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## The Role of Librarians in Health Information Provision for Depression Reduction

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## Abstract

*The paper examined the role of information provision by librarians for the healthcare of depressed and non-depressed people. The objectives examined include: identifying the factors causing depression, examination of various ways in which librarians support healthcare givers and care of the depressed people with useful information. A literature search was carried out using online databases and general google search (Sciencedirect, Scopus, Jstor and Google Scholar, Jstor and general google search). The paper concludes that provision of relevant, accurate and current information promotes greater awareness and understanding among the depressed and delivery of quality healthcare. The paper recommends that government should introduce policies that encourages healthcare organizations and institutions to build special library collections that will address the information needs of depressed and non-depressed employees. The active involvement of government is also key for the establishment of community libraries that will provide health information resources to the public members.*

KEYWORDS: Health information, Information provision, Librarian, Depression, Bibliotherapy,

Information literacy, SDI, CAS, Information referrals,

## Introduction

The World Health Organization (WHO) and other health international organizations have done so much to checkmate the global spread and burden of both physical and mental health diseases. Huge investments (human and financial) have gone into research, treatment, awareness campaigns and education of the public to prevent, reduce, manage and eventually eliminate some of the diseases. Great effort has been made to manage physical health diseases such as polio, measles, meningitis, chicken pox, malaria, HIV/AIDS, Ebola and very recently, monkey pox. This is also true of mental health diseases such as depression and several others which have equally received huge investments and the attention of the international health organizations and agencies. However, awareness level and education of the public on mental health diseases seems to be quite low in comparison to physical diseases.

Many people experience depressive signs and symptoms for the first time unaware of what is happening, while others were aware because they had earlier come across informative and educative literature on depression. Thus, lack of awareness about depression could have contributed to the untold hardship and pain of countless individuals, families, societies and countries around the world. Another factor contributing to the suffering of mental health people is ignorance of mental healthcare workers and contributes to millions of depressed people not seeking professional assistance (Almanzar, Shah, Vithalani, Shah, Squires, Appasani, and Katz, 2014).

Increased public awareness and education through provision of health information about depression is a vital strategy for checkmating depression and the associated challenges of depression. Some of the strategies endorsed for reducing adolescent at risk of depression by respondents from previous studies include: fitness messages, healthy relationships, personal identity, recreation and leisure (Miller, Cuthbertson, Skidmore and Loveridge, 2015). Educating

people about depression symptoms, causes and experiences of depressed people through health information materials such as fliers, pamphlets, magazines, newspapers, journals, books, social media, blogs, and websites could help people become more aware, enlightened and assist in self-management to some extent. Furthermore, awareness about depression information could prevent the possibility of becoming depressed, especially if it is not genetically inherited. The World Health Organization and other health based institutions/organizations recommend that education campaigns should target the general public to increase awareness of depression, combat stigmatization, discrimination, suicide cases and improve access to health care (Dumesnil and Verger, 2009)

### **Purpose of the Paper**

Depression is a disease that is affecting the well-being of individuals and society at large. The negative global impact on children, adolescents, women, men and families across the globe in recent years is alarming. The WHO (2017) report attributes 10% of the world's burden of disability to the depressed population worldwide. Thus, this paper seek to:

- Identify the root causes of depression
- Identify various ways librarians provide health information to support healthcare organizations and depressed people
- Highlight types of health information needed by non-depressed people

### **Depression and Causes**

Depression is a mental health disease that is generally characterized and accompanied by feelings of sadness and unhappiness. The American Psychiatric Association (2017) defines depression as a common and serious mental illness that negatively affects peoples' feelings, thinking and actions. WHO (2017) described depression disorder as being "characterized by

sadness, loss of interest or pleasure, feelings of guilt or low self-worth, disturbed sleep or appetite, feelings of tiredness, and poor concentration. Depression can be long-lasting or recurrent, substantially impairing an individual's ability to function at work or school or cope with daily life. Severe depression can lead to suicide”.

The WHO (2012) defined depression as a mental disorder that manifest as depressed mood, loss of interest or pleasure, decreased energy, feelings of guilt, or low self-worth, disturbed sleep or appetite, and poor concentration. Furthermore, depression comes with chronic or recurrent symptoms which may result to substantial impairment in an individual's ability to take care of his or her everyday responsibilities. Depression accounts for more years lost than other diseases (Smith, 2014).

Over 300 million depressed people worldwide are reported in 2015 as being the highest population with disability, and persons with depression increasing to 18.4% between 2005 and 2015 (WHO, 2017). Depression symptoms which may last for at least two weeks before being diagnosed include: feeling sad or having a depressed mood, loss of interest or pleasure in activities once enjoyed, changes in appetite — weight loss or gain unrelated to dieting, trouble sleeping or sleeping too much, loss of energy or increased fatigue, increase in restless activity (e.g., hand-wringing or pacing) or slowed movements and speech, and feeling worthless or guilty, difficulty thinking, concentrating or making decisions, and thoughts of death or suicide (APA, 2016).

WHO (2017) noted that interconnections of psychological, biological and social factors have brought many people into depression. These factors ranged from bereavement, to traumatic events of life, including unemployment.

Factors contributing to the onset of depression include: marital issues e.g. failed and stressful marriages (Gregary, 2005; Whisman, 2001). Exposure to harsh conditions of life such as poverty, neglect violence, including continuous abuse (APA, 2016). Biological/genetic factors can

trigger depression disorder in individuals at the point of production of neurotransmission in the brain. Thus, the reduction in the production of neurotransmitters (e.g. dopamine, serotonin, gamma-aminobutyric acid (GABA), norepinephrine, and cerebral nerve growth factor (BDNF-brain-derived neurotrophic factor) can result in depression. That is, depression is a manifestation of chemical imbalance in the brain (Harvard Medical School, 2017).

Furthermore, studies show that physical health challenges can cause depression. The traumatic impact of physical illness and pains is often overwhelming and this may result in depression among the aged. Thus, occurrence of depression can be traced to psychological, social and physical causes. Singh and Misra (2009) asserts that “depression has a causal link to numerous social, physical and psychological problems”.

### **Theories of Depression**

There are different theories of depression. The psychodynamic theory of depression, the behavioural theory of depression, and cognitive-behavioural theory of depression. In psychodynamic theory of depression,

Frued and other proponent of the theory identified various situations that leads people to become depressed. Frued being the first among these theorist postulated that depression occurs in the following ways, and that when people engage in inward self-directed anger; people become depressed during introjection of love object loss; people become depressed at the point of severe super-ego demands (Frued, 1917); McLeod (2015) citing (Kleine, 1934) notes that people become depressed because they were deprived of mother-child relationship in the first year of childhood life; depression sets in as a result when there is excessive narcissistic oral and anal personality need (Richard, 1980); people become depressed when they experience a loss of their self-esteem (Silverstone and Salsali, 2003).



The Cognitive-behavioural theory of depression focused on cognitive processes, which is the beliefs, thoughts and judgments of people. The cognitive-behavioural theorists believe that depression does not only occur due to a person's interaction with the environment. They argue that the negative or distorted thoughts, beliefs and judgments that emanate from the inferences/interpretations/meanings from life experiences and information can trigger depression in people. Beck (1967) cited in Nelson-Jones (2001) argues that depressive people think differently from those who are not depressive. Thus, the cognitive-behavioural theory takes into account the mental events/activities (inferences, thoughts and judgments) that occurs within an individual before depression sets in. Beck observed that there are logical errors in the way people process information (faulty information processing); negative self-schemas and .cognitive triad (negative automatic thinking).

Cognitive-behavioural theorist postulate that depression originates from errors in interpretation of information resulting in negative thinking patterns and eventual depression. Cognitive-behavioural therapy (CBT) is regarded as evidence-based therapy because it has produced more empirical data evidence. The underlying assumptions of CBT include:

- That a person's mood is directly related to his thoughts
- Negative dysfunctional thinking affects a person's mood, sense of self, behaviour and physical state

The goal of CBT is to help people identify or recognize the negative thought patterns, evaluate them and replace them with positive thought patterns (Nelson-Jones, 2001).

## **Functions of Healthcare Librarians**

In healthcare institutional libraries, users' satisfaction is dependent upon the quality of information resources available: journals, reference materials and textbooks in print and electronic format (Haliso and Aina, 2012). Previous research show that 70% of researches on health

information websites are lacking in quality, as the sources were discovered to be inaccurate or incomplete (Eysenbach, Powell, Kuss and Sa (2002).

## **1.0. Health Information for the Depressed and Non-depressed**

Health information via self-help tools (e.g. books, internet, and mobile devices (smart phones and tablets) can help prevent depression (WHO, 2016). Learning and keeping track of prevailing trends of depression disease ensures there is quality care and health decisions by health professionals, ensures better management of patients and ensures effective healthcare workforce. Yakushi, Kuba, Nakamoto, Fukushara, Koda, Tanaka et al., (2017) states that lack of understanding about diseases often result in depressive disorder. Implying that lack of knowledge and understanding about depression symptoms and how it manifest is one strong reason many people become depressed. The finding of Sadia, Ali, Khalique, Gaur and Usmani (2014) revealed that the overall knowledge of people living in rural areas about the root causes of depression was significantly poor.

The Ministry of Health in New Zealand championed a National Mental Health Information Strategy in 2005 in recognition of the importance of information to the delivery of quality mental health services to consumers. The priority focus of this strategy was to evolve a process that deploys information technology to collect relevant information purposely to enhance improvement of quality of services (Ministry of Health New Zealand, 2005). The Library Association of Ireland (2017) points out that librarians should continue to draw the attention of healthcare providers to the importance of accurate, relevant and timely health information for making health decisions. This is because not all information available in the public space is safe for the consumers of information. According to the United Nations' Foundation (2011):

“Countless lives are lost due to insufficient access to quality health information. The availability of accurate, timely, and analyzed data is directly relevant to the quality of an individual’s health and the healthcare system in general, the delivery of individual care, and the understanding and management of overall health systems.”

The above underscores the importance of information to the healthcare sector, both physical and mental care. Recognizing the value of healthcare records, Mary Land Healthcare Commission (MHCC) (2013) observed that electronic records improves the efficiency, quality and safety of healthcare services, as it consolidates healthcare of patients at the time of giving care. Librarians serving in hospitals and health institutions provide outreach services to health workers. In an MSc research, Dorsett (2014) reported that 78.1% of respondents drawn from libraries serving the health sector admitted they provided outreach services via clinical librarians, online databases training and current awareness bulletins, while 71% of respondents never believed that outreach services could have impact on evidence-based medicine. The report further revealed that 67% of the respondents who provide outreach services were professional librarians.

Marshall, Morgan, Thompson and Wells (2014) conducted a study on “library and information services impact on patients’ healthcare quality” in the United States and Canada and discovered that 75% of health care personnel admitted handling patients care differently as a result of the information accessed from the library. The finding showed a consistent positive relationship with the clinical outcomes, thus indicating that library services have positive impact on patient care quality. In another study, Marshall, Sollenberger, Easterby-Gannett, Morgan, Klem, Cavanaugh et al., (2013) reported an overwhelming majority of respondents admitting that the information provided by librarians was current, relevant and accurate, implying that the information was valuable and of high quality, since it served to update and refreshed the memory of respondents.

## **2.0.Provision of Health Information Services to Care Givers and Depressed People**

The Library Association of Ireland (2017, p. 13) observed “that without specialized health libraries and librarians, health information would not be readily available” when it is needed.

Professional librarians organize and provide information services to all categories of information consumers, including health professionals and patients. The health sector produce volumes of health information and records annually through research and practice. The health librarian's job is to organize these health information records and make them available and accessible when needed. Another function of the professional librarian is acquisition of useful resources for library users. Thus, the mental health librarian's job is to acquire vital/needed health information sources such as online databases and other information formats, process them and make them available and accessible to the healthcare professionals and patients. That means librarians who work in mental health hospitals/centres provide specialized information services to mental health workers, patients and other members of the public.

According to IFLA (2003) special libraries provide specialized information services to meet the unique needs of their users. For instance, the University College Hospital (UCH) library in Ibadan, the U.S National Library of Medicine, World Health Organization (WHO) library acquire, organize/process and make the health information accessible to healthcare givers and patients in the respective organizations.

### **Health Information Literacy**

The librarians' role in health literacy promotion involves providing assistance to health information consumers to understand and achieve better health (Kars, Bakers & Wilson, 2008). In health practice and research advancement, libraries and librarians serve as a unique resource in health information literacy services (Whitney, Keselman and Humphreys, 2017). This is because interventions in health literacy are made easier and sustainable when libraries are involved in providing access to quality, organized and understandable health information. For instance, the U.S National Library of Medicine (NLM) which is reputed as the largest in the world provide global access to electronic resources to public members, scientists, and health practitioners. NLM actively engages in the translation of basic science into new products, treatments, improved

practice, and support health practitioners and patients with helpful decisions. In addition, NLM has an excellent emergency and disaster management and response system (Whitney, Keselman and Humphreys, 2017).

### **Current Awareness Service and Selective Dissemination of Information**

The current awareness service (CAS) and selective dissemination of information (SDI) are statutory responsibilities of library professionals. CAS allows librarians to create awareness by drawing the attention of library patrons to the recently acquired library resources through library exhibitions, social media, emails, blogs etc. Librarians working in medical setting do create awareness about their newly acquired information resources using the current awareness services (CUS) (Uzohue and Yaya, 2016). CAS has advantages for library users. It promotes creativity, ensures access to current and up-to-date materials, saves time, life and reduces the amount of money spent on acquiring journals (Oghuvwu, 2007).

Selective Dissemination of Information (SDI) on the other hand involves searching out the profile of people, identify their specific information needs and carefully select relevant information to disseminate to them (Nkiko and Iroaganachi, 2015). SDI is aimed at getting current information to the end users.

Investigations have shown that library patrons utilize public libraries to access health information (Flaherty and Roberts, 2009). Pew Internet and American Project (2013) revealed that 72% of American internet users in year 2012 were health information seekers. This shows that there is high demand for health information. According to Hibbard, Greene and Overton (2013) patients who actively seek information about their health care tend to secure lower medical costs (Hibbard, Greene and Overton, 2013), indicating that cost is reduced when patients are health information literate. Librarians working in health organizations (e.g. World Health Organization)

specialize in selecting and acquiring books, journals and other literature to meet the information needs of governments, organizations and the general global populace to become more and more aware of the diverse mental health problems (depression). The outcome of these researches is increased knowledge about physical and mental health diseases, including depressi

### **Librarians and Referral Services in Healthcare of the Depressed**

One of the major functions of the 21st century librarian is user information and referral functions. Librarians are not only expected to guide library patrons on how to access relevant information resources within their libraries. They also provide information and referral services to users, by referring them to other libraries, individuals and other information sources where the needed information can be found. In Poe (2006), information and referral service (IR) involves linking someone who has a problem or need for a service that will help bring solution to the problem/need. This implies referring a library user/patron to an external information source. For example referring a library user from Covenant University Library to UCH library in search of specific health information for purpose of research or some other uses.

### **Bibliotherapy and Role of Librarians**

Bibliotherapy is a technique that uses information in diverse literature formats (books and other information sources) to provide therapy to people with emotional and behavioural problems. From studies, bibliotherapy interventions have successfully been applied to patients experiencing moderate and mild depressive symptoms, and there was significant improvement (Ackerson, Scogin, Smith and Lyman, 1998). It may be used as a stand-alone treatment (Floyd, 2003) or as an adjunct to other therapeutic treatments (Taleban, Zamani, Moafi, Jiryae and Khadivi, 2016). The idea of healing people through literature can be traced back to libraries in ancient Greece. The ancient libraries prescribed books to support the treatment of soldiers that returned from battle

after the World War 1 and 2 (Springer, 2017). Bibliotherapy as a self-help therapy uses books and cognitive-behavioural therapy principles (Hanson, 2018).

Bibliotherapy is used to treat mental health disorders (e.g. depression) using self-help books (Richardson, Richards & Barkhan, 2010; Chesm, 2007; Taleban, Zamani, Moafi, Jiryae & Khadivi, 2016; Jacob & Guzman, 2016). It has gained popularity in United Kingdom (Richardson, Richards & Barkhan, 2010). Bibliotherapy increased mindfulness and quality of life, reduced depression, stress and anxiety (Hazlett-Steven and Oren, 2017). Bibliotherapy was applied in treating moderate and mild depression symptoms (Hanson, 2018), reduced depressive symptoms in adults (Gualano, Martorana,, Andriolo, Gramaglia, &Siliquini, 2017).

The librarian in bibliotherapy practice provides support, collaborate and partner with the health professionals (doctors, nurses and mental health professionals etc.). The librarian in bibliotherapy selects appropriate literature in diverse formats (e.g. print/online books, audios, DVDs, CDs, websites, and other sources of information), and uses them to guide and encourage depressed patients to read to the point of experiencing insight and understanding, accompanied by healing or increased ability to cope better

## **Conclusion**

Undoubtedly, depression is an affliction that causes untold pain to a huge population of children, adolescents, adults and from all races. Its prevalence among the different groups of people in society and its disabling effects is better imagined than experienced. The global negative consequences of depression on the health of men, women and young adults across nations of the world calls for the attention of researchers, educators, families, individuals, governments and all health institutions, United Nations, World Health Organizations and sundry. Therefore, one of the effective strategy that could be employed to promote/support the healthcare of depressed people is to increase awareness and education through provision of quality health information by

professional librarians and making these information sources accessible to the depressed populace and mental healthcare givers.

Thus, professional librarians support the care of depressed patients and healthcare workers seeking health information through Current Awareness Services (CAS), Selective Dissemination of Information (SDI), Library Referral Services and Bibliotherapy.

The empirical studies reviewed on bibliotherapy reveal that it is a potentially an effective alternative treatment to other therapies in mild cases of depression, or as an adjunct to other psychotherapy treatments for depression.

### **Key Messages**

- Organizations/companies should be mandated by government to build a special library collections that will provide relevant information for educating employees/workers on mental health problems and their consequences, including depression.
- Government (federal, state and local government) or private organizations should establish community libraries for providing information and educating members of the public about emotional/psychological problems (e.g. depression).
- The public and medical libraries should engage in extensive education and more awareness creation of depression problems, causes, management and preventive measures. The preventive measures should basically focus on educating the public about the factors that can trigger of depression, the symptoms, diagnosis and available management options.
- Hospital and other medical centres should establish libraries and ensure professional librarians are employed to manage the library and render professional services to the health providers and patients.



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