"EFFECTIVENESS OF HEALTH EDUCATION MODULE ON SELF CARE AMONG DEPRESSION PATIENTS AT SELECTED COUNSELLING CENTRES AT DELHI NCR"

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ABSTRACT Many of the depression patients receiving counselling treatment do have variety of health problems and it was found that they are more psychologically disturbed. Depression patients tend to ignore their care and become more lenient to self-care. Nurses play an important role in reducing the impact of physical and psychological problems / symptoms and improve the quality of life by educating the patients about self-care. Research has found in this research that there is positive effect of planned teaching program regarding self-care. These, insights of self-care will influence on knowledge levels of depression patients. Hence the present study was under taken to assess the knowledge level scores among depression patients to check whether the level of knowledge to self-care would improve by the implementation of health education program.

MATERIALS AND METHOD: 60 depression patients belonging to the age group of 25-45 years were studied. Study group i.e. (n=60) participants underwent health education using a planned teaching program regarding self-care of depression patients in various counselling centres of Delhi NCR assessed for their knowledge levels Knowledge levels were assessed before and after intervention health education program (Planned Teaching Program regarding self-care among depression patients). The post- test levels were assessed after 7 days of intervention. The depression patients were educated for a period of 90 min, including pre-test.

RESULTS: The study group was assessed for pre-test levels of knowledge regarding self-care of depression patients which showed that, the SMD (standardized mean difference) reporting of the group was among 60 depression patients, n=47 (78.33%) were having inadequate knowledge, n=5(8.33%) were having moderate level of knowledge and n=8(13.33%) had adequate level of knowledge. The mean value of knowledge scores is 11.76 with standard deviation of 3.2627. The mean percentage is 39.20%. In post-test after implementation of health education (planned teaching program regarding self-care among depression patients) the knowledge levels increased to 38(63.33%) had adequate knowledge and n=22(36.66%) had moderate level of knowledge. The post-test mean value of knowledge scores was 24.84 and mean percentage was 82.8% There is no significant association between knowledge scores and demographic variables of age, education, religion, type of family. There is a significant association between knowledge scores and demographic variables of occupation, suffering with any psychological and social problems and source of information.

Conclusion: Health education (Planned Teaching Program regarding self-care among depression patients) has got a significant beneficial effect on level of knowledge among depression patients. Hence, it is vital for nurses to learn and provide health education to the patients becoming a chain for spread of knowledge.

KEYWORDS : Depression, Counseling, Health education, knowledge, self-care.

INTRODUCTION:

Adults who are depressed frequently have trouble doing many of the following things listed below, all of which are executive functioning skills. It's important that depressed people realize, as well as family and friends of loved ones who are depressed, that having trouble with self-care is not due to laziness, or not trying hard enough or from weakness. The issue here is significant brain dysfunction that impairs self-care success.[1] The steps to self care includes a) start small, b) stay tuned to my body, c) follow breathing exercise, e) acknowledge my feelings as real and valid without turning them inward, f) make a concerted effort to replace the negative messages with affirming statements, g) practice "mindfulness moment" every day, h) take personal time outs when needed, i) give time of 10 min for fun activities, j) relaxing bed time.

The global prevalence of depression and depressive symptoms has been increasing in recent decades.[2] The lifetime prevalence of depression ranges from 20% to 25% in women and 7% to 12% in men.[3] Depression is a significant determinant of quality of life and survival, accounting for approximately 50% of psychiatric consultations and 12% of all hospital admissions.[4]

An estimated 17.3 million adults in the United States had at least one major depressive episode. This number represented 7.1% of all U.S. adults. The prevalence of major depressive episode was higher among adult females (8.7%) compared to males (5.3%). The prevalence of adults with a major depressive episode was highest among Individuals aged 18-25 (13.1%). The prevalence of major depressive episode was highest among adults reporting two or races (11.3%).[5]

A study was conducted to assess the effect of health educational program on depression, anxiety and stress among female nursing students at Benha University. 100 female students in the second and third year faculty of nursing were selected for the intervention and control groups. The results revealed that improvement in reducing mean scores of depression (7.1), anxiety (7.62) and stress (11.68) in the study group post immediate & three months after program. The study concluded that effect of health educational program among female nursing students had positive effect in reducing stress, anxiety and depression in the study group post immediate & three months after Program[6]

OBJECTIVES:

1. To assess the self-care knowledge level among depression patients before and after implementation of the health education module.
2. To develop and administer health education module on self-care among depression patients.
3. To compare pre and post-test levels of knowledge among depression patients.

MATERIALS AND METHODS:

Participants: In the present study samples are the depression patients visiting selected counselling centres of Delhi NCR, especially with mild and moderate levels of depression were selected.

Parameters studied: levels of knowledge were assessed using multiple choice questions, there were 30 questions and divided into inadequate level of knowledge (scores from 0 – 10), moderate level of knowledge (scores form 11-20) and adequate level of knowledge (scores from 21-30). The scores are obtained by subject's responses to the four options of positively stated items and then summing across all scale items. Total score ranges from 0 to 30.

Research design: Quasi experimental one group pre-test and post-test design

Table 1: Represents the research design for assessment of level of knowledge Quasi experimental one group pre-test and post-test design		
Experimental Group		
Pre Test	**Intervention**	**Post-test**
Day 1	Health education module on self-care	After 7 days of intervention
O1	X	O2

Experimental Group (O1 – X – O2)

Key: X = Intervention (planned teaching program), O1 = Pre-test, O2 = Post-test

Intervention: Health education module which contains self-care of depression patients. The headings in the planned teaching program included introduction, definition of depression, causes, signs and symptoms, diagnosis, treatment options, self-education to be followed in daily life, The steps to self-care includes a) start small, b) stay tuned to my body, c) follow breathing exercise, e) acknowledge my feelings as real and valid without turning them inward, f) make a concerted effort to replace the negative messages with affirming statements, g) practice "mindfulness moment" every day, h) take personal time outs when needed, i) give time of 10 min for fun activities, j) relaxing bed time.

RESULT:
Comparison of pre-test and post-test means for knowledge levels among depression patients
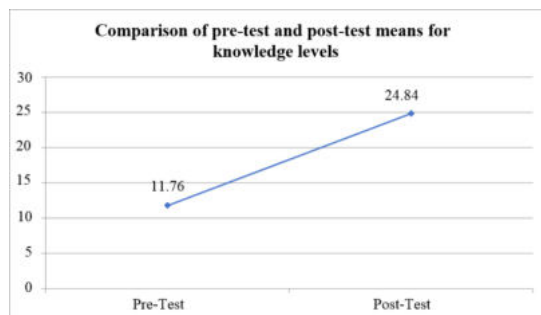

Figure shows that the mean scores of pre-test (11.76) improved in post-test (24.84) significantly representing effectiveness of health education module.

DISCUSSION:
In the present study, the researcher found a significant improvement in knowledge levels among study group participants who underwent health educational program session. The findings of this study were in line with the study conducted to assess effect of social support and health education on depression scale scores of chronic stroke patients. In the intervention group that received social support and health education, there was a statistically significant difference in mean depression score measured at the 1st and 2nd weeks; the difference was also significant between the 4th week (6.03 ± 4.61), 8th week (5.29 ± 4.33), 12th week (6.00 ± 5.05), and pre-test score (7.41 ± 6.88), (all $P < .05$). After 4 weeks of social support and health education, the intervention group exhibited a significant difference in depression scores, while the control group exhibited no statistically significant changes.[7]Hence, Health education module improves the level of understanding of self-care and in turn improves quality of life of depression patients.

CONCLUSION:
The researcher's observations suggested that Health education module improves the level of understanding of self-care and in turn improves quality of life of depression patients. Health education has got a significant beneficial effect on level of knowledge.

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