

# Combining Problem-Solving Therapy with Other Treatments to Improve Well-Being of Society

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**Abstract:** *This article provides information about how problem-solving therapy can reduce depressive symptoms in terms of reducing depression when combined with other interventions that have the same purpose of decreasing depressive symptoms. This article analyzes how each intervention, combined with problem-solving therapy (PST), can affect depressive symptoms in individuals. Besides, it gives information on the combination of interventions that are most recommended for reducing depressive symptoms. The review of several PST studies on other interventions showed significant success in lowering depressive symptoms. However, some other interventions combined with PST did not show a significant change in the subject after getting treatment. PST is effective in reducing the level of depression in adults, can reduce anxiety in individuals with depression, can be effective in helping to lose weight when combined with pharmacology, and reduce suicidal ideation in depressed individuals.*

**Keywords:** *problem-solving therapy, treatment, depression, combination, well-being*

## Introduction

Wellbeing is one of the elements in the mental health of individuals. Several genetic studies have supported this hypothesis, stating that people with the same genetic have a tendency to feel positive and feel depressed about their lives (Fancourt & Steptoe, 2019). The absence of clinically significant symptoms on depression and anxiety does not necessarily indicate that a person is developing a mental illness. The unique genetic and environmental factors of a person can determine why some individuals develop symptoms of mental illness while others do not (Routledge et al., 2016). Depression is the most critical public health problem identified as a significant cause of global disease in women of all ages and about twice as high in women than in men. The double burden of depression in women has been linked to a number of social, cultural, economic and environmental problems. These include low socioeconomic conditions, family systems, conflicts with in-laws, lack of social support, and the events of traumatic life and domestic violence that have been thoroughly studied throughout the world (Nadeem et al., 2018). Cognitive biases explain mental health symptoms better in neuroticism. In particular, depressive symptoms are related to self-referential memory bias, whereas anxiety is predicted by interpretive bias. The clinical implications of certain biases on diagnostic features might be beneficial in reducing

distress and promoting wellbeing (Smith et al., 2018).

Everyone can feel sad or inferior, but this feeling usually recovers as time goes by. "Clinical depression" or "depressive disorder" is a mood disorder that causes symptoms of distress that affect feelings, thoughts, and how one handles daily activities, such as sleeping, eating, or working. To diagnose whether a person suffers from depression or not, this symptom must exist all day and almost every day for at least 2 weeks (National Institute of Mental Health, 2016). Depression consists of illness with a bad mood, painful feelings, lousy humor, suffering and panic attacks, and a tendency to be in isolation. In some severe cases, it may include delusions.

On the other hand, depression can present a variety of events related to somatic symptoms. Depression is considered a mental illness with mood disorders. Some of the symptoms include sadness and unhappiness, either temporary or permanent. Depression is a mental disorder characterized by sadness, demotivation, feelings of guilt and low self-esteem, accompanied by changes in sleep patterns and appetite, lack of concentration, and tiresome, which can become chronic and repetitive, making the person unable to function in daily activities. Mild depression can be treated with psychotherapy, but the moderate and severe one may require a pharmacological treatment (Rondón Bernard, 2018).

Problem-solving therapy has been widely used for a

variety of psychological problems. This research is conducted to determine the effectiveness of the treatment when combined with PST in treating psychological disorders or depression. This study looks to compare other interventions and PST in dealing with depressive symptoms. Considering the use of a medical intervention for treating depression, the question remains as to whether PST is more effective or better than other alternative interventions to reduce symptoms of depression.

### **Problem Solving Therapy in Adults with Depression**

PST effectively reduces depression for adults (Choi et al., 2014). It is also an effective treatment for low-income adults who stay at home. The results also support the reciprocal and indirect effects of depression and disability outcomes (Choi et al., 2014). Cuijpers et al. (2018) conducted a study on PST for depressed adults and found a more significant effect of PST compared to control conditions. PST is an effective treatment for depression with small effect size but is comparable to other psychological treatments of depression (Cuijpers et al., 2018). Choi et al. (2016) found that PST was effective in reducing depressive symptoms in adults compared to telephone support treatments (Choi et al., 2016). Kirkham (2016) conducted a study involving 569 participants (290 PST, 279 controls), who were given PST privately between 6 and 12 weeks.

Furthermore, Karp et al. (2018) found that the combination of antidepressant pharmacotherapy and problem-solving therapy was no better than antidepressant pharmacotherapy and supportive management. Clinically, the level of response and stability of responses over one year that have been observed in the two groups were not different (Karp et al., 2018). Another study conducted by Stahl (2017) revealed that walking speed, a measure of physical and cognitive health, is significantly related to the involvement in PST. Participants who walked faster were more involved in the PST compared to participants who walked more slowly. There are no other essential variables that are significantly correlated. Older people who run more slowly may need alternative methods to be fully involved in PST. Walking speed reflects physical and cognitive health, and predicts weakness, disability, and slowed psychomotor speed. For this reason, speed may be a marker of factors that can predict worse involvement in psychosocial interventions with PST (Stahl et al., 2017).

### **Problem Solving Therapy in Individuals with Depression in Social Environment**

Bell (2009) contends that PST is an effective intervention to reduce depressive symptoms. A significantly small to medium effect was found for post-treatment time points. Of the post-treatment samples included, 14 had an effect size indicating that PST was more effective when reducing depression, while only seven samples showed PST was less effective. The most significant effect size was found for follow-up time points. Of the follow-up samples included, nine had a positive effect size, while only two had a negative effect size. When the type of comparison group was specifically examined, PST was found to be as effective as psychosocial alternative therapies and treatments, and significantly more effective than support/attention (Bell & Zurilla, 2009). PST can also improve an individual's social skills (Choi et al., 2013). The study examined the relationship between social, personal sense, depressive symptoms, and potential mediating effects as personal and social resources among adults who stay at home and have low income. It was found that those who participated in six PST or tele-PST sessions directly, as opposed to those who received telephone calls who provided nonspecific support, had significantly lower depressive symptoms in 12 weeks of follow-up and a HAMD score that was remained stable at the 24-week PST follow-up (Choi et al., 2013).

### **Problem Solving Therapy in Individuals with Depression and Anxiety**

PST significantly reduces anxiety in individuals who experience depressive symptoms. According to Villamil (2018), 36 patients who completed PST received a significant reduction in depressive symptoms and anxiety, as well as total and low-density lipoproteins. PST helps reduce symptoms of depression and anxiety (Villamil-Salcedo et al., 2018). Albert (2019) found that PST reduced neither the risk of the general incidence of mental illness nor the burden of anxiety symptoms. Apart from the low power, the effects of PST may have been blunted by medical service referrals in the improvement of the group treated (Albert et al., 2019).

### **Problem Solving Therapy in Individuals with Depression and Suicidal Ideation**

For depressed individuals, PST can reduce suicidal ideation (Choi, 2016). PST directly reduces despair, which leads to lower adult suicide even though these

findings have not been consistent (Choi et al., 2016). Gustavson's study (2016) of 221 participants who reported the idea of suicide showed a reduction after 12 weeks of getting PST treatment (Gustavson et al., 2016). Robinson (2016) used the Weibull log model of time (years) to death, controlled for age, the severity of physical illness, gender, stroke severity, and history of depression, and showed a significant independent effect of the treatment. Problem-solving therapy significantly and independently increases the time of death, while in older age and severe depression, it significantly and independently reduces the time to death (Robinson et al., 2016).

### Problem Solving Therapy in Individuals with Depression and Obesity

Weight gain and depression problems can be treated with an integrated combination of body care and problem-solving therapy, or by using antidepressant drugs that have significant results in weight loss and recovery in 12 months. However, the size of the effect is simple, and the clinical size is uncertain (Ma et al., 2019). PST can also help stabilize glucose and cholesterol for up to four months in individuals with depression (Villamil-Salcedo et al., 2018).

### Analysis



**Figure 1.1 Depression with other problem**

PST can be combined with other treatments to treat depression and other problems related to social life. PST is found to be as effective as psychosocial alternative therapies and treatments, and significantly more effective than attention/support (Bell & Zurilla, 2009). Choi et al. (2013) examined the relationship between social, personal reason, depressive symptoms, and potential

mediating effects as personal and social resources; and found that PST could improve someone's social life.

Villamil-Salcedo et al. (2018) found that 36 patients who completed PST received a significant reduction in symptoms of depression and anxiety. Also, another finding from Albert (2019) shows that PST does not reduce the risk of common incidents of mental illness or anxiety symptoms. In this case, the PST effect may have been blunted by medical service referrals (Albert et al., 2019).

PST can also reduce suicidal ideation as it directly reduces a person's despair on the idea of suicide in adults, although these findings are not entirely consistent (Choi et al., 2016). Another study reported a lower amount of suicidal thoughts after 12 weeks of getting PST treatment (Gustavson et al., 2016). Also, Robinson (2016) found that PST for older people with major depression significantly and independently reduced time to death (Robinson et al., 2016).

Weight gain and depression problems can be treated with PST within 12 months, which proves more effective compared to usual care. However, the effect size is simple, and clinical measures are not consistent (Ma et al., 2019). Besides, PST can help stabilize glucose and cholesterol (Villamil-Salcedo et al., 2018).

### Conclusion

Based on the review of previous PST studies, it was revealed that that PST aims for adults more than adolescents and children. PST is effective in reducing the level of depression in adults and has the same results as other alternative treatments. In terms of recovering anxiety in depressed individuals, further investigation needs to be done due to previous inconsistent findings. However, PST proves effective in dealing with suicidal thoughts and obesity, although more research in this area would be necessary to support these findings consistently.

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