

The Response of *Horatio* to the EFPC Position Paper on Depression

Horatio, a newly formed group comprising mental health and psychiatric nurses throughout Europe, is pleased to respond to the Position Paper on depression issued in the second half of 2007. Nurses from countries including the UK, Germany, Holland, Switzerland, Finland, Sweden and Norway have voiced their concerns about the growing number of depressed people in Europe and are keen to share good practice with mental health care personnel throughout the EU. The nursing workforce brings a unique perspective to the care of people with depression, and is also providing a diverse range of services to thousands of clients. They form the single largest group providing mental health services and have immediate experience of managing and observing the effects of a variety of interventions.

The EFPC Position Paper on depression is timely and nurses will be familiar with the spectrum of services reviewed and the emerging evidence-base for each of these. The availability of a variety of services underpinned by different treatment ideologies, and delivered by different providers is important if service users are to be treated as individuals and to have choices in the care they receive. Although the *Horatio* group has been formed only recently, and its information networks are not yet as developed as members intend them to be, nevertheless the group has been able to carry out a consultation process with many nurses involved in services relating to depression.

EU policy makers must now consider the health care needs of 27 member states, alongside complex social and environmental problems. Pollution, poverty, a resurgence of tuberculosis, cholera, typhoid and malaria are also pressing problems. Some countries, especially in Eastern Europe, have unacceptably high levels of maternal and child morbidity and mortality (WHO, 2001a). Other diseases, with which depression is significantly correlated, such as cancer, cardiovascular conditions, and sexually transmitted illnesses are on the increase. In highly developed countries, the diseases of affluence associated with unhealthy life-styles, such as poor diet, lack of exercise, smoking, alcohol addiction and substance abuse, are severely challenging existing health care systems (WHO, 2003). Simply providing services is no guarantee that people will use them or benefit from them. Regardless of socio-economic

status and education, people require assistance to give up unhealthy lifestyles and adopt and maintain new ones. This requires health providers to be educators, skilled communicators and able to support people in integrating healthy behaviours into their everyday lives. It is now necessary to move beyond the mere provision of services to helping people become active agents in promoting their own health and able to take responsibility for it.

The potential impact that nurses can make has been established both by research and by international reports. The World Health Organisation has acknowledged that many health problems worldwide could be efficiently addressed by a well-educated and skilled nursing workforce (WHO 2003). The *Munich Declaration* (WHO 2000) stated that nurses were the most appropriate personnel to tackle the public health challenges of the 21st century, and the most cost-effective. This was felt to be especially true of mental health problems. Without doubt, the potential exists for nursing to make a significant impact on the rising number of depressed people in Europe, although, as yet, it is unclear how to make best use of what they have to offer. This paper aims to expand the Position Paper by describing what nurses have learned about the management of depression over the past four decades, and outlining what can be done to improve services for people enduring long periods of depression. The effectiveness of the nursing workforce depends on nurses having a well developed knowledge-base, specialist skills in caring, skills in delivering technological dimensions of treatment, and proficiency in making clinical judgements both autonomously and as members of multidisciplinary teams.

Nurses are most effective when they can provide services to depressed people in an environment where client-centred care is valued and where clients are encouraged and taught how to be participants in their own recovery. Depression is a complex condition and even the mildest form may interfere considerably with people's lives. Merely trying to alleviate symptoms is insufficient. While it is important to be able to recognise and diagnose a person's condition, it is equally important to help the client understand the nature of their problem such as:

- Why their depression has arisen at this time;
- What it means to them;
- How they view their past and envisage their future;

- Where they believe the locus of control lies;
- Whether or not their depression can be treated, or
- Whether they have to learn to live with their depression.

To engage in discussion and exploration of these questions, considerable skill is required on the part of therapists. Nurses are ideally placed to undertake this kind of assessment. They have been found to be highly skilled in relationship building, increasing motivation and assisting people to set realistic goals for themselves. Current research suggests that while treatments are important in depression, it is the quality of relationships formed between health professionals and service users that finally determines whether improvement can be achieved. High quality nursing care is therefore vitally important for people suffering from any form of depression.

Services and personnel are, of course, necessary to combat depression; however, they are insufficient by themselves. Factors such as ease of access to services, relationships with service providers, provision of information to clients and involving them in care plans have been found to be critical also. Without models of holistic care, some mental health clients fail to engage with services and treatments. Holism views health as more than the product of a person's cells and organs, but as encompassing a person's mental, physical, social and spiritual well-being. The disease and treatment model is seldom adequate to meet the complex health care needs of people presenting with depression. A person's inner resources and dignity, and the context in which they live their lives must be taken into account if treatments are to prove effective.

The following sections summarise what nurses are currently doing and the appropriate direction for future services (Barry and Jenkins, 2007):

- Early recognition and treatment of depression;
- Non-stigmatising service provision;
- A focus on recovery;
- Involvement of the client's family in his/her care;
- Reduction of burden on carers and promotion of well-being among family members;
- Minimising disruption in social and occupational functioning;

- Involvement of the person in his/her own management and recovery.

The evidence from nursing practice suggests that the first consultation with clients is very important and can determine the success or otherwise of the treatment prescribed:

- People with depression need time to discuss their problem;
- They need to talk about their problem in their own way;
- They need help in understanding and articulating their problem;
- They need to be able to ask questions and clarify answers;
- They need to know that they are not alone and that the nurse knows about their problem;
- They need to know the types of treatment available;
- They need help in deciding which treatment is best for them;
- They need to be hopeful that they can and will recover.

European psychiatric nurses will continue to be involved in dealing with depression in all its forms and are keen to be involved in any new forms of service provision recommended by the EU.

References

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