

Nurse-Led Interventions for Patients with Depression in Primary Care: Aligned with SDG

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ABSTRACT

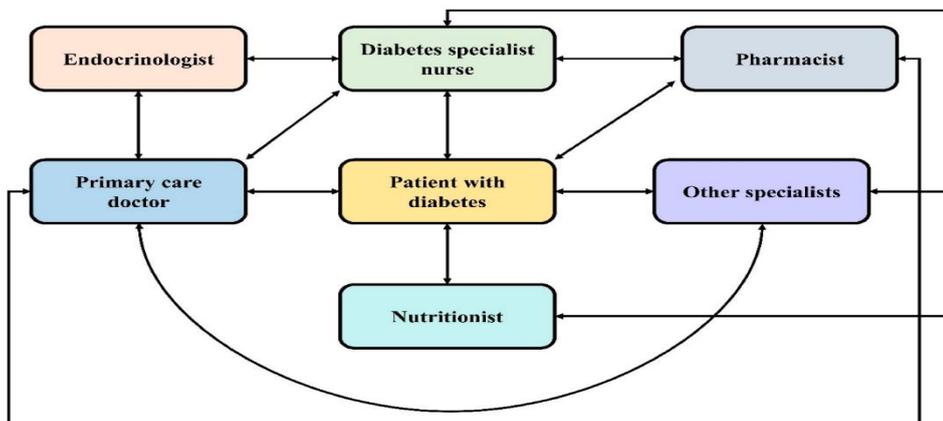
Depression is a leading cause of global disease burden and is often underdiagnosed and undertreated in primary care. Given their accessibility and holistic approach, nurses are increasingly recognized as key providers in bridging mental health service gaps. Evidence indicates that nurse-led interventions—ranging from systematic screening and psychoeducation to psychological therapies, case management, and community outreach—lead to improved patient outcomes, including reduced depressive symptoms, enhanced treatment adherence, and higher patient satisfaction. Collaborative care models demonstrated particular effectiveness, with nurses functioning as case managers linking patients, physicians, and mental health specialists. Despite their benefits, barriers such as inadequate training, heavy workloads, and limited policy support hinder wider implementation. Nurse-led interventions represent a sustainable and impactful strategy for addressing depression in primary care. Strengthening nurse training and integrating nurse-led models into collaborative frameworks can improve access, cost-effectiveness, and patient-centred outcomes.

KEYWORDS: Nurse-led interventions, Depression management, Primary care, Mental health services, Collaborative care, Psychoeducation, Patient outcomes, DG 3 (Good Health and Well-being).

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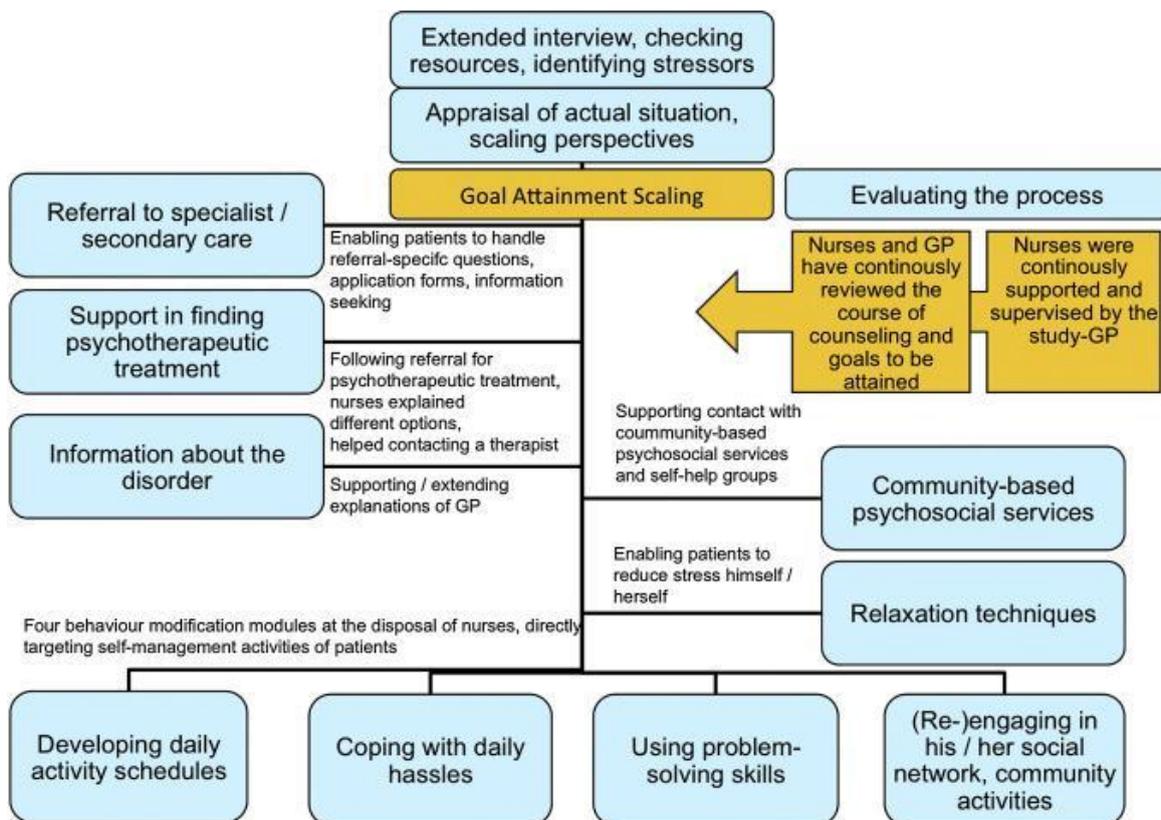
INTRODUCTION

Depression is a leading mental health condition in the world, affecting over 280 million individuals thus leading to a huge portion of the burden of disease on the world. It is a chronic major depressive disorder and the main characteristic symptoms include a lasting sense of unhappiness, diversion of interest, fatigability, insomnia, and poor functioning in daily life, which can bring about poor living standards and predisposition of comorbidities. Depression is a poorly diagnosed and treated condition, especially in primary care where primary care providers are the first specialists people turn to when they need physical and mental care. Low consultations frequency, insufficient mental health training, an unfair attitude to psychiatric conditions, also increase the gap in treatment (Buszewicz et al. 2016). Nurse-led interventions have been another community health promotion method with promising potential to fill this gap in the recent years. Nurses are direct providers of care and hence more reachable to patients; they are the frontline healthcare providers, have built rapport with the communities and can provide holistic care and patient-centred care. They are part and parcel in the assessment of depression in the primary care setting including psychoeducation, counselling, and follow-up. In addition, there is evidence that nurse-implemented interventions enhance early detection, adherence, and patient outcomes and alleviate physician and mental health specialist burden. Nurse-led models are one of the paths laying ahead on the way to utilizing mental health interventions inside of primary care as they both support mental health service delivery and can be integrated into the overall care models of universal health coverage. Nurses, by being adequately equipped with tools and expertise to manage depression may overcome obstacles to care, eliminate stigma, and provide timely and equality of access to professionals



The primary care is of utmost importance in diagnosing and treating depression, since patients tend to address the somatic complaints (fatigue, headache, or sleep problems) with primary care providers instead of expressing their concerns related to depression. The above could be hampered by various impediments such as little time to consult practice and poor training of the general practitioner in mental health; inability to recognize symptoms; and stigma associated with mental diseases (Schofield et al. 2016). The current state of affairs is that depression is undertreated and as a result, outcomes are worse, and the disease burden even larger. Nurse-led interventions have been advocated in response to these hurdles because they provide an effective strategy to improve the care of depression in primary care. The ideal providers of mental health care are nurses who are unique in accessibility, human centred approach and frequent interaction with patients. It is possible to offer them systematic screening, psychoeducation, motivational interviewing, behavioural activation, and medication adherence support, as well as offer regular follow-ups. Also, they are essential in the development of trust and therapeutic relationships with patients, and thus eliminate the stigma and acceptability of mental health care.

Clinical trials and systematic reviews indicate that the nurse-led interventions have the potential to effectively improve patient-related outcomes, such as decreasing depressive symptoms, improving compliance with the treatment regimen, and patient satisfaction. Indicatively, collaborative care models where nurses work in coordination with the physicians and mental health experts have proved to be effective in the delivery of favorable results on depression management as opposed to usual care. Besides the positive influence on clinical outcomes, these models enhance health care systems by shifting responsibilities and allocating resources in the most efficient way (Halcomb et al. 2019). This manuscript discusses the success, obstacles, and potential of nurse-led interventions regarding patients with depression in primary care in order to enhance healthcare outcomes concerning mental health and reinforce the role of nurses in multidisciplinary care teams.

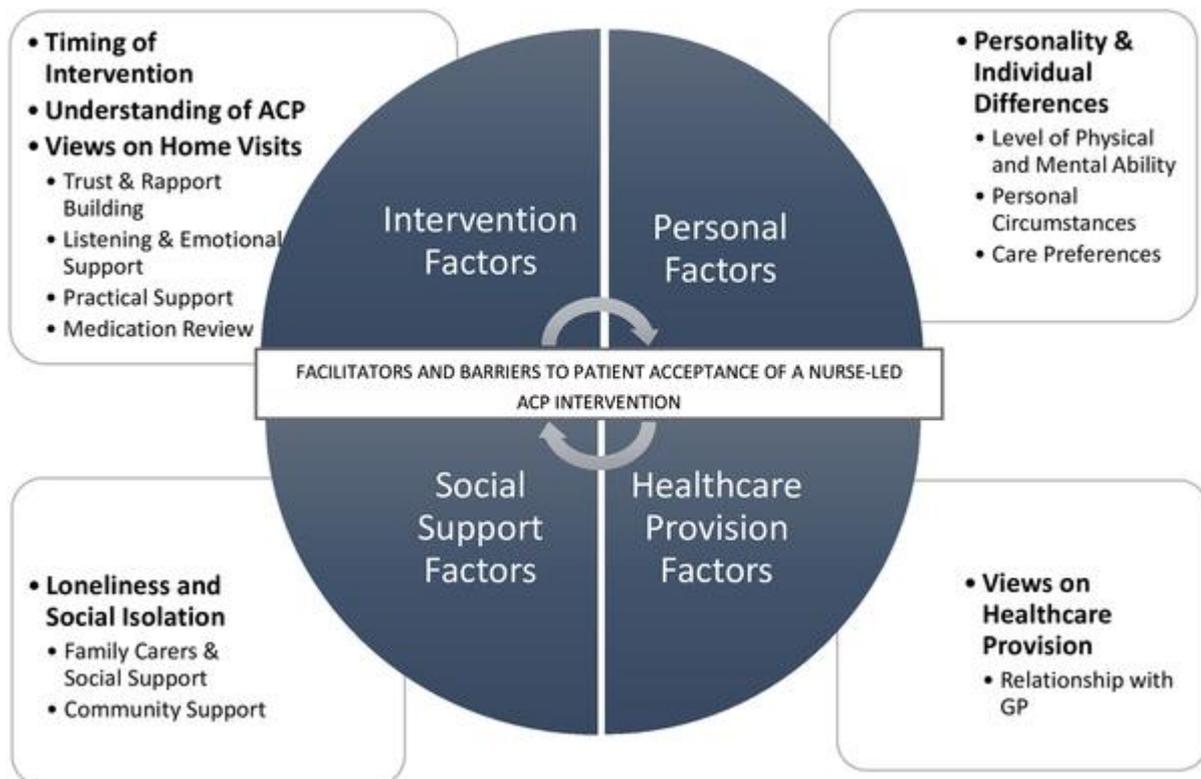


RATIONALE OF THE STUDY

Depression is emerging as a serious problem of public health due to its high rates, chronic problems, and adverse effects on the lives of individuals and health care industries. Depression has remained under-diagnosed and under-treated especially in primary care where it is most commonly experienced irrespective of the availability of proper treatment. General practitioners, who constitute the first point of contact, are under several constraints due to lack of time during consultation, mental health training, and competing demands in clinical scenarios. Such restrictions pose a major challenge in identifying and appropriately treating depression in an opportune manner (Lei et al. 2023). Nurse-led interventions have proved to be a promising solution towards such a gap. Nurses are in the ideal place to provide patient-centred care, with a longer contact with the patient and more chance of follow up and integration of psychosocial care with medical care. In addition to the clinical efficacy of interventions like systematic screening, psychoeducation, behavioral activation, counseling, and adherence support, they all help patients claim their own recovery process. Also, it is possible to improve the situation with stigma and consider accessibility of care in nurse-led interventions and promote the collaborative relationship between patients and the healthcare system. In the light of a healthcare system, having nurses as a part of the depression management solution also helps to better use the resources. Redistribution of responsibilities will help healthcare systems reduce the number of physicians and mental health specialists burdened by it and make sure the continuity of care (Westland et al. 2020). This strategy is consistent with the priorities of global health and in

particular the WHO recommendation on task-shifting and integrated primary care systems to reduce the treatment gap on mental illness.

Depression is one of the greatest causes of the burden of disease with millions of people being affected by the condition in various societies and with varying socioeconomic backgrounds. In view of the level of prevalence, persistence, and their correlation to functional disability and comorbid conditions including cardiovascular disease and diabetes, the responsibility of health systems becomes complex with respect to the management of this problem. Depression also has significant economic cost in addition to its personal and social ramifications due to higher healthcare use and lost productivity costs in addition to disability costs. Regardless of these implications, depression remains undiagnosed and undertreated, particularly within the primary screens where the majority of the people initially seek medical attention of any illness. Various hurdles in the management of depression lag experienced by primary care providers can be described. Doctors do not usually have a sufficient amount of time to discuss much about the psychological issues except immediate physical ones (Westland et al. 2020). In addition, the misdiagnosis or under-recognition of psychosocial levitra behavioral disturbance is often related to a lack of separation between physical and psychological manifestations. Perceptions of mental illness as stigma and the ill informing are among the cultural factors that encourage patients not to seek care in time. These obstacles leads to a significant treatment gap, especially in low resource and high burden settings. The rationale behind the study, therefore, is the fact that there is an urgent need to assess and show the effectiveness of nurse-led studies in combating depression in the primary care setting. As this study explores their effectiveness, limitations, and ability to be scaled, the information presented may act as an evidence base that can be used in policymaking, training a new generation of nurses, and helping to integrate them into multi-professional mental health care teams. Finally, the aim of this study is to make a contribution to the enhancement of mental health results, decrease the gap in relation to treatment, and promote the delivery of equitable and sustainable healthcare services.



LITERATURE REVIEW

3.1 Overview of Depression as a Global Health Concern

Depression is considered to be one of the most widespread and the most disabling of mental health conditions. The world health Organization (WHO) estimates over 280 million people worldwide are currently afflicted which makes it a leading cause of burden of disease. Depression is expected to become the major cause of disability-adjusted life years (DALYs) lost in 2030 and exceed a large number of physical disorders. The consistent feeling of sadness, loss of interest in the activities, fatigue, disturbed sleep, impaired concentration and sense of worthlessness constitute depression which severely affects the day to day lives and contributes to low quality of life (Vashisht et al. 2020). This burden of depression is also being felt in families, communities, and societies in general in addition to its personal toll. Economically, depression leads to decreased productivity, absenteeism and presenteeism and increase in healthcare needs. Depression and anxiety disorders were then estimated by the joint report by the WHO and the World Bank as costing the worldwide economy about USD 1 trillion a year in lost productivity. This is an economic burden that demonstrates just how important it is to prevent and treat effectively. Depression also borders on other physical health conditions such as cardiovascular diseases, diabetes, cancer and chronic pains forming a reciprocating relationship that further deteriorates the health outcome. Furthermore, depression left untreated is one of the most prominent risk factors to suicidal behavior and over 700 000 suicides are reported every year around the world. The statistics highlight the desperate need to recognize and manage depression on time, as one of the key global health priorities.

Although effective pharmacological and psychosocial interventions are available, there is still a wide treatment gap particularly in low- and middle-income countries (LMICs). It has been estimated that over 75 percent of people in LMIC found to have depression do not receive any form of treatment since they face a number of barriers like lack of adequate resources in healthcare centers, low quantity of trained mental health workers, lack of awareness, and stigma related to mental illness. Underdiagnosis and undertreatment are of concern not solely in low-income countries but even in high-income ones (Shorey et al. 2022). The treatment of depression as a worldwide healthcare issue must thus be multidimensional that involves the expansion of availability, incorporating mental health in primary care services, lowering stigma, and the adoption of new models of care delivery including task-shifting to the nurse/other non-specialist medical practitioner. The growing acceptance of depression as a medical and a health problem at the global level underlines the need to find effective and effective strategies to reduce the burden associated with it. Depression is a very broad and multifaceted international health problem with enormous clinical, economic, and social impacts. No treatment has been found to be effective, its long prevalence and chronicity, disability and suicide association makes it a top priority for the health systems globally. To be effective, addressing the issue of depression should entail innovative, scalable and context-sensitive solutions that would fill the current treatment gap. Among them, nurse-led strategies in primary care are emerging as a viable and effective model of care and this formed the rationality behind further exploration through this study.

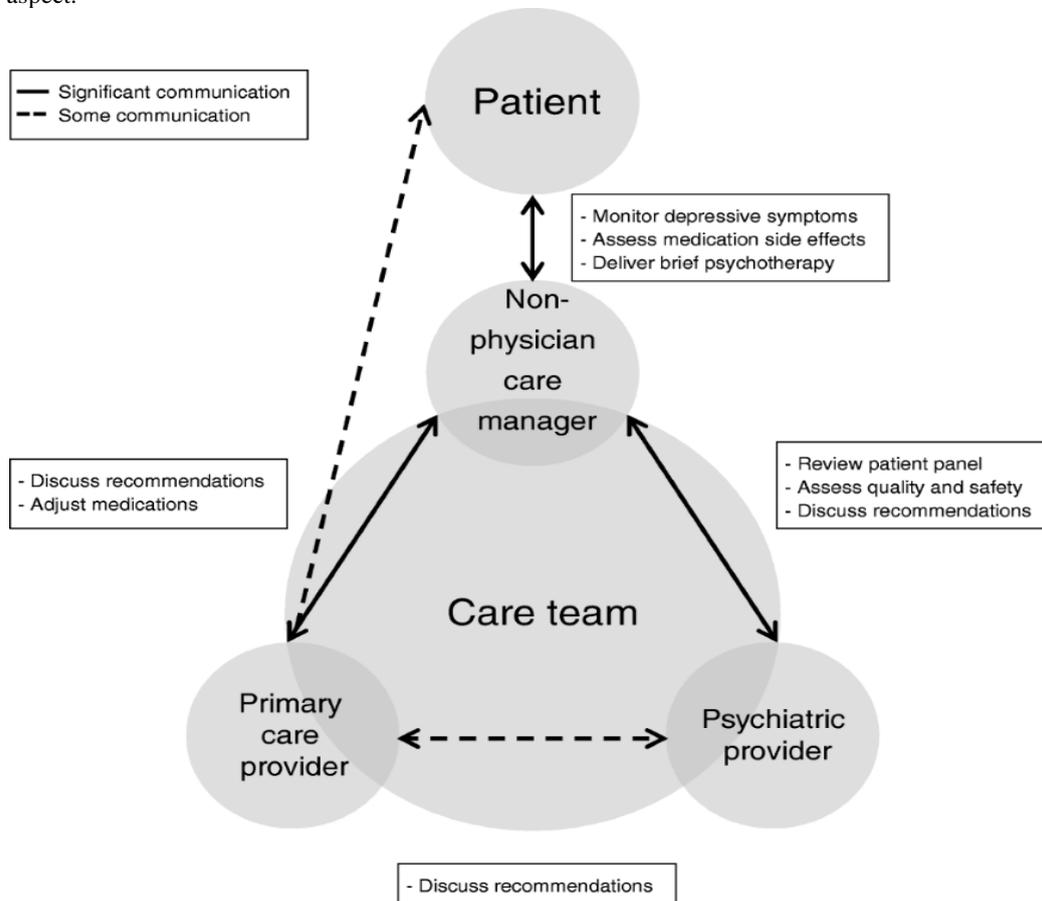


3.2 Depression in Primary Care Settings

Primary care is central to identifying, managing, and following-up depression as patients with physical and/or psychological issues are usually first seen by primary care providers. It has been found that about 50-70 percent patients with depression visit primary care first as opposed to mental health specialty care. In such contexts, however, depression is often under-diagnosed or inappropriately treated, which fuels chronicity and poor outcomes as well as drives up healthcare costs. Complicated presentation of depressive symptoms is one of the main issues of primary care (Ferenchick et al. 2019). A patient may verbally describe somatic symptoms like tiredness, headaches, sleep disorders, or gastrointestinal discomfort instead of stating that the patient is having psychological distress. Much somatization has occurred, and it is often that the time restrictions of consultations have

resulted in misdiagnosis or in the fact that more importance has been put on physical complaints that have invisible mental health issues underlying them. Literature shows that between 30-50 percent of all depression in primary care is not identified and those identified do not receive adequate treatment. The second obstacle is lack of mental health training of GPs and primary care providers. Physicians lacked confidence in diagnosing and treating depression as they did with physical conditions which is why detection rates are low and underutilization of effective methods use occurs (Park and Zarate Jr, 2019). Furthermore, cultural diversification, stigmatization issues related to mental illnesses, and the unwillingness of the patient to provide mental symptoms contribute to the impossibility of proper diagnosis and early treatment.

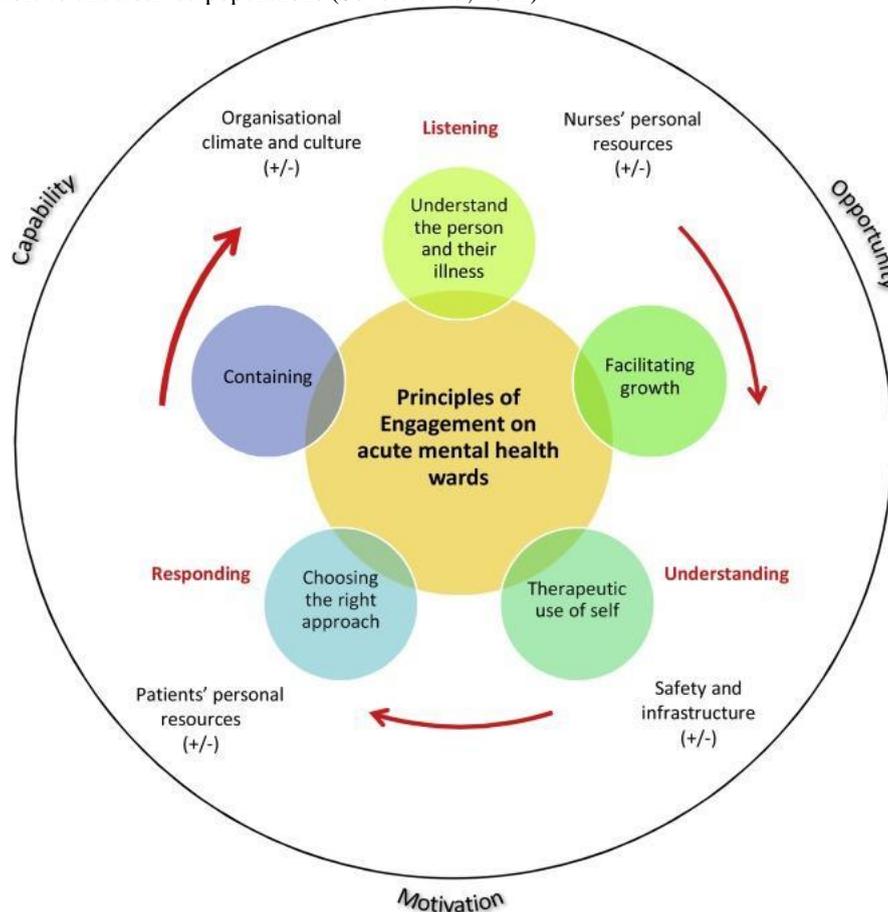
The healthcare cost of untreated or under-treated depression in the primary care setting goes beyond even the patient. It causes recurrent activity, checking of physical symptoms, high medical costs, and low level of productivity that comes with chronic state. In addition, failure to treat depression exacerbates the prognosis of other chronic diseases like diabetes, hypertension, and cardiovascular issues, setting up a cycle of bad health and economic burden. Nevertheless, primary care settings offer a lot of potential when it comes to the depression management. They are easily accessed, there is seamlessness of care and they are also patient-centered, thus suitable in integrating mental health services. Such models include collaborative care, stepped care, and task-shifting interventions, which have been increasingly adopted in diverse regions and evidence supporting their effectiveness in improving depression outcomes has been documented through the integration of mental health services into primary care (Fekadu et al. 2022). Nurses, more specifically, have been identified as key players in such models, as their increased exposure to patients and the community trust enables early identifying, educating, and keeping patients adherent to measurements and following up. Between the main care-givers and the care that is given to depression, there is an outstanding issue in which there are systemic barriers to management of depression, such as difficulties with diagnosis, provider issues, and even stigma that are currently moving along in their hindrance type of care. The danger to timely, comprehensive, and sustainable care provision by individuals with depression proves that it is important that innovative approaches like nurse-led interventions be employed and that primary care sector capacity should be reinforced to guarantee timely and holistic as well as sustainable care to the sufferers. Primary care is the entry level and the easiest approach of healthcare available to the people in times of physical and psychological distress. In many patients, the primary care clinic serves as the sole means of access to the health system and therefore represents a critical location through which to identify and treat depression at its onset. It has been noted that as much as 70% of patients with mental health issues, including depression, initially present with their problem in the primary care setting as opposed to presenting to the mental health specialists. This imparts a challenging burden on primary care providers (PCPs) to delineate and take action against depressive symptoms as early possible. Regardless of this depression is perennially among the least-recognized and least-treated conditions in primary care (Buszewicz et al. 2016). Studies have revealed that around half of depression cases are not diagnosed in the primary care systems and even when diagnosed, one-third of patients receive minimal adequate treatment. Multiple aspects will explain this gap. Second, depression can take on the form of somatic complaints like fatigue, insomnia or chronic pain and, therefore, it may hide the psychological condition. Physicians are under pressure to see many patients in a short consultation time with competing demands often lead to neglecting the psychosocial aspect of the medical problem in favor of the physical aspect.



3.3 Role of Nurses in Mental Health Care

Nurses have always been considered critical actors in healthcare provision, and their presence in mental health care has become more and more extended over the last several decades. Originally thought of in terms of bedside care and support, nurses are finding themselves better and better situated as front line providers who are able to provide comprehensive and patient-centered mental health care. Their availability, restrained nature of patient contact and comprehensive view of healthcare make nurses the essential part of managing the psychological and physical aspects of the health condition like depression (Foster et al. 2018). Early screening and identification is one of the key roles of the nurses involved in mental health care. As nurses are the people who constantly interact with the patients in the community and at clinics, they are the first to use indications of psychological disorders. Their contribution in the delivery of standardized screening instruments, risk identification, and early symptoms detection provide them with an important opportunity to intervene and/or refer patients, which is of paramount importance to the success of depression and related disorders. Nurses also have an important role in psychoeducation and counselling (Havaei et al. 2021). One way by doing this is by informing patients and their families on what depression is, the available treatment options as well as ways of coping with depression; this action helps to eliminate stigmas, increases understanding and compliance with modes of treatment. The practice of many mental health nurses involves making use of therapeutic communication, cognitive-behavioral and motivational interviewing techniques in empowering patients and leading them through the process of healing.

Nurses play a role in treatment compliance and follow-ups, which is vital in the management of chronic diseases such as depression. Frequent monitoring of the symptoms and side effects of drugs and the progress of the patient ensure a continuous follow up thus curbing the risk of relapse. Nurses play a major role in initiating the first point of contact between patients and multidisciplinary teams, in terms of coordinating care among various providers and health services. This partnership role improves the integration with primary and specialized care, and the mental health issues are considered along with physical health issues. In resource-based forms, the part of the nurses is decisive all the more so. The worldwide challenge of psychiatrists/psychologists shortages has led to task-shifting, in which trained non-specialists including nurses perform mental health services. The World Health Organization (WHO) supports the implementation of this model as it will be scaled and cost-effective and accessible to underserved populations (Sovold et. al, 2021).

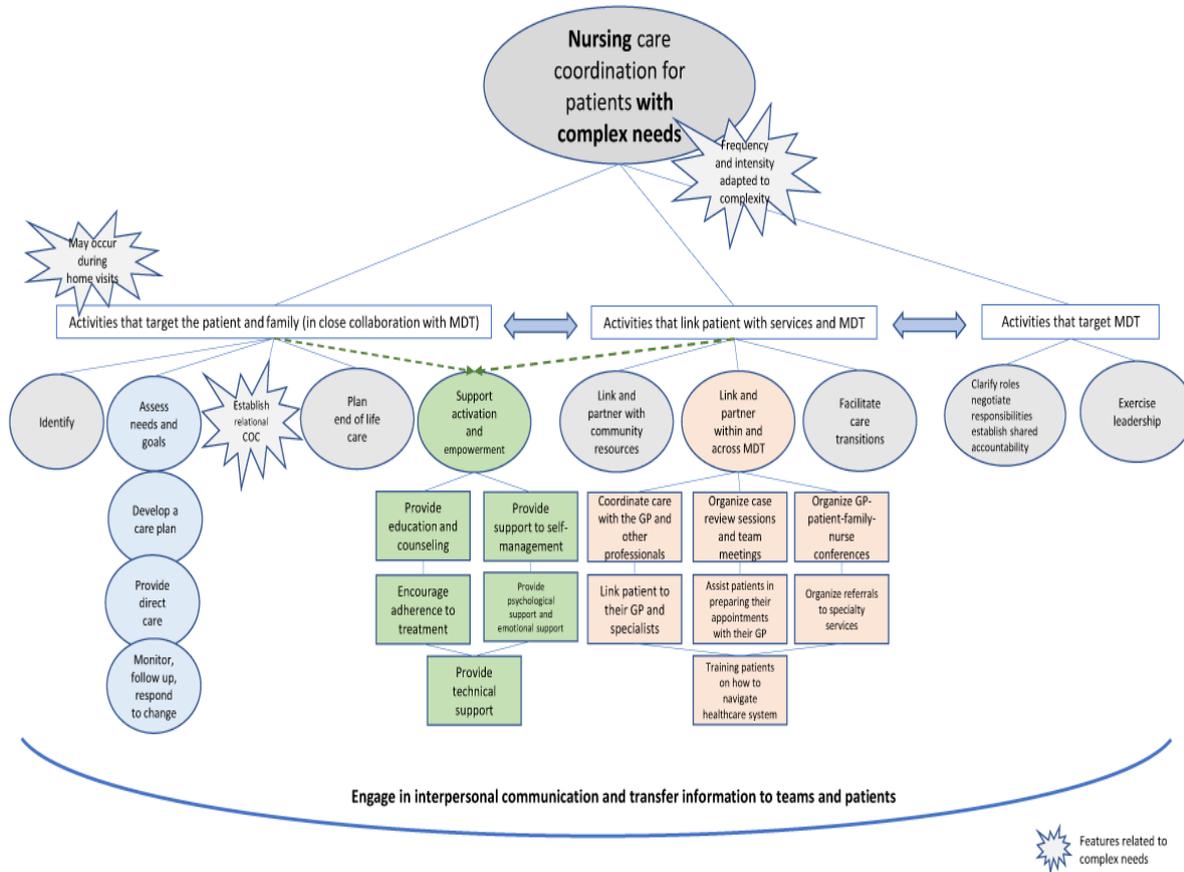


Delivery of basic mental health interventions by nurses including behavioral activation, problem-solving treatment and follow-ups in the community has been observed to be effective in reducing depression and improving functioning outcomes. In addition to direct service delivery to the patient, nurses are also engaged in policy and advocacy. They are making contributions to mental health promotion, awareness creation, and stigma-reduction at the community level. Their contributions to research and evidence-based practice are also on the rise, as mental health nursing becomes an established discipline with a deeper connection between his/her practice and scholarly research.

3.4 Nurse-Led Interventions in Primary Care

Nurse-Intervention programs have entered the scene as a game changer in responding to increasing burden of depression in

primary care. Such interventions take advantage of the accessibility, along with the continuity of care and patient focused nature of nurses such that they can offer both preventive and therapeutic care to depressed individuals who exhibit depressive symptoms. As an alternative, nurse-led models are the most sustainable and scalable solution to helping close the treatment gap in the context of primary care, where diagnosis and treatment of depression are often suboptimal. Nurses should also be instrumental in systematic screening of depressive symptoms during their everyday consultations and visits as part of management of chronic diseases. There is evidence on early detection rates improving with the use of validated instruments by nurses including the Patient Health Questionnaire-9 (PHQ-9) and Hospital Anxiety and Depression Scale (HADS). With early detection of depression, nurses have the ability to imminently intervene or refer to proper authorities before the symptoms worsen and expose the patient to unnecessary complications.



A mainstay of nurse-based interventions is psychoeducation, which is used to impart to their patients, and their families, an understanding of the nature, risk factors, and possible treatments of depression as well as coping mechanisms. This intervention does not only make patients more aware, but it is also effective in lowering stigma and misconceptions about mental illnesses. Psychoeducation by a nurse will lead to self-care, an increase in help-seeking behavior, and adherence to treatment primarily in those who are unwilling to use specialized mental health facilities. Increasingly an intervention being implemented by mental health care-trained nurses in primary care is the delivery of structured psychological care. Innovations in the field of methods to help a person include behavioral activation, problem-solving therapy, motivational interviewing, and supportive counseling that have also indicated positive outcomes in their application by nurses. These interventions are especially useful in under-resourced contexts, where most patients have no access to psychiatrists or psychologists (Ito et al. 2024). Evidence provided by randomized controlled trials suggests that brief psychological therapies administered by nurses are similar to treatments given by specialized mental health workers. Depression deals a lot with the long-term pharmacological treatment, but with treatment compliance as one of the issues. Nurses are central in the process of tracking down the use of medication, including side effects, handling of concerns and enhancing adherence approaches. Follow-ups with nurses will lead to a continuity of care, discourage early termination of treatment and prolonged recovery. The fact that they continue their relationship with the patients increases their trust hence improving the likelihood of compliance to medical advice.

Team-based care models A collaborative care model involves the inclusion of nurse-led interventions as a case manager or coordinator to ensure a coordinated care plan within the plan between patients, primary care physicians, and mental health specialists. In these models, nurses ensure that they continuously observe the movement and progress of patients, provide support in communication, and modify care plans as necessary. Collaborative care has been repeatedly found to produce positive depression treatment outcomes, boost remission rates, and decrease expenditures associated with care. This experience substantiates the critical role that nurses can play in providing team-based care integration. Nurse led involvements are essential in collaborative care model, with the nurse maintaining the role of a case manager synchronizing patients, primary-care physicians, and mental health representatives. These models present nurses with the patient and evaluate their progress, provide a platform to share information between providers and make corrections whenever it becomes necessary. Collaborative care has

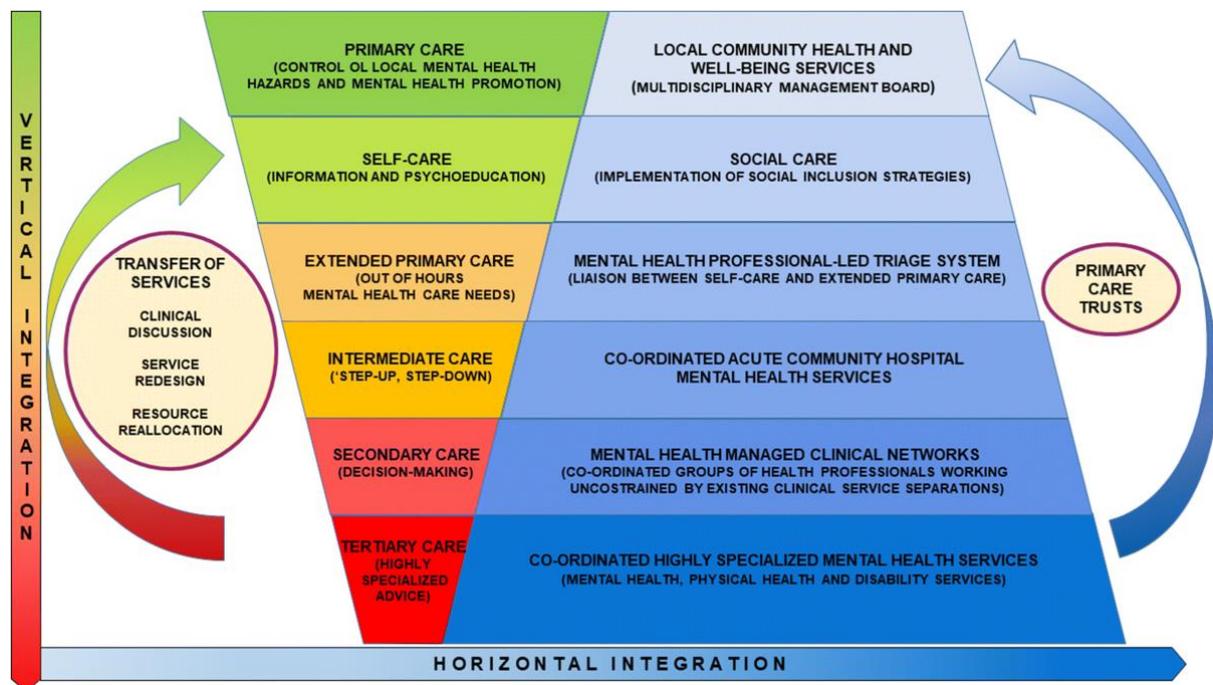
been repeatedly proven to improve depression outcomes and increase remission rates and decrease healthcare costs, so researchers should seize the opportunity to provide this kind of care to patients through nursing professionals.

METHODOLOGY

In this paper, the authors employed the design of a narrative review and synthesized the evidence on the role of nurse-led interventions to provide a patient with a depression evaluation. The main information was extracted concerning the setting of the study, the kind of intervention given, patient outcomes, and the issues observed. A thematic synthesis technique was then employed to code the findings under categories like early detection, psychoeducation, psychointerventions, adherence monitoring and collaborative care models. This provided the possibility to synthesize the findings of the different contexts delving into the competence and issues of nurse-led models. As the paper has been based on the already published sources, no ethical approval was necessary. Nevertheless, the sources used were duly recognized to guarantee academic integrity.

RESULTS AND DISCUSSION

This Research has presented sufficient evidence that nurses-based-interventions are effective in the management of depression in the primary care. Nurses were proven to greatly enhance early diagnosis, treatment compliance, and outcome-level reported patient pathology across a range of studies. Those included systematic screening and psychoeducation to structured psychological treatments that included behavioral activation, motivational interviewing, and problem-solving treatment. Evidence-based collaborative care models showed that nurse-led case management was effective in significantly reducing depressive symptom severity as compared to the usual care (Ferenchick et al. 2019). As an example, the patients who underwent the process of nurse-led interventions reported remission rates more often, were more satisfied with the process of providing care, and experienced a better quality of life. Home visits, follow-ups via telephone were also found to have positive results in decreasing cases of relapses and continuity of care, particularly among the population that may have limited facility to attend the clinic.



Moreover, nurse-led measures had been discovered to be cost-effective especially within a resource-constrained environment whereby the scarcity of mental health professionals makes treatment inaccessible. The redistribution of duties between physicians and trained nurses via task-shifting enabled healthcare systems to increase the reach of mental health care provision with only minimal dilution of quality. Implementation obstacles, however, were also frequently mentioned, namely, the lack of training opportunities, role ambiguity, excessive work assignments, and inadequate institutional support (Havaei et al. 2021). The results obtained in the literature review persuasively support the idea of the sustainable and effective impact of a nurse-led intervention as an approach to handling depression in primary care. Nurses are perfectly fit to provide mental health care as they are holistic and patient-centred, which is an approach that helps them bridge the barrier between patients and health care systems. Nurses are more accessible, have pillar status in the society and can offer continuity of care making a point that their contributions are superior to other providers.

Among the most outstanding benefits, there is an enhanced early detection and adequate treatment of depression. The multifunctional individuality of somatic and psychological symptoms and the short time available to conduct investigations in a meeting create frequent diagnostic difficulties that the primary care physicians can encounter. This could be improved by using nurse led systematic screening, however, this will improve early detection of depression with proper early interventions and referrals. Lastly, the evidence points to the significance of psychoeducation and counseling in eliminating stigma and empowering the patients (Ito et al. 2024). The introduction of nurse-delivered health promoting measures is not only an improvement in terms of adherence to treatment but as well activating resiliency in patients as well as ensuring patients are very much involved in their recovery phase. These results are especially useful in low- and middle-income countries (LMICs), where stigma related to mental

illness and misconception about mental illnesses are more significant, and where access to expert services is restricted.

Table: Summary of Evidence on Nurse-Led Interventions for Depression in Primary Care

Setting	Type of Nurse-Led Intervention	Key Outcomes	Barriers/Challenges
UK Primary Care	Behavioral activation, psychoeducation, follow-up	Significant reduction in depressive symptoms; improved adherence	Limited training in advanced counseling skills
Collaborative Care (UK)	Nurse-led case management and coordination with GPs	Higher remission rates; improved quality of life	Role ambiguity between nurses and physicians
Spain Primary Care	Systematic screening using PHQ-9; motivational interviewing	Increased detection rates; early intervention	Time constraints during consultations
Pakistan (LMIC)	Nurse/community health worker-led cognitive-behavioral techniques	Significant symptom reduction; culturally accepted	Resource limitations; workload strain
USA Collaborative Care	Nurse-led care management; medication adherence support	Reduced relapse rates; cost-effective	Need for multidisciplinary team support
India (LMIC)	Community-based nurse-led problem-solving therapy	Improved patient satisfaction; reduced stigma	Lack of policy support; limited supervision
Telehealth Primary Care, USA	Telephone-based nurse case management	Better continuity of care; reduced access barriers	Technological literacy issues for patients

Nevertheless, there are a few issues to overcome even with the proven success of nurse-led interventions at the scale up. Inadequate specialized mental health training among nurses as well as unspecified roles in multidisciplinary teams and shortage of policies promoting nurse led models are the most evident obstacles. With the lack of institutional and governmental reinforcement, workloads and roles strain pressure might increase, which decreases the sustainability of such interventions. The next most promising step forward is the integration of nurse-led interventions into collaborative care models. It is suggested that case management with nurses as a team player with physicians and mental health experts achieve the best patient outcomes in addition to an efficient utilization of healthcare resources. This model fits with the global response by WHO to task-shifting and integration of mental health into primary health care thus providing a feasible roadmap of systemizing mental health services in health systems across the world. Primary care nurse interventions show tremendous promise in addressing depression recognition and management and long-term outcomes (Park and Zarate Jr, 2019). Although there exist obstacles, especially in the areas of training and policy support, the literature implies that implementing capacity growth of nurses and integrating nurse-based models into the regular services on primary care could effectively help in closing the treatment gap on depression. This is relevant not only in the well-being of the individual but also in enhancing global health system and universal health coverage.

CONCLUSION

Nurse interventions have shown a great potential in enhancing the process of recognition and handling of depression as well as its outcomes in the long run in the primary care. Nurses can introduce themselves as a possible point of the first contact with patients and thus they can facilitate timely screening of patients, their education, emotional support, and evidence-based strategies of care. Such interventions do not only solve the instant symptoms of depression; they also contribute to the continuity of care by following up and continuously observing the signs. Nurse led models can fulfill this gap between patient needs and the shortage of physician availability by incorporating motivational interviewing, behavioral activation, psychoeducation, as well as medication adherence support. The proactive and sensitive nature of the interaction with patients established by nurses prompt them to participate in the treatment and diminishes stigma since patients feel motivated to play an active role in managing their recovery process. Notably, such model of care increases accessibility, especially to the vulnerable population which may be challenged by conventional mental health services.

Besides, there is evidence that nurse-led interventions are relevant in achieving cost-effectiveness and the sustainability of positive primary care outcomes. Individuals who receive such treatments tend to report declining levels of symptoms, increased compliance during treatment, and better life status. These strategies can downsize the pressures on an overworked primary care practitioner and encourage the greater use of a more comprehensive, interdisciplinary approach to care. Nevertheless, these interventions are limited in their effectiveness unless there is proper training, organizational support and affinity with overall mental health provisions. It is essential to overcome the challenges like workload, role clarity, and access to supervision in order to achieve maximal effectiveness levels. Nurse-led interventions are one of the effective solutions that can incorporate patient-centered approach to address depression and demonstrate comparative usefulness, as well as resource-efficiency in a primary care setting. As the healthcare systems deal with the increasing needs in mental health, the role of nurse-led care can be expanded in its scope and scale to benefit patient care and the sustainability of primary care.

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