DOCTORAL PROGRAMME

PROGRAMME
IN HEALTH,
WELFARE AND
QUALITY OF LIFE

HEALTH PROMOTION, INTEGRAL CARE AND SOCIAL INCLUSION



Design and implementation of a Ruben del Río-Sáez* Àngel Serra-Jubany** leisure program to improve Francesc Xavier Arrufat-Nebot* Pere Roura-Poch* function and wellbeing in people with depressive disorder

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Project abstract

Depression is a major cause of disability and disease with significant costs to the health system and for the whole society. Regarding the treatment, in recent years has questioned the effectiveness of antidepressant drugs, with a recognition that although depressive disorders tend to improve with these treatments, residual symptoms seems to be still the norm, which is associated with the risk of new episodes or relapses, and faster its appearance. Otherwise many of the specialized clinical guidelines, propose a based on stepped-care model intervention, prioritizing less intrusive actions, including low-intensity psychosocialinterventions.

Objectives

The main objective is the implementation of ACR program as intervention to improve functionality and wellness in people with depressive disorder. Other objectives:

- Complement the rehabilitation process of depression.
- Assess the impact of the ACR program in relation to psychological wellbeing, quality of life and functionality.
- Have a low-intensity intervention protocol.
- Support the activation of depressed people.
- Encourage participation in community resources among people affected by depression.
- Empower people with depression.

Methodology / Materials

The leisure program *Activa't*, *Crea i Relaciona't* (Get Active, Create and Relate – *ACR*) consists of a total of 24 group sessions (12 activation – 12 activity analysis based on the identification of skills developed) organized in three categories of leisure activities: physical activation, creative-artistic activity and volunteering. Complemented by two individual sessions at the beginning and the end, in order to choose activities from each category and fill the test evaluation. After drafting the program, it was evaluated through a pilot study involving with a sample of six participants with depression.



Findings / Research update

Satisfaction questionnaire

LEVEL OF SATISFACTION

(Program areas evaluated)

C. Group dynamics

E. Group management

F. Disease related benefits

G. Overall punctuation / score

D. Motivation

B. Content and objectives

It was achieved a good level of participation (average attendance of 88,5%) and satisfaction among the sample group. Concerning to the test-retest process, statistically significant post-treatment results of improvement were obtained for the variables of depressive symptomatology, functionality and well-being.

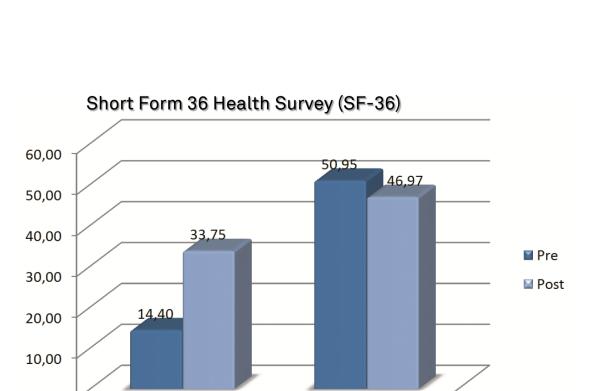
AVERAGE SCORE (OVER 5)

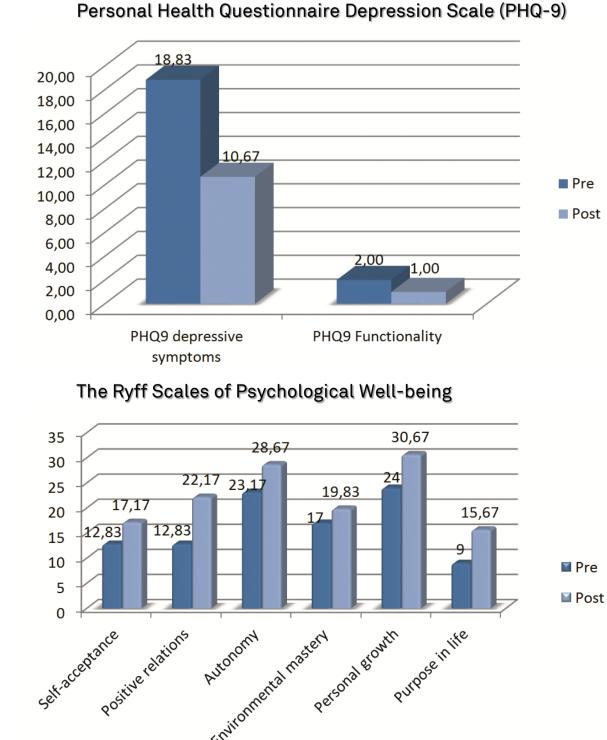
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4,3

3,9

4,82





Conclusions

- The opportunity to choose a positive approach, based on analysis of skills and a progressive adapted activation among a peer group are key factors.
- Application of the program has produced results that suggest positive changes in the levels of wellness and functionality in people affected by depression.
- The reduced sample and the experimental nature of the program make it difficult generalization of the results.
- Could be the basis for the development of programs to promote community involvement among those suffering from depression.
- This should not be considered a finalist intervention, rather as a complement in the process of rehabilitation of depression.
 Provision of psychosocial intervention low cost, easily reproducible, which promotes proactive relationship regarding

Bibliography

own health.

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