 (Mughal & England, 2016). Even though the highest rates of mental health disorders were between the ages of 33-55 (Mental Health Foundation, 2014) mental health services need to be introduced and assessable at a young age because delays in seeking treatment or help negatively affects social and education outcomes and creates long-term issues (McCann & Lubman, 2012).
- Psychoeducation has shown that it has been effective against depression and suicide. This is proven by a decrease in depressive disorders, a decrease in prescriptions of antidepressants, sedatives and hypnotics and a decrease in suicidal rates (Rutz, Knorrning & Walinder, 1992). Psychoeducation has caused a 63% reduction in suicide and a 64% reduction in suicidal attempts (Zenere & Lazarus, 1997).
- Psychoeducation can be effective over the course of 1 session (Tomita et. al, 2018).

Implications

There are two ways to implement psychoeducation, either using passive or active interventions. Passive psychoeducation has been proven to be more effective to implicate. Passive psychoeducation uses pamphlets, lectures, websites, educational resources or audio-visuals to education the chosen population about a specific psychological distress (Donker et. Al, 2009). It's important for nurses to know the most effective way to implicate psychoeducation.

Psycho Education

Psychoeducation is a cognitive-behavioural therapy technique used educate people and their families about a certain condition or situation which causes psychological distress (AIPC,2014). It is a primary health preventative first-step intervention used in the community for those who experience depressive symptoms. The therapy is easy to implement, it can target large populations, it is cost effective and can be used immediately. (Donker et. al, 2009).

Recommendations and conclusion

Further research to form an application to the Ministry of Health access funding to initiate and support the programme.

Introducing a voluntary psychoeducation prevention intervention programme into a health district region focusing on the high schools in that district, specifically on the population aged 16-17.

Using a district nurse to facilitate the programme to add a holistic view on the discussion around depression and to have a professional approach to the discussion.

Developing a module to use in the programme with a psychiatric professional who specializes in depression to keep consistent and accurate information amongst the different high schools.

References: Australian Institute of Professional Councillors, abbrev. AIPC. (2014). Psychoeducation: Definition, Goals and Methods. Retrieved from <https://www.aipc.net.au/articles/psychoeducation-definition-goals-and-methods/>; Donker, T., Griffiths, M. K., Cuijpers, P., Christensen, H. (2009). Psychoeducation for depression, anxiety and psychological distress: a meta-analysis. *BMC Medicine*, 7(79); McCann, T., Lubman, D. (2012). Young people with depression and their experience accessing an enhanced primary care service for youth with emerging mental health problems; a qualitative study. *BMC Psychiatry*, 12(96); Ministry of Health. (2017). New Zealand health survey; indicator: depression (diagnosed). Retrieved from https://minhealthnz.shinyapps.io/nz-health-survey-2016-17-annual-data-explorer/_w_bc34672d/_w_ada49483/#!/explore-indicators; Mughal, F., England, E. (2016). The mental health of young people: the view from primary care. *British Journal of General Practice*, 66(651). 502-503; Rutz, W., Knorrning, L., Walinder, J. (1992). Long-term effects on an educational program for general practitioners given by the Swedish Committee for the Prevention and Treatment of Depression. *Acta Psychiatrica Scandinavica*, 85(1): 83-88.; Tomita, T., Kudo, S., Sugawara, N., Fujii, A., Tsuruga, K., Sato, Y., Ishioka, M., Nakamura, K., Yasui-Furukori, N. (2018). Timing of psychoeducation for patients with depression who were treated with antidepressants: when should patients receive psychoeducation. *Neuropsychiatric disease and treatment*, (14). 505-510; Wiggins, A. (2017). Budget 2017: Mental health funding 'distressing'. *NZ Herald*. Retrieved from http://www.nzherald.co.nz/nz/news/article.cfm?c_id=1&objectid=11863285.

After choosing my topic on ‘what effective preventative measures are in place that support mental health disorders?’ I used (Schneider & Whitehead, 2013) PECOT model to refine my research question into a more specific area.

PECOT category	Information relating to question	Explanation
Population	Youth aged 17-18 who are enrolled in Year 13 at high school	Although youth aged 17-18 had the smallest prevalence of 11.7% compared to adults who showed a prevalence of 16.7% (Ministry of Health, 2017), it is important to intervene at the right time in someone’s life to identify depression, and to give education around this topic.
Exposure	People who aren’t exposed to psychoeducation	n/a
Comparison	Other mental health issues	n/a
Outcome	Prevention about depression using psychoeducation.	Psychoeducation is an evidence-based therapeutic intervention that provides education or information to those seeking or receiving mental health services (AIPC, 2014). Psychoeducation is used for the treatment of mental health conditions however it has not been introduced as a preventative intervention in New Zealand. It is a low-cost intervention that can be delivered to a large group of people.
Time	Offering a voluntary 1-2 hour module that can be introduced into high schools.	Passive psychotherapy is proven to be effective in a one session with the use of pamphlets, posters, lectures, internet material or videos (Donker, Griffiths, Cuijpers & Christensen, 2009).

After using the PECOT model I refined my question to ‘Is psychoeducation an effective intervention to prevent depression in New Zealand faced by teenagers between the ages of 17-18?’

Rationale

I chose to do a poster form to enable effective transfer of knowledge presenting specific valid information that supports my academic publication that is visually appealing and will catch the eye of the audience by using a colour scheme that is appealing and presenting my information in a logical order that runs smoothly. My recommendations target a broad number of people and areas in the health care community which is why I didn’t present my publication in a written submission; the recommendations were too vague to direct at a specific group or individual. Posters can target a wide population rather than one specific area in health care.