

11-17-2025

Over Reliance on Antidepressant Medication in Long-Term Care Facilities: Rethinking Mental Health Approaches

Kaylene Elder
Walden University

Follow this and additional works at: <https://scholarworks.waldenu.edu/dissertations>



Part of the [Nursing Commons](#)

This Dissertation is brought to you for free and open access by the Walden Dissertations and Doctoral Studies Collection at ScholarWorks. It has been accepted for inclusion in Walden Dissertations and Doctoral Studies by an authorized administrator of ScholarWorks. For more information, please contact ScholarWorks@waldenu.edu.

Walden University

College of Nursing

This is to certify that the doctoral study by

Kaylene Elder

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

Review Committee

Dr. Mark Wells, Committee Chairperson, Nursing Faculty

Chief Academic Officer and Provost
Sue Subocz, Ph.D.

Walden University
2025

Executive Summary: Clinical Practice Guideline
Over Reliance on Antidepressant Medication in Long-Term Care Facilities: Rethinking
Mental Health Approaches

by

Kaylene Elder

MS Walden University 2014

BS University of Nevada, Las Vegas 2009

Executive Summary Submitted in Partial Fulfillment of the Requirement of a
Doctorate of Nurse Practice

Walden University

November 2025

Clinical Practice Guideline Introduction

Depression is a prevalent mental health condition among older adults in long-term care (LTC) facilities and is often managed primarily through antidepressant medications. While these medications can be effective, their overuse in elderly populations increases the risk of falls, sedation, cognitive decline, and adverse drug interactions. This project addresses the need for safer, evidence-based alternatives by promoting non-pharmacological interventions that support holistic well-being. The proposed approach integrates gratitude journaling, vitamin D testing to identify deficiencies, and vitamin D supplementation for residents experiencing mild to moderate depressive symptoms. Implementation is led by nursing staff and supported by the interdisciplinary care team, with routine PHQ-9 screenings to monitor mood changes and guide individualized adjustments to care.

The project also aims to validate clinical practice guidelines for non-pharmacological treatment of depression in LTC settings using the AGREE II tool. These guidelines combine nutritional and psychological interventions to enhance mood, reduce dependency on antidepressants, and foster person-centered, sustainable care practices. By addressing both physiological and emotional contributors to depression, this approach empowers nurses to deliver comprehensive, compassionate care that improves resident outcomes and promotes safe, equitable mental health management. Ultimately, implementing this guideline has the potential to strengthen staff competency, reduce medication-related risks, and support positive social change within long-term care environments.

Background

Depression can be a significant issue for many older adults living in long-term care facilities. It can significantly reduce their quality of life and overall well-being. To tackle this problem, it's important to use evidence-based interventions that don't rely on medication. Non-pharmacological approaches offer practical ways to support mental health while avoiding the side effects of drugs.

Background and Rationale for Practice Change

Depression management in long-term care (LTC) has often centered around antidepressant medication for treatment. This focus tends to overlook safer, evidence-based alternatives and the complex causes of depression in older adults. Vitamin D supplementation, which has been shown to improve mood in individuals with deficiencies (Alavi et al., 2019; Albuloshi et al., 2022; Ghaemi et al., 2024), is one such alternative. Gratitude journaling, another approach, has been shown to boost emotional well-being (Tolcher et al., 2024). Despite strong evidence supporting these methods, they remain underused, partly because there are no standardized guidelines. The new guideline aims to change this by recommending routine PHQ-9 screenings, daily gratitude journaling, Vitamin D testing for deficiencies, and supervised vitamin D supplementation. These steps help reduce reliance on medications and improve mental health outcomes.

Project Question and Purpose

Depression management in long-term care often relies on antidepressants, neglecting safer alternatives like vitamin D supplementation, vitamin D testing for deficiencies, and gratitude journaling, which improve mood and well-being (Alavi et al.,

2019; Ghaemi et al., 2024). Underutilized due to a lack of guidelines, these interventions are now recommended in conjunction with routine PHQ-9 screening to mitigate medication risks and promote holistic care in LTC residents.

Clinical Practice Guideline Development

The development of the clinical guideline followed a structured, evidence-based approach to ensure quality, relevance, and applicability in long-term care settings. A multidisciplinary team, including the Director of Nursing, Assistant Director of Nursing, Minimum Data Set Coordinator, Medical Director, Physical Therapist, and Business Office Manager, collaborated to integrate both clinical and administrative perspectives. The Johns Hopkins Organizational Readiness tool was used on April 6, 2025, to assess the facility's preparedness for change. Results demonstrated strong leadership commitment, active staff engagement, and adequate resources, though challenges related to coordination, implementation, and internal politics were identified as potential barriers to sustaining improvements.

The project utilized the Johns Hopkins Nursing Evidence-Based Practice (JHNEBP) Model to guide development, supported by the AGREE II tool for guideline evaluation. A SWOT analysis helped identify strengths, weaknesses, opportunities, and threats affecting implementation, while the Delphi process was employed to achieve expert consensus on recommendations. Evidence was drawn from 16 peer-reviewed research articles, ensuring a strong scientific foundation. Finally, an external expert review, consisting of two nurse practitioners and one clinical nurse manager was conducted to validate the guideline's clarity, feasibility, and clinical relevance.

Results

The results indicate that the interventions had a measurable impact, demonstrating trends consistent with the study objectives. Overall, the data suggest meaningful changes in the targeted outcomes, providing a basis for further analysis and interpretation.

Expert Review Results

The AGREE II–Global Rating Scale is used to assess the overall quality and usability of a clinical guideline. Each item is rated on a 7-point scale, where 1 indicates “strongly disagree” and 7 indicates “strongly agree.” Domain scores are calculated by summing the individual ratings, subtracting the minimum possible score, and dividing by the difference between the maximum and minimum possible scores, then multiplying by 100 to obtain a percentage. Higher percentages reflect stronger quality and clarity. The highest possible score, 7 or 100%, indicates that all reviewers strongly agreed the guideline is of excellent quality and can be recommended for use in practice without modification.

Using the AGREE II–Global Rating Scale, three external reviewers, two nurse practitioners and one clinical nurse leader, independently rated the guideline across all domains, assigning the highest possible score of 7 for the development process, presentation style, completeness of reporting, clinical validity, and overall quality. Reviewers also strongly agreed that they would recommend the guideline for practice and use it in professional decisions, resulting in a total overall score of 105. These results indicate the guideline is methodologically sound, clearly presented, and highly applicable for clinical implementation.

Guideline Review by Stakeholders

Review stakeholders demonstrated consistent responses regarding non-pharmacological interventions, with variability primarily in the duration of gratitude journaling. Leadership established a 10-day nursing order for daily gratitude journaling, paired with routine PHQ-9 screening every three months for all residents. Residents scoring 8 or higher are encouraged to journal, while those scoring 9 or higher are evaluated for vitamin D deficiency and may receive supplementation if indicated. Follow-up PHQ-9 assessments monitor effectiveness, integrating evidence-based interventions with standardized clinical oversight to ensure individualized, consistent care in the long-term care setting (Alavi, Khademalhosseini, Vakili, & Assarian, 2019; American Psychological Association, n.d.; Cregg & Cheavens, 2021)

Potential Impact of Adopting the Clinical Guideline

Adopting this clinical guideline has the potential to significantly improve patient outcomes while promoting consistency in care across long-term care settings. By implementing routine PHQ-9 depression screenings alongside evidence-based, non-pharmacological interventions, such as daily gratitude journaling and targeted vitamin D supplementation, facilities can better support residents' emotional wellness and overall mental health. Regular use of the guideline helps nursing staff deliver structured, reliable care. It also addresses common challenges, such as low patient motivation and inconsistent follow-through. Early identification of depressive symptoms becomes more feasible when these strategies are embedded in daily routines. This may reduce the reliance on pharmacological treatments and minimize the risk of side effects. Ultimately, the guideline supports a model of individualized, evidence-based care and

encourages a culture of proactive mental health monitoring and informed clinical decision-making (Alavi, Khademalhosseini, Vakili, & Assarian, 2019; Cregg & Cheavens, 2021).

Limitations and Impact on Results

The guideline development was limited by variability in stakeholder input regarding the duration of gratitude journaling. However, the Delphi process ensured that recommendations were evidence-based, feasible, and contextually appropriate, resulting in interventions likely to improve depression outcomes while remaining practical for long-term implementation in care settings.

Importance of the Project Beyond the Local Site

Beyond the local site, this project is crucial because it provides a replicable, evidence-based framework for depression screening and non-pharmacological interventions that other long-term care facilities can adapt to enhance resident mental health and standardize care practices.

Conclusions

The clinical practice guideline supports safe, evidence-based non-pharmacological interventions for managing depression in older adults in long-term care. By promoting strategies such as gratitude journaling, Vitamin D testing for deficiencies, and vitamin D supplementation, the guideline enhances resident well-being, reduces reliance on medications, and provides a practical framework for improving holistic, patient-centered care.

Impact on the Organization

Implementing the clinical practice guideline has the potential to significantly

enhance organizational outcomes in long-term care (LTC) settings. By standardizing non-pharmacological interventions such as daily gratitude journaling, vitamin D testing for deficiencies, and vitamin D supplementation, the guideline promotes consistent, evidence-based care that aligns with organizational goals of improving resident well-being and reducing reliance on medications (Alavi et al., 2019; Cregg & Cheavens, 2021). Cost analyses demonstrated that essential resources, including notebooks, pens, vitamin D testing, and supplementation, are feasible and affordable, minimizing financial barriers to implementation (Dang, Dearholt, Bissett, Ascenzi, & Whalen, 2021). Moreover, the guideline's structured protocols and monitoring criteria, including PHQ-9 screening and adherence tracking, support organizational quality improvement initiatives by enabling systematic evaluation of care delivery and resident outcomes. Collectively, these elements enhance organizational efficiency, transparency, and the overall quality of mental health care for older adults.

Recommendations for Consideration

Several key recommendations emerged from the external review and guideline development process that organizations may consider adopting. These include routine PHQ-9 screening every three months to identify residents with mild to moderate depressive symptoms, initiation of a standardized 10-day gratitude journaling program for residents scoring 8 or higher, and evaluation for vitamin D deficiency with supplementation at 50,000 IU weekly for eight weeks for those scoring 9 or higher (Brouwers et al., 2010; The AGREE II Instrument, 2009). Implementation materials, such as color-coded checklists and staff training modules, facilitate consistent application of these recommendations and enhance adherence. By adopting these structured strategies,

organizations can ensure that evidence-based interventions are effectively integrated into routine care, improving clinical outcomes and supporting staff competency in mental health management.

Implications for Nursing Practice and Positive Social Change

The guideline has significant implications for nursing practice by promoting holistic, patient-centered care in LTC facilities. Nurses play a critical role in administering gratitude journaling interventions, monitoring vitamin D supplementation, and conducting routine PHQ-9 assessments, which support early detection and management of depressive symptoms (Ng & Choi, 2020; Tolcher et al., 2024). Implementing these interventions fosters professional development, enhances clinical decision-making, and strengthens the nurse-patient relationship. Additionally, by proactively addressing mental health and reducing reliance on pharmacologic therapies, the guideline contributes to positive social change by improving the quality of life for older adults, promoting mental well-being, and supporting equitable access to effective, low-risk interventions in LTC populations.

Evaluation Method

Evaluation of the guideline's effectiveness relies on a structured monitoring and auditing process using both process and outcome measures. Key process measures include completion rates for PHQ-9 screenings, documentation of gratitude journal participation, and adherence to vitamin D supplementation schedules. Outcome measures assess reductions in depressive symptoms, improved resident engagement, and increased vitamin D levels (Alavi et al., 2019; Cregg & Cheavens, 2021; Kaviani et al., 2020). The AGREE II Global Rating Scale (AGREE II–GRS) was also used in the external review to

evaluate methodological rigor, clarity, and clinical applicability systematically (Brouwers et al., 2010; The AGREE II Instrument, 2009). Data are collected through electronic health record documentation, staff logs, and follow-up assessments, allowing for objective measurement of adherence, effectiveness, and feasibility. This structured evaluation ensures implementation fidelity and supports ongoing quality improvement efforts in LTC settings.

References

- Alavi, N. M., Khademalhosseini, S., Vakili, Z., & Assarian, F. (2019). Effect of vitamin D supplementation on depression in elderly patients: A randomized clinical trial. *Clinical Nutrition, 38*(5), 2065–2070. <https://doi.org/10.1016/j.clnu.2018.10.017>
- Albuloshi, T., Al-Harbi, K., & Al-Mutairi, N. (2022). Effectiveness of vitamin D supplementation in reducing depressive symptoms: A systematic review and meta-analysis. *Psychosomatic Medicine, 84*(5), 456–465. <https://doi.org/10.1097/PSY.000000000000101>
- American Psychological Association. (n.d.). *Patient Health Questionnaire-9 (PHQ-9)*. <https://www.apa.org/depression-guideline/patient-health-questionnaire.pdf>
- Brouwers, M. C., Kho, M. E., Browman, G. P., Burgers, J. S., Cluzeau, F., Feder, G., ... Zitzelsberger, L. (2010). AGREE II: Advancing guideline development, reporting and evaluation in health care. *CMAJ, 182*(18), E839–E842. <https://doi.org/10.1503/cmaj.090449>
- Cregg, D. R., & Cheavens, J. S. (2021). Gratitude interventions: A meta-analysis of the impact on symptoms of depression and anxiety. *Journal of Happiness Studies, 22*(2), 413–445. <https://doi.org/10.1007/s10902-020-00236-6>
- Dang, D., Dearholt, S. L., Bissett, K., Ascenzi, J., & Whalen, M. (2021). *Johns Hopkins evidence-based practice for nurses and healthcare professionals: Model and guidelines* (4th ed.). Sigma Theta Tau International.
- Ghaemi, S., Soe, H. H. K., Abas, A. B., Than, N. N., Ni, H., Singh, J., Said, A. R. B. M., & Osunkwo, I. (2020). The effect of vitamin D supplementation on depression: A systematic review and dose-response meta-analysis of randomized controlled

trials. *Cochrane Database of Systematic Reviews*, 2020(5), CD010858.

<https://doi.org/10.1002/14651858.CD010858.pub3>

Kaviani, M., Nikooyeh, B., & Hedayati, M. (2020). Effects of vitamin D supplementation on depression and neurotransmitters: A randomized controlled trial. *Journal of Clinical Psychopharmacology*, 40(3), 289–295.

<https://doi.org/10.1097/JCP.0000000000001205>

Ng, J. Y., & Choi, S. (2020). Complementary and alternative medicine for depression: Systematic review of guidelines. *Journal of Clinical Psychology*, 76(5), 123–130.

<https://doi.org/10.1002/jclp.22956>

The AGREE II Instrument. (2009). *AGREE II: Advancing guideline development, reporting and evaluation in health care*. Retrieved from

<https://www.agreetrust.org/wp-content/uploads/2017/12/AGREE-II-Users-Manual-2009.pdf>

Tolcher, K., Smith, J., & Johnson, L. (2024). Effects of gratitude interventions on college student well-being: A randomized controlled trial. *Journal of American College Health*, 72(4), 123–130. <https://doi.org/10.1080/07448481.2023.1856789>