



ORIGINAL

Educational interventions as a possibility to prevent depression in the elderly in a housing project

Intervenções educativas como possibilidade de prevenção da depressão de idosos em um conjunto habitacional

Intervenciones educativas como posibilidad de prevención de la depresión de adultos mayores en un proyecto habitacional

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ABSTRACT

Objective: To describe educational interventions as a possibility of preventing depression in elderly people living in a housing project. **Methods:** The study was developed in four stages - situational diagnosis of reality; planning; implementation; and evaluation of actions carried out in 2018 -, based on the action-research method and analyzed through the methodological process of the Collective Subject Discourse. **Results:** After carrying out the situational diagnosis, four educational interventions were implemented. The first intervention sought to work on the construction of knowledge about depressive symptoms. The second addressed spirituality as a preventive and protective strategy. The third aimed to expose the problems faced in interpersonal relationships and the possible ways to promote help and overcome depression. The fourth intervention used art therapy as a depression prevention strategy. **Conclusion:** The educational interventions provided space for the participation and discussion of the elderly about depression, making them active in the learning process, which resulted in enriching meetings for the construction of individual and collective knowledge, stimulating a preventive attitude towards depression.

Descriptors: Health Education. Elderly. Depression. Group Processes.

RESUMO

Objetivo: Descrever intervenções educativas como possibilidade de prevenção da depressão em idosos residentes em um conjunto habitacional. **Métodos:** O estudo desenvolveu-se em quatro etapas - diagnóstico situacional da realidade; planejamento; implementação; e avaliação das ações realizado no ano de 2018 -, alicerçadas no método da pesquisa-ação e analisadas por meio do processo metodológico do Discurso do Sujeito Coletivo. **Resultados:** Após realização do diagnóstico situacional, foram implementadas quatro intervenções educativas. A primeira intervenção buscou trabalhar a construção de conhecimentos acerca da sintomatologia depressiva. A segunda, abordou a espiritualidade como estratégia preventiva e protetora. A terceira, teve como objetivo expor os problemas enfrentados nas relações interpessoais e os caminhos possíveis para promover ajuda e superação da depressão. A quarta intervenção utilizou a arteterapia como estratégia de prevenção da depressão. **Conclusão:** As intervenções educativas possibilitaram espaço para participação e discussão dos idosos acerca da depressão, tornando-os ativos no processo de aprendizagem, o que resultou em encontros enriquecedores para a construção do conhecimento individual e coletivo estimulando à atitude preventiva da depressão.

Descritores: Educação em Saúde. Idoso. Depressão. Processos Grupais.

RESUMÉN

Objetivo: Describir las intervenciones educativas como posibilidad de prevención de la depresión en personas mayores residentes en un proyecto habitacional. **Métodos:** El estudio se desarrolló en cuatro etapas - diagnóstico situacional de la realidad; planificación; implementación; y evaluación de acciones realizadas en 2018 -, fundamentadas en el método investigación-acción y analizadas a través del proceso metodológico del Discurso del Sujeto Colectivo. **Resultados:** Después de realizar el diagnóstico situacional, se implementaron cuatro intervenciones educativas. La primera intervención buscó trabajar la construcción de conocimiento sobre los síntomas depresivos. El segundo, abordó la espiritualidad como estrategia preventiva y protectora. El tercero, tuvo como objetivo exponer los problemas que se enfrentan en las relaciones interpersonales y las posibles formas de promover ayuda y superar la depresión. La cuarta intervención utilizó la arteterapia como estrategia de prevención de la depresión. **Conclusión:** Las intervenciones educativas propiciaron espacio para la participación y discusión de los ancianos sobre la depresión, haciéndolos activos en el proceso de aprendizaje, lo que resultó en encuentros enriquecedores para la construcción del conocimiento individual y colectivo, estimulando una actitud preventiva frente a la depresión.

Descritores: Educación en Salud. Persona Mayor. Depresión. Procesos de Grupo.

INTRODUCTION

The aging process brings many changes to the individual's life, being accompanied by physiological, morphological, biochemical and emotional changes, often interrelated. These transformations can occur in a different and unique way, progressive and gradual, with motor and sensory losses that make individuals more vulnerable and susceptible to diseases during this phase of life.⁽¹⁾

The World Health Organization (WHO) points to physical, social and emotional losses as typical situations of the age. Thus, the elderly must adapt to their new particularities, trying not to neglect themselves, since the adaptation process is weakened by the context and social conceptions, which is why it is important to implement Policies and Programs for active aging.⁽²⁾

The quality of life in the elderly is associated with the preservation of their functional capacity and autonomy. Therefore, the decline in functional capacity is considered the main risk factor for dependence, disability and depression in this population. Depression is one of the fastest growing mental health conditions worldwide and is the result of a complex interaction of social, psychological and biological factors, becoming a public health problem.⁽³⁻⁴⁾

According to the Diagnostic and Statistical Manual of Mental Disorders [DSM-5], depression is characterized as the period in which prevails the depressed mood, loss of interest and of pleasure in activities, lasting at least two weeks. Other symptoms, such as changes in sleep, appetite, weight and psychomotor activity, decreased energy, feelings of helplessness or remorse, difficulties in concentrating, thinking and making decisions can also arise among some people, in addition to daydreams about deaths, planning and suicide attempts, resulting in the individual's inability to perform activities of daily living.⁽⁵⁾

Studies point to the need for an effective approach by health professionals in carrying out strategies aimed at identifying depressive symptoms and associated factors, with the aim of properly intervening in prevention, especially for those who have a perception of negative events about their own health, such as: being women; to be fragile; live without a partner; feeling incapable of performing instrumental activities of daily living; living alone.⁽⁶⁻⁷⁾

However, all these characteristics constitute a challenge for health professionals regarding the early identification of depressive symptoms associated with factors inherent to the aging process. Thus, it becomes relevant to use educational interventions that promote autonomy and social reintegration as strategies for preventing depression in the elderly, in order to avoid or minimize damage to the quality of life of this group. Therefore, this study aimed to describe educational interventions as a possibility of preventing depression in elderly people living in a housing project.

METHODS

This article originates from the work made for the conclusion of the undergraduate nursing course at Universidade Federal de Campina Grande (UFCG), Cajazeiras campus, Paraíba, Brazil. The study was based on the action-research method, whose main objective is the knowledge and resolution of collective problems through cooperative actions between the researcher and the research participants. The proposal was developed in four stages: situational diagnosis of reality; planning; implementation; and evaluation of actions.⁽⁸⁻⁹⁾

The research was carried out at the Cidade Madura Condominium, located in the city of Cajazeiras, in the state of Paraíba. The condominium is a housing program that was created by the Government, through the Companhia Estadual de Habitação Popular (Popular Housing State Company, in free translation), with the objective of promoting access to decent and adequate housing that meets the needs of people aged 60 years and over, maintaining preserved their independence.⁽¹⁰⁾

The population of this study consisted of 28 men and 21 women aged 60 years or older, totaling 49 elderly people. As an inclusion criterion, the elderly who participated weekly in a debate group on health education were considered, precisely because they demonstrate greater affinity and involvement in group activities of an educational nature. Elderly people who were unable to articulate words due to disabling disease were excluded from the study. This criterion had to be adopted due to the need for interviewing (discourse) the elderly to survey the problems to be discussed.

The final research sample consisted of 12 elderly people who participated in the first meeting with an average duration of one and a half hours. The second meeting, with an average duration of two hours, was attended by 11 of the 12 elderly people from the first action. The meetings took place in the lounge located in the housing complex itself.

Data collection was carried out by the nursing student, who made the study possible through a semi-structured interview that contained discursive guiding questions which allowed the elderly to freely express their speeches. The interview was carried out individually in a reserved place, in the home of each elderly person, according to the inclusion and exclusion criteria established in this research. In order to comply with the ethical and legal aspects regarding the confidentiality of the participants, all received the guidelines and signed the Free and Informed Consent Term, with an average duration of twenty minutes.

The semi-structured interviews for situational diagnosis of reality were recorded, listened to, transcribed and analyzed. From this, four categories emerged, described below: vague definition of depression; difficulties in interpersonal relationships and social isolation; spirituality; and strategy for the prevention of depression.

Four interventionist actions were then carried out in order to solve the problems found in the situational diagnosis. The first intervention worked on the construction of knowledge about depressive symptoms through an active methodology of "Myths x

Facts”, in addition to encouraging participants to externalize their feelings in the face of depression. The second action addressed spirituality as a preventive and protective strategy. The third aimed to expose the problems faced in interpersonal relationships presented by the elderly during the situational diagnosis and the possible ways to help and overcome depression. Finally, the fourth action used art therapy as a depression prevention strategy.

For the organization of this reflection and analysis of the empirical data produced in the semi-structured interviews, the methodological process of the Collective Subject Discourse (CSD) was used, which enables the expression of a collective thought obtained from an individual discourse in order to extract a Central Idea (CI) of individual speeches and identify key expressions.⁽¹¹⁾

It is also noteworthy that the present study complies with all the Regulatory Guidelines and Norms for Research Involving Human Beings, according to Resolutions No. 466/2012 and 510/2016, of the National Health Council, submitted and approved by the Research Ethics Committee of the UFCG Teacher Training Center, with opinion number 2.890.996.

RESULTS

The first meeting took place on October 18, 2018. On this occasion, the first and second interventions were carried out, starting with the formation of the culture circle, presentation of the mediator and welcoming dynamics, which consisted in the successive attribution of a quality to the person aside in order to stimulate the creation of an affective bond between the participants.

Then, through the dynamic “Myths x Facts”, the first intervention was performed, entitled “Building knowledge about depression”. It began with the distribution of purple and yellow signs, where each color represented a false and true statement, respectively. Then the statements were read: “Depression has no cure”; “Depression is a devil’s thing”; “Being sad and being depressed are the same thing”; “Talking about depression makes it worse”; “Who has depression is weak”; “Depression ‘goes away’ without treatment”; “Depression is part of aging”; “If someone in your family suffers from depression, you will inherit it, it’s genetic”; “Depression does not affect children and adolescents”. From then on, the elderly had to identify whether the statements were true or false, signaling with the signs. During the dynamics, the meaning of each sentence was discussed and the elderly had the opportunity to expose their knowledge on the subject and, at the same time, unravel the myths surrounding depression.

In the following activity, the group was proposed to build the “tree of spirituality”, which consisted of handing out paper in the shape of a leaf so the elderly would write and/or paint something they considered relevant to help overcome their daily problems and motivate them to live. These “leaves” were placed above a “stem” made of wood paper. At the end of that moment, the tree contained leaves with the following words: “sincere friendship”;

Educational interventions as a possibility to prevent depression.. “faith”, “live in peace”; “love”; “happiness”; “charity”; “God”, “respect for others” and “prosperity”. Given the above, it was noted that the practice of spirituality and religiosity are extremely important and necessary to live well and overcome the adversities of life.

In the second meeting, held on October 31, 2018, the third and fourth interventions were carried out. The activity started again with the formation of the culture circle for the personal presentation and the dynamics of the “secret millionaire friend”, in which it was possible to “gift”, with any impalpable gift and without financial limits, the colleague of the group, strengthening the value of each participant and the formation of affective bonds.

After that moment, the third intervention was started, which sought to discuss the difficulties in interpersonal relationships and social isolation. For this, the “dynamics of problems” was applied, where participants were invited to stand up and, with a full inflatable balloon that represented a problem, each one had to throw their balloons up, without letting it fall. The elderly, standing and in a circle, were instructed to leave their balloons in the air and leave the circle as they were called by name; the participants who remained could not drop the balloons on the floor.

As the elderly people left the circle, the more difficult it was for those who remained in the game, until the last person left could not keep all the balloons in the air at the same time. At the end, the reflection began that everyone needs help to overcome the problems faced in everyday life. The mediator explained to the elderly the importance of seeking help when they noticed a depressive symptom or when they wanted to talk. The importance of exposing their feelings and anxieties to the person close to them was also highlighted and, if necessary, seeking professional help together.

The last intervention proposed was art therapy as a tool for the prevention of depression. At this moment, the participants were invited to make picture frames using cardboard, paper and colored paints. With the activity, each elderly person was able to use their creativity and disperse their negative thoughts in something that would bring them relaxation and pleasure.

Seven elderly people participated in the construction of the CSD, carried out after the interventions in order to analyze the impact of the actions on the knowledge and attitudes of the participants, and what were the changes that occurred in relation to the knowledge acquired due to the participation in the actions.

CSD: I thought it was good to have participated in the activities; it was very cool, we live alone, when a person arrives, we are even happy to have a word with. I want you to come and explain to us more about depression. On the day of the activities, I learned to make picture frames (laughs). I saw that it is very risky to isolate yourself, right? After the activities I learned a few things, I started to go more to people’s houses and talk, in the houses of people older than me, then they have a lot of knowledge and nice words to say to us, and it’s very good to talk to others to pass the time. Depression affects the whole body, there are people who eat too much, there are people who no longer eat,

there are people who become too skinny, and the person does not sleep well. With depression, you get in a way that you don't have the courage to do anything in life. There is a way to get well from depression, you must have help from others, neighbors, doctors and nurses, and seek God's help to cure depression.

From the participants' discourse on the evaluation of educational activities, it was possible to observe a greater understanding of depressive symptoms. The elderly characterize depression as changes in appetite and weight, insomnia, intense sadness and lack of pleasure in carrying out their daily and leisure activities. In addition, they are able to recognize the importance of social relationships as a support to face loneliness. They also understand that depression is treatable, but help is needed to overcome it.

Loneliness and impoverished interpersonal relationships represent a major challenge faced by the elderly living in the housing project. In the CSD, the elderly report the importance of social interaction as a way of breaking with the routine in the condominium and building spaces for the creation of new affective bonds and friendship, culminating in the prevention of depression.

DISCUSSION

Health education must be a solid basis to provide individual and collective well-being, aiming to allow the subject to actively participate in the learning process and, in this way, to transform their reality. Health professionals must use teaching as a tool to promote the health of the elderly and prevent depressive symptoms, including, in this context, the participation of the family and the community, therefore, education must insert in the individual a critical and reflective sense in regarding responsibility.⁽¹²⁾

International studies indicate that the elderly population is at risk of experiencing feelings of loneliness, hopelessness and social isolation. These factors are associated with significant changes in cognition, gait speed, frailty, onset of depression and comorbidities, in addition to a high risk of suicide. For this, increasing social connections and improving these relationships, especially among the elderly who live alone, are necessary to alleviate the feelings of loneliness and hopelessness of this population. They also reinforce that the prevention of depression is essential to prevent suicide among the elderly.⁽¹³⁻¹⁴⁾

There are elderly people who strongly crave company, so that the aging process is more pleasurable. However, even those who denied loneliness admit to missing a company at certain times in life, or someone present at least when they are sick. The elderly admit that living alone is difficult and recognize the need to go for walks, be distracted and constantly interact with other people, especially family, friends and neighbors, as a way to prevent depression. Neighbors also appear as substitutes for a search in the family nucleus and establish a relationship of gratitude between them.⁽¹⁵⁻¹⁶⁾

Training and encouraging the participation of social groups contributes to the maintenance of the mental health of the elderly and cooperates for

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healthy aging, since these spaces provide opportunities for social support and interaction with other people, as well as engagement, positive feelings in pleasurable activities and life satisfaction, presenting a lower risk of developing depression and experiencing loneliness.⁽¹⁷⁾

Knowing the relationship between social support and health conditions in the elderly is essential for the planning and implementation of an adequate care plan that guarantees the use of social support as a strategy that benefits the health of this population to combat and reduce the presence of depressive symptoms. For this, it is necessary to take a broader view of the needs of the elderly, seeking to recognize social support networks that can help them to cope with loneliness in their daily demands.⁽¹⁸⁾

In this sense, WHO⁽²⁾ advocates active aging to optimize health opportunities, with participation and security to improve quality of life as people age. Active aging implies the continued participation of older people in social, economic, cultural, spiritual and civic issues, not just the ability to be physically active or to participate in the workforce. The WHO adds that active aging involves adaptation as challenges are faced and that people who suffer from a disability or illness are not exempt from continuing to actively participate in social relationships.

From the situational diagnosis, educational interventions were designed to address spirituality and promote a moment of art as therapy. Such meetings provided speeches of positive evaluation, as the elderly report better emotional satisfaction, the development of new healthy behaviors, in addition to providing healing experiences, favoring a satisfactory life. Despite the activities that were developed, the elderly still miss more actions focused on this theme in question.

The participants of this research understand the practice of spirituality as a preventive and protective strategy, discovering in the sacred the strength to overcome the limitations, losses and difficulties of life, as well as the acceptance of aging itself and the satisfaction of living. Without spiritual support, they would not have the strength to face life's adversities.⁽¹⁹⁾

It was noted, therefore, that spirituality is an important element for coping with the difficulties that the elderly experience, with a direct impact on reducing depression and increasing quality of life. However, this tool is sometimes forgotten by health professionals, who do not value the fundamental role of religiosity and spirituality in life, health and quality of life, especially for the elderly. It should be a priority for professionals and health services to consider this issue so as to improve the quality of life of the elderly.⁽²⁰⁾

Art therapy has become a model of therapy for the elderly, as it is a method that allows the exploration of problems and personal abilities through verbal and non-verbal expression. This technique enhances the development of physical, emotional and cognitive resources, leading to the learning of skills through therapeutic experiences with different artistic languages. Thus, this dynamic proved to be relevant as a strategy for the prevention of depression.⁽²¹⁾

It can be said that the expressive resources used in art therapy are ways for the elderly to externalize their feelings and demonstrate the way they experience and perceive the world in imagery. This develops moments of deep reflection that reach the conscious level and allow for transformation, as the elderly person begins to appropriate their own internal content, getting to know themselves and becoming an active subject in the art-therapeutic process. Its use favors the acceptance of changes caused by the aging process, contributing to a better quality of life.⁽²²⁾

Educational activities also helped the elderly to identify the most common symptoms of depression and to seek help from health professionals. However, these professionals are not always prepared to handle cases of depression, a disease that can often be associated with complaints of chronic pain or some cognitive deficiencies, such as dementia, which can cause mood swings compatible with depression. In this way, health professionals need and should be prepared to identify and guide the elderly in a careful and differentiated way.⁽²³⁾

In this context, health education is an important tool to expand the knowledge of the elderly population, being able to allow the productive rescue of this person in the aging process. Thus, these activities can be considered a good strategy for the elderly to learn about the possibilities of preventing and treating depression and improving their quality of life.⁽²⁴⁾

As limitations of the study, we highlight the difficulty of meeting with the target audience, in addition to the small number of elderly people. Also, because they live in a housing complex and have independence for basic human needs, sometimes the sample of this research may not represent the reality of other places.

As for the contributions, the research contributed to the mental health of the elderly by allowing the identification of problems and the development of educational actions. This became possible given the use of action-research and active methodologies throughout the process, providing changes in the identified reality and serving as an example of experience for other interventions.

CONCLUSION

The present study achieved its objective of describing educational interventions as a possibility of preventing depression in elderly people living in a housing project. It is noticeable that there was awareness among those involved when they recognized strategies that can be carried out in their daily lives to prevent the disease.

After carrying out the situational diagnosis, educational interventions were planned using dynamics through culture circles, which are configured as an active methodology, favoring space for participation and discussions of those involved, which made the meetings enriching for the construction of individual and collective knowledge. The educational interventions had the purpose of creating and strengthening the bond with the elderly,

Educational interventions as a possibility to prevent depression.. and thus, promoting social interaction and supporting healthier coexistence in the housing complex.

As a proposition for other studies, in addition to educational actions on depression, it is essential to carry out other health education actions aimed at other needs of the elderly, whether social, spiritual, emotional or physiological. It was observed that the elderly still have different needs for clarification on these topics and that it is possible to bust the myths that this population segment carries with them through health education.

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