

2-9-2026

Staff Education on Integrating Holistic and Herbal Therapies for Adults with Depression

Kettelene P. McMorris
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

Kettelene P. McMorris

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. Deborah Lewis, Committee Chairperson, Nursing Faculty

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

Walden University
2026

Executive Summary: Staff Education Project

Staff Education on Integrating Holistic and Herbal Therapies for Adults with Depression

by

Kettelene P. McMorris

MS, Keiser University, 2020

BS, South University, 2017

Executive Summary Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Nursing Practice

Walden University

February 2026

Summary

In this Doctor of Nursing Practice quality improvement project, I implemented a structured staff education intervention in an outpatient behavioral health practice to address the integration of holistic and herbal therapies for adults with depression. Many patients use or inquire about complementary therapies; however, limited standardized staff education may result in inconsistent counseling and potential safety risks. I developed the practice-focused question to examine whether staff education improves staff knowledge related to holistic and herbal therapies for depression. A pre-/posttest design was used to evaluate staff knowledge changes following the educational intervention. A 15-item knowledge assessment was administered before and immediately after the education. I analyzed aggregate scores using the normalized learning gain (NLG) formula. The mean pretest score was 79.82, increasing to 86.35 post-intervention; the NLG was 0.32, indicating a 32% moderate knowledge gain after education. Key project products included an evidence-based educational PowerPoint, a standardized herbal safety algorithm, quick-reference handouts, and a knowledge assessment tool. Limitations included a single-site implementation, small sample size, and short-term outcome evaluation. Recommendations include integrating education into onboarding and ongoing competency training to support sustainability. This project strengthens nursing practice by supporting evidence-based knowledge translation and promotes positive social change by enhancing culturally responsive, equitable mental health care through informed, patient-centered counseling.

Background

Adults with depression increasingly use or inquire about holistic and herbal therapies, such as St. John's wort, omega-3 fatty acids, S-adenosylmethionine, and mindfulness-based approaches, alongside conventional treatment (National Center for Complementary and Integrative Health [NCCIH], 2022). National data indicate that complementary and integrative health approaches are commonly used among individuals with mental health conditions, often without consistent disclosure to healthcare providers (National Center for Complementary and Integrative Health, 2022). In outpatient behavioral health settings, this trend places clinical staff in a position where they must respond to patient questions related to efficacy, safety, and potential drug-herb interactions. However, many staff members lack standardized education on integrative mental health therapies, resulting in variability in knowledge and counseling practices.

The absence of structured staff education represents a clear practice gap. Without evidence-based training, staff may be inadequately prepared to address safety considerations or provide consistent, informed guidance. This gap is particularly significant within nursing practice because nurses play a central role in patient education, medication reconciliation, and continuity of care. Addressing this gap supports the Doctor of Nursing Practice role in translating evidence into practice and strengthening clinical competence through staff education (Melnik & Fineout-Overholt, 2023).

The practice-focused question guiding this project was: Does staff education on integrating holistic and herbal therapies for adults with depression improve staff knowledge? The purpose of the project was to develop, implement, and evaluate a structured staff education intervention designed to improve knowledge related to

commonly used holistic and herbal therapies, associated safety risks, and evidence-based counseling considerations.

Evidence supporting this project includes clinical guidelines and systematic reviews that emphasize the importance of evidence-based education when integrating complementary therapies into mental health care. National and international guidelines have recommended cautious use of select herbal and complementary therapies for depression, highlighting the need for clinician awareness of contraindications and interactions (American Psychiatric Association, 2023; National Institute for Health and Care Excellence, 2022). Additionally, research has demonstrated that structured staff education improves knowledge, reduces practice variability, and supports patient safety in outpatient settings (Dang et al., 2022).

Based on analysis using the Johns Hopkins Evidence-Based Practice Model Evidence Level and Quality Guide, the strength of the evidence supporting this project is moderate to strong, consisting primarily of Level 1 and Level II evidence, including systematic reviews, evidence-based clinical guidelines, and established evidence-based practice frameworks (Dang et al., 2022). This level of evidence supports the use of targeted staff education as an effective strategy to address knowledge gaps and promote safe, consistent care in behavioral health practices.

Staff Education Project Development

I developed and implemented this staff education project in an inpatient behavioral health center that provides comprehensive mental health services for individuals across the lifespan. The setting offers specialized treatment modalities and therapy options and emphasizes multidisciplinary, collaborative, and individualized care

to address mental health needs through a whole-person healing approach. The scope of services and collaborative practice model made this setting appropriate for piloting a staff education intervention focused on integrative mental health care and evaluating its effectiveness (see Melnyk & Fineout-Overholt, 2023).

During the implementation phase, 15 psychiatric mental health nurse practitioners (PMHNPs) and two psychiatrists were eligible to participate in the project. Of these, 10 PMHNPs and two psychiatrists completed the educational intervention ($N = 12$). Three eligible PMHNPs were unable to participate due to scheduling conflicts during the implementation period. Prior to project rollout, formal communication describing the staff education initiative was distributed to all eligible staff members, with unit managers included to ensure organizational awareness and support. Participants represented a wide range of clinical experience, from less than 1 year to more than 20 years of psychiatric practice. Educational preparation included master's- and doctoral-prepared PMHNPs and medical-degree-prepared psychiatrists (see Table 1), providing diverse perspectives on the educational content and its relevance across experience levels.

Table 1*Demographic Profile of Study Participants*

Characteristics	Number of mental health staff
Years of experience	
< 1	2
1–5	4
6–10	3
> 10	3
Gender	
Male	4
Female	8
Highest educational attainment	
Master	8
Doctor of Nursing Practice	2
Medical doctor	2

Building on this participant profile, in the following section I present the results of the pre-/posttest design used to evaluate changes in provider knowledge following the staff's education intervention.

Results

I employed a pre-/posttest design to assess the impact of the staff education intervention on provider knowledge (see Melnyk & Fineout-Overholt, 2023). A 15-item questionnaire (Appendix A) was developed to focus on evidence-based holistic and herbal therapies for depression, including indications, safety considerations, potential drug–herb interactions, and appropriate clinical counseling principles. I readministered the same questionnaire immediately following the educational session to objectively measure participants' changes in knowledge. Participants were provided with individual pre- and posttest scores to support transparency and self-reflection (see Table 2).

Table 2*Pre and Posttest Score of Participants*

	Before exposure to the intervention	After exposure to the intervention
Mean score	79.82	86.35
Minimum score	75	85
Maximum score	90	100

I designed the educational session to be structured, evidence based, and address identified gaps in staff knowledge related to the integration of holistic and herbal therapies as well as reinforce best practices for safe, evidence-informed counseling and documentation (see Appendix B). To evaluate participant knowledge improvement, aggregate pre- and posttest scores were analyzed using the NLG formula, as outlined by the Brigham and Women’s Hospital Center for Nursing Excellence (n.d.). The following NLG formula used was: $(\text{posttest score} - \text{pretest score}) / (100 - \text{pretest score}) \times 100$.

The participants’ mean pretest score was 79.82, with scores ranging from 75 to 90. Following the educational intervention, the mean posttest score increased to 86.35, with scores ranging from 85 to 100. Based on this calculation, the cohort achieved a rounded NLG gain of 0.32, equating to a 32% improvement in knowledge, which represents a moderate learning gain. These results indicate that participants significantly enhanced their understanding of holistic and herbal therapies for adults with depression because of the staff’s education intervention.

From an organizational perspective, the project supported quality improvement efforts by strengthening staff knowledge, promoting consistency in counseling practices, and reinforcing patient safety principles within the behavioral health setting. Although

the project was limited by implementation at a single site, a small sample size, and short-term evaluation, these limitations did not preclude the identification of meaningful knowledge gains. The findings suggest that structured staff education can be an effective strategy for addressing knowledge gaps in similar clinical settings.

The importance of this project extends beyond the local site because outpatient and inpatient behavioral health providers nationwide encounter patients who use complementary and integrative therapies. Standardized education programs such as this one may be adapted across diverse settings to promote evidence-based practice, reduce variability in care, and support equitable access to informed mental health counseling. The observed postintervention improvement among staff is consistent with existing literature supporting the value of continuing education in nursing, which underscores the importance of ongoing learning to keep pace with scientific and technological advances in healthcare (see Melnyk & Fineout-Overholt, 2023). Overall, the findings reinforce the effectiveness of structured staff education in improving psychiatric mental health provider knowledge related to integrative therapy use and safe clinical documentation.

Conclusions

This Doctor of Nursing Practice staff education project positively impacted the organization by improving psychiatric mental health providers' knowledge related to the safe, evidence-based integration of holistic and herbal therapies for adults with depression. The structured educational intervention supported organizational quality improvement efforts by promoting consistency in clinical knowledge, reinforcing patient safety principles, and strengthening evidence-based counseling and documentation practices. These outcomes align with evidence demonstrating that structured staff

education enhances knowledge and supports safer, more consistent care delivery in behavioral health settings (see Dang et al., 2022; Melnyk & Fineout-Overholt, 2023).

My further recommendations include incorporating the educational module into staff onboarding, annual competency validation, and continuing education offerings to sustain knowledge gains over time. Periodic refresher sessions and expansion of content to additional integrative mental health topics may further strengthen staff preparedness and alignment with evolving evidence. Future quality improvement initiatives may also explore long-term knowledge retention or evaluate the downstream effects of staff education on clinical practice behaviors and patient outcomes (see Dang et al., 2022).

This project has important implications for nursing practice by reinforcing the role of nurses and advanced practice providers as leaders in translating evidence into practice and promoting patient safety. From a broader perspective, the project supports positive social change, diversity, equity, and inclusion by enhancing provider readiness to address patient use of holistic and herbal therapies in a culturally responsive and patient-centered manner. Improving staff knowledge helps ensure that all patients receive informed, respectful counseling regardless of background, thereby supporting equitable access to safe, high-quality mental health care (Melnyk & Fineout-Overholt, 2023).

References

- American Psychiatric Association. (2023). *Practice guideline for the treatment of patients with major depressive disorder* (4th ed.).
<https://www.psychiatry.org/psychiatrists/practice/clinical-practice-guidelines>
- Brigham and Women's Hospital Center for Nursing Excellence. (n.d.). *Measuring learning outcomes using normalized learning gain*.
<https://www.brighamandwomens.org>
- Dang, D., Dearholt, S. L., Bissett, K., Ascenzi, J., & Whalen, M. (2022). *Johns Hopkins evidence-based practice for nurses and healthcare professionals: Model and guidelines* (4th ed.). Sigma Theta Tau International.
- Melnyk, B. M., & Fineout-Overholt, E. (2023). *Evidence-based practice in nursing and healthcare: A guide to best practice* (5th ed.). Wolters Kluwer.
- National Center for Complementary and Integrative Health. (2022). *Depression and complementary health approaches*. National Institutes of Health.
<https://www.nccih.nih.gov/health/depression>
- National Institute for Health and Care Excellence. (2022). *Depression in adults: Treatment and management (NICE Guideline NG222)*.
<https://www.nice.org.uk/guidance/ng222>
- Rhee, T. G., Rosenheck, R. A., & Kim, H. M. (2022). Use of complementary and alternative medicine for depression: A systematic review. *Journal of Affective Disorders*, 296, 183–192. <https://doi.org/10.1016/j.jad.2021.09.079>

- Thompson, J. L., McCabe, R. E., & Nunes, E. V. (2021). Integrative approaches to depression: Safety considerations and clinical implications. *Journal of Psychiatric Practice*, 27(6), 431–440. <https://doi.org/10.1097/PRA.0000000000000567>
- Wei, H., Roberts, P., Strickler, J., & Corbett, R. W. (2021). Nurse leaders' strategies to foster nurse resilience. *Journal of Nursing Management*, 29(4), 681–687. <https://doi.org/10.1111/jonm.13217>
- Walden University. (2022). *2022-2023 Walden University catalog*. <https://academicguides.waldenu.edu/catalog/home>

Appendix A: Questionnaire

Pre/Post Knowledge Test

Instructions to Participants:

Please select the best answer for each question. Choose only one option per item. This quiz assesses your knowledge of holistic and herbal therapies for adult depression.

Section 1 – Evidence-Based Therapies (Items 1–5)

1. 1. Which of the following herbal therapies has the strongest evidence for mild-to-moderate depression?
 - a. Valerian root
 - b. St. John's wort
 - c. Ginkgo biloba
 - d. Kava
2. 2. Which supplement has been shown to improve depressive symptoms when used as an adjunct to antidepressants?
 - a. Omega-3 fatty acids
 - b. Echinacea
 - c. Black cohosh
 - d. Ginseng
3. 3. SAME (S-adenosyl-L-methionine) primarily acts by influencing which neurotransmitter system?
 - a. GABA
 - b. Glutamate
 - c. Serotonin and dopamine
 - d. Acetylcholine
4. 4. Which herbal supplement shows preliminary evidence for improving anxiety and sleep symptoms that can worsen depression?
 - a. Lavender
 - b. Feverfew
 - c. Goldenseal
 - d. Peppermint
5. 5. Which of the following best defines "integrative mental health"?
 - a. Replacing conventional treatment with herbal medicine
 - b. Combining evidence-based complementary therapies with standard care
 - c. Using only non-pharmacologic therapies
 - d. Eliminating all prescription medications

Section 2 – Safety and Interaction (Items 6–10)

6. 6. St. John's wort may cause serotonin syndrome when combined with which medication class?
 - a. Antipsychotics
 - b. SSRIs
 - c. Beta-blockers
 - d. Antihistamines
7. 7. Which enzyme system is most affected by St. John's wort, leading to potential drug interactions?

- a. CYP3A4
 - b. MAO-A
 - c. COMT
 - d. UGT1A1
8. 8. A patient taking warfarin asks about using SAME. The provider should caution the patient because SAME may:
- a. Decrease warfarin effect
 - b. Increase bleeding risk
 - c. Have no effect
 - d. Cause sedation
9. 9. Which herbal product may interfere with the absorption of antidepressants if taken simultaneously?
- a. Fiber supplements
 - b. Melatonin
 - c. Lavender oil
 - d. Valerian
10. 10. Which of the following symptoms suggests a possible serotonin syndrome interaction?
- a. Constipation and dry mouth
 - b. Hyperreflexia and agitation
 - c. Fatigue and low mood
 - d. Slow pulse and cold extremities

Section 3 – Clinical Application (Items 11–15)

11. 11. Before recommending an herbal therapy, the first step a provider should take is to:
- a. Review the patient's supplement list
 - b. Suggest dosage
 - c. Order laboratory testing
 - d. Provide online resources
12. 12. When documenting patient use of holistic therapies, which element should always be included?
- a. Brand preference
 - b. Frequency and dose
 - c. Cost of product
 - d. Patient's herbalist's name
13. 13. Which resource provides evidence-based information on herbal and dietary supplements?
- a. Wikipedia
 - b. Natural Medicines Database
 - c. Facebook herbal groups
 - d. Drug company advertisements
14. 14. Which statement best reflects evidence-based counseling?
- a. Providers should discourage all herbal use
 - b. Providers should evaluate evidence, discuss benefits and risks, and document discussion
 - c. Providers should rely on patient testimonials
 - d. Providers should refer all cases to alternative healers

15. 15. The most appropriate indicator of learning after the educational session is:

- a. Higher post-test knowledge score
- b. Increased provider confidence
- c. More patient satisfaction
- d. Improved clinical workflow

Scoring & Evaluation

Each correct answer = 1 point

Total possible score = 15 points

Knowledge improvement benchmark: $\geq 20\%$ increase in post-test mean score.

Answer Key (Instructor Use Only)

Question 1: b

Question 2: a

Question 3: c

Question 4: a

Question 5: b

Question 6: b

Question 7: a

Question 8: a

Question 9: a

Question 10: b

Question 11: a

Question 12: b

Question 13: b

Question 14: b

Question 15: a

Scoring & Evaluation (Updated)

Each correct answer = 1 point

Total possible score = 15 points

Knowledge improvement benchmark: $\geq 20\%$ increase in post-test mean score.

To further evaluate learning effectiveness, the Normalized Learning Gain (NLG) formula will be applied:

$$\text{NLG} = \frac{(\text{Post-Test Score} - \text{Pre-Test Score})}{(\text{Maximum Score} - \text{Pre-Test Score})} \times 100$$

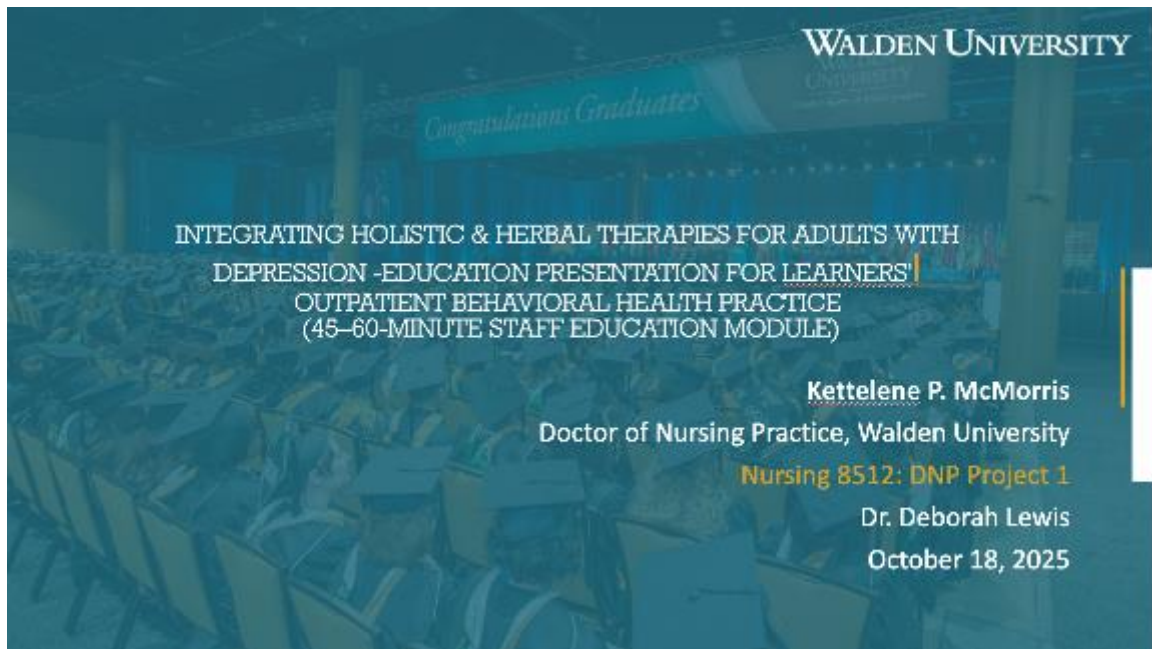
For example: If a participant scores 7 on the pre-test and 12 on the post-test (maximum = 15), then:

$$\frac{(12 - 7)}{(15 - 7)} \times 100 = 62.5\%. \text{ This indicates a 62.5\% normalized learning gain.}$$

Interpretation Guide:

- $\geq 60\%$ = High learning gain
- 30–59% = Moderate learning gain
- $< 30\%$ = Low learning gain

Appendix B: Project Materials



Learning Objectives

- Identify at least three evidence-based holistic or herbal therapies for adults with depression.
- Describe pharmacologic and safety considerations, including drug-herb interactions.
- Apply a standardized Herbal Safety Algorithm to support clinical decision making.

Overview of Holistic Approaches

Category	Examples	Evidence of Summary
Mind-Body Therapies	Mindfulness, Yoga, Meditation	Moderate evidence for symptom reduction (Lake et al., 2021)
Lifestyle Interventions	Exercise, Sleep hygiene, Nutrition	Strong evidence for mild depression (Melnyk & Fineout-Overholt, 2022)
Complementary Therapies	Light therapy, Massage	Supportive evidence for seasonal affective disorder and stress reduction



WALDEN UNIVERSITY

Common Herbal Therapies

Herbal Agent	Mechanism	Evidence Level	Key Safety Notes
<i>Hypericum perforatum</i> (St. John's wort)	Serotonin, dopamine, and GABA modulation	Moderate (Sarris et al., 2022)	CYP3A4 induction; avoid with SSRIs
<i>S-adenosyl-L-methionine</i> (SAMe)	Methyl-donor in neurotransmitter synthesis	Moderate (Sarris et al., 2022)	Mania risk in bipolar disorder
Omega-3 fatty acids (EPA/DHA)	Anti-inflammatory membrane effects	Strong (Lake et al., 2021)	↑ bleeding risk with anticoagulants
Lavender (<i>Lavandula angustifolia</i>)	Anxiolytic via GABA modulation	Moderate (Lake et al., 2021)	Sedation potential

WALDEN UNIVERSITY
EMPOWERING THE SOUL

Safety and Drug-Herbs Interactions

- St. John's wort + SSRIs → serotonin syndrome
 - SAMe + MAOIs → hypertensive crisis
 - Omega-3 + anticoagulants → bleeding risk
 - Lavender + benzodiazepines → excessive sedation
- Always document and consult reliable databases (e.g., Natural Medicines, NIHODS).



Herbal Safety Algorithm

- 1 Determine if patient uses herbal/holistic product.
- 2 Review current evidence for efficacy in depression.
- 3 Evaluate for drug-herb interactions and contraindications.
- 4 Assign safety rating ● Safe ● Caution ● Avoid.
- 5 Document education and shared decision making in the EHR.

(Sarris et al., 2022; Lake et al., 2021)

Herbal Safety Algorithm

Color Coded Risks Chart

Therapy	Evidence Strength	Interaction Risk	Key Notes
St. John's Wort	Moderate (Level B)	High (CYP3A4 inducer; SSRI contraindicated)	May reduce antidepressant and oral contraceptive efficacy.
SAMe	Moderate (Level B)	Medium	Use cautiously in bipolar disorder; can induce mania.
Omega-3 Fatty Acids	Strong (Level A)	Low	Beneficial as adjunctive treatment; monitor for bleeding with anticoagulants.
Lavender	Moderate (Level B)	Low	Mild anxiolytic; may cause GI upset or drowsiness.
Valerian Root	Limited (Level C)	Medium	Sedative; avoid with CNS depressants.

WALDEN UNIVERSITY



Case Study Application

A 42-year-old female with mild depression taking sertraline asks about St. John's wort.

Tasks:

- Evaluate evidence of benefit.
- Identify interaction risk.
- Determine clinical recommendation using algorithm.

Using the algorithm, the provider notes a high risk for serotonin syndrome; the recommendation is to avoid St. John's wort. Instead, offer other holistic alternatives such as omega-3 supplementation or mind-body interventions (Smith et al., 2022).

Let's apply this to a case.

Imagine a 42-year-old patient with mild depression who is currently taking sertraline and wants to start St. John's wort. Using the Herbal Safety Algorithm, we determine that St. John's wort does have evidence for treating mild depression—but the interaction with sertraline poses a serious serotonin risk. That would mean a "Red" health status rating. You could instead suggest other safe adjuncts like omega-3 fatty acids or mind-body-based therapy.

This case demonstrates how applying a structured safety tool helps guide clinical and self-care recommendations.

WALDEN
UNIVERSITY
LEADERSHIP. BY DESIGN.

Case 1 –Herb Medication Interaction

- A 42-year-old female with major depressive disorder reports adding St. John's wort to her SSRI medication because she "heard it's natural and safe."

Question: What should the provider do first?

Answer (Key Point): Assess for serotonin syndrome risk, educate on interaction potential, and advise discontinuation of overlapping therapy.

In this case, we have a 42-year-old female with major depressive disorder who reports that she recently added St. John's wort to her prescribed SSRI medication, believing it to be natural and safe.

The first and most important step for the provider is to assess for serotonin syndrome risk. Combining St. John's wort with SSRIs can significantly increase serotonin levels, leading to potential y (i.e., serotonin toxicity). Next, the provider should educate the patient about the interaction potential of herbal supplements—emphasizing that "natural" does not always mean "safe." St. John's wort induces hepatic enzymes and can alter the metabolism of many medications, including antidepressants, birth control, and anti-coagulants. Finally, the provider should advise discontinuation of overlapping therapy and collaborate with the patient to safely adjust her treatment plan, reinforcing the importance of consulting a healthcare provider before adding any supplements. **The key takeaway:** Always screen for herbal and over-the-counter product use when managing patients with depression, as these interactions can have serious clinical consequences.



WALDEN UNIVERSITY



Case 2 Integrative Recommendation

- A 55-year-old male with chronic low mood and poor sleep asks about nonpharmacologic strategies before starting medication.

Question: Which holistic options could be discussed?

Answer (Key Point): Lifestyle interventions (sleep hygiene, mindfulness, omega-3 supplementation) consistent with evidence-based integrative care.

Let's consider a 55-year-old male presenting with chronic low mood and poor sleep who prefers to explore nonpharmacologic options before starting medication.

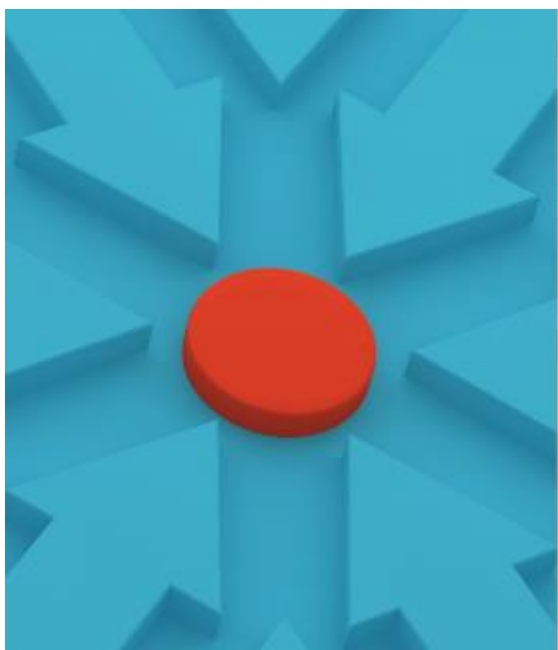
As clinicians, it's important to acknowledge and validate his preference while ensuring recommendations are evidence-based.

Key holistic strategies we could discuss include:

- Lifestyle modification:** Encourage regular physical activity, balanced nutrition rich in omega-3 fatty acids, and establishing a consistent sleep routine.
- Mind-body therapies:** Introduce mindfulness meditation, yoga, and deep breathing exercises to reduce stress and improve mood regulation.
- Herbal and nutritional supplements:** Discuss evidence-supported options such as St. John's wort, omega-3 fatty acids, or SAM-e, while reviewing potential interactions with any current or future medications.
- Psychosocial interventions:** Recommend cognitive-behavioral therapy (CBT), support groups, or counseling to address underlying stressors.
- Environmental and spiritual well-being:** Encourage social connection, time outdoors, and engagement in meaningful activities or faith-based practices.

By presenting these holistic options, we empower the patient to participate in shared decision-making and foster a personalized, integrative plan for managing depressive symptoms.

WALDEN UNIVERSITY
ADVANCING THE GOOD



Case 3 – Patient Safety and Recommendation

- A 30-year-old reports using lavender capsules purchased online for “anxiety and sadness.” She’s not sure of the brand or dosage.


Question: How should the provider document and managed this information

Answer: The NP(s) Document product name and if known, discuss evidence and risks, and provide reliable sources for patient education.

In this case, a 30-year-old patient reports taking lavender capsules purchased online for anxiety and sadness, with a concern of the brand or dosage. The NP(s) has first responsibility to document and counsel regarding the supplement’s name, dosage, frequency, and source of purchase. If detail is unclear, note the patient’s report and that information is incomplete.

Next, discuss the current evidence regarding lavender’s potential calming effects and the associated risks, such as, acute allergic reactions or drug interactions. Emphasize the importance of purchasing from reliable sources, and consulting with their professions if before starting new supplements.

Provide patient education materials provided in the references to go to safe use. Thorough documentation ensures transparency, support, and follow-up, and allows the NP(s) to refer to the patient and educate on their patient safety.



Patient's Counseling Principles

- Screen for supplement use at each visit.
- Provide balanced education on benefits and risks.
- Encourage use of reliable brands with USP verification.
- Employ teach-back to confirm understanding.
- Document counseling and referrals.

Evidence-based counseling fosters trust and adherence. Using standardized questions—“What vitamins, herbs, or natural products do you take?”—normalizes disclosure and supports comprehensive medication reconciliation (Melnyk & Fineout-Overholt, 2022).

When discussing herbal and holistic options with patients, communication and education are key. Start by routinely asking about supplement use at every visit in a nonjudgmental way. Provide balanced education—acknowledge potential benefits but also explain the risks and lack of regulation in some supplements.

Encourage patients to use reputable, third-party-verified brands—look for USP or ConsumerLab labels. Always use teach-back methods to ensure understanding, and document counseling thoroughly.

The more we normalize these conversations, the safer our patients will be when combining complementary and conventional treatments

Evaluation of Learning

- 15-item knowledge test administered pre- and post-session.
- Outcomes measure knowledge gain only
- Data analyzed with descriptive statistics and paired t-test.

Assessment focuses strictly on cognitive outcomes per project design. Improvement in post-test scores will indicate successful educational impact on factual knowledge acquisition.

To measure how effective this education is, staff will complete a brief 15-item pre-test before the presentation and a post-test after completion. The same test is used both times, allowing us to compare knowledge gained. This helps us evaluate whether the education increased staff understanding of herbal and holistic therapies for depression.

The focus is on improving knowledge—not on performance or testing ability.

Key Practice Implications

Click to add subtitle

- Integrative therapies offer adjunctive benefits when used safely.
- Structured education reduces variability in clinical practice.
- Use Herbal Safety Algorithm to standardize provider responses.
- Continuous education supports organizational quality improvement.

Uniform algorithm ensures consistency and enhances patient safety metrics within behavioral health programs (Lise et al., 2021)

So, what does this mean for our practice?

First, integrating holistic and herbal therapies can complement conventional depression treatment, but only when used safely and appropriately.

Second, standardized staff education helps ensure that all providers offer consistent, evidence-based information to patients.

Third, using structured tools like the Herbal Safety Algorithm reduces errors and increases confidence in our setting.

By staying informed, we help patients make safe, empowered decisions about their mental health care.

References

Click to add subtitle

American Association of Colleges of Nursing. (2021). *The essentials: Core competencies for professional nursing education*. Author.

Lake, J., Sarris, J., & Mischoulon, D. (2021). Complementary and integrative medicine in depression care: Evidence and practice. *Journal of Affective Disorders, 282*, 1-10. <https://doi.org/10.1016/j.jad.2020.12.109>

Melnyk, B. M., & Fineout-Overholt, E. (2022). *Evidence-based practice in nursing & healthcare: A guide to best practice* (5th ed.). Wolters Kluwer.

Sarris, J., Byrne, G., & Fava, M. (2022). Herbal medicines in the treatment of depression: An updated systematic review and meta-analysis. *Journal of Psychiatric Research, 150*, 234-245. <https://doi.org/10.1016/j.jpsychires.2022.03.015>

Quick-Reference Handout Integrating Holistic & Herbal Therapies for Adults with Depression

Purpose

This handout provides behavioral health providers with concise, evidence-based guidance to support safe counseling and documentation when adults with depression use or inquire about holistic and herbal therapies.

Commonly Used Therapies & Key Considerations

- **St. John's Wort:** Moderate evidence for mild–moderate depression; significant risk of drug–herb interactions (CYP450 induction). Avoid concurrent use with antidepressants due to Serotonin syndrome risk.
- **S-Adenosyl-L-Methionine (SAME):** Moderate evidence as adjunct therapy; may precipitate mania or hypomania. Screen for bipolar disorder prior to use.
- **Omega-3 Fatty Acids (EPA-dominant):** Moderate evidence as adjunct therapy; bleeding risk at high doses. Typical adjunct dose is 1–2 g/day EPA.
- **Lavender (oral or aromatherapy):** Mild–moderate evidence for depressive and anxiety symptoms; may cause sedation. Use caution with CNS depressants.

Safety & Counseling Principles

- Routinely assess herbal, supplement, and over-the-counter product use.
- Evaluate potential drug–herb interactions and contraindications.
- Emphasize that herbal therapies are adjuncts, not replacements, for evidence-based treatment.
- Encourage shared decision-making and patient education.

Documentation Essentials

- Name of therapy, dose, and frequency
- Patient-reported benefits or adverse effects
- Counseling provided and safety discussion
- Follow-up plan and monitoring

This handout is intended for staff education and quality improvement purposes.