

Premier's Anika Foundation Youth Depression Awareness Scholarship

Alarming Rise in Youth Depression: Can Schools Help Turn the Tide from Risk to Resilience?

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Introduction

Both adolescent depression and suicide attempts are on the rise. Teenagers are experiencing changing family patterns and increased pressure at home, school and in society. The World Health Organisation believes depression will be the leading cause of disability by 2020. In Australia nearly 24 percent of young people have already experienced an episode of major depression by the time they are 18 years old. It is widely known that depression in adolescents can lead to a drop in academic performance, social isolation, risk taking behaviours and suicidal thoughts. Schools play an important role in the development of young people. Given timely and appropriate help, most depressed adolescents can be helped to live normal and productive lives. Therefore, early detection and treatment, before the depression becomes a way of life, is essential. Treatment can interrupt the downward spiral into frequent recurrences. Early detection and treatment can also alleviate and potentially prevent the most dreaded consequence of all: suicide (Cytryn and McKnew, 1996).

Schools are in a crucial position to see changes in students that occur daily in their environment that may be behavioural, social, emotional or cognitive. However, school staff are not clinically trained psychologists and are often at a loss as to how to adequately support struggling students. There is a need to focus on the prevention of depression in young people by building awareness of youth depression through training teachers to identify vulnerable students and equipping teachers with knowledge of an effective referral path. This includes giving teachers a solid knowledge base about depression and raising awareness about risk factors and warning signs. Teachers could also benefit from practical guidance about how to create and sustain a supportive, nurturing classroom environment.

There is a growing need to implement whole school initiatives that promote resilience and wellbeing for all students before depression can take hold. It is important to explore and promote the factors that allow individuals and communities to thrive. The growing interest in positive psychology may provide a vehicle through which to build both individual and collective resilience. For a number of students who have a more serious, unpreventable endogenous depression we must begin to seek creative ways to accommodate and care for students individual needs in terms of their education and development. Furthermore, it is time to strengthen relationships between schools and communities so that the detection, intervention and prevention of youth depression is shared collectively by all parties and does not rest on the shoulders of schools alone.

I have had the opportunity to examine the perspectives of American and Canadian researchers and psychologists and their approach to the issue of youth depression. The USA and Canada have been at the forefront of raising awareness of adolescent mental health issues and suicide prevention due to large increases in federal funding in this area. In my discussions with professionals from a range of settings, a number of issues repeatedly resurfaced and four areas identified as needing greater attention regarding youth depression were:

1. The need to educate school staff about depression and equip them with strategies and resources to identify students at risk and implement sound referral procedures.
2. The need to develop whole school programs to promote well-being, happiness, positive emotions, psychological health, personal strengths, positive experiences and positive environments for both students and staff.
3. The need to provide safe and nurturing environments for those students unable to function effectively within mainstream school settings due to the more severe and possibly endogenous mood disorders.

4. The need to build bridges between all parties involved in the wellbeing of students including parents, school staff and the wider community, in order to support young people through networks of shared responsibility.

Significant Learning

Educating school staff about depression and equipping them with strategies and resources to identify students at risk and implement a sound referral procedure.

A student's difficult or unusual classroom behaviour can result in tremendous stress for the student, the teacher and the other students. In some cases, these disturbances can be temporary but in many cases may be an indication of a mental disorder. Sue Eastgard, Director of Washington State Youth Suicide Prevention Program, believes that "as a teacher you play a crucial role in the early recognition and referral of students who may be depressed. Knowing what to look for and what to do could mean the difference between life and death for a student close to you".

A resource called "When Something's Wrong: Strategies for Teachers" has been developed by Dr. Stan Kutcher on behalf of the Canadian Psychiatric Research Foundation to assist classroom teachers in their understanding of depression. It provides strategies for teachers to help them identify and support students who may be suffering from depression. This highly visual, hands-on resource contains a brief description of possible classroom behaviours that can accompany depression, suggested strategies to help teachers deal with these issues in the classroom, summaries of existing medical or therapeutic treatments and a list of resources for teachers who wish to seek further information. The benefit of having such a resource available to all teachers is that when a child in their classroom is displaying certain behaviours they have a list of practical strategies to draw on. The language used in the booklet is easy to follow and is not overwhelming in terms of content or information provided.

In every location I visited, I found evidence of similar pamphlets and information guides created specifically to educate and equip teachers to be able identify and deal with adolescent depression. In the case of the State of Washington these resources were designed with the belief that early detection of at risk students may be helpful in preventing youth suicide.

The Canadian province of British Columbia has taken this teacher training about social and emotional health to a deeper level. It is now mandatory for all teachers to attend a series of lectures and workshops run by Dr. Lynn Miller at the University of British Columbia. Dr. Miller believes these workshops to be highly beneficial and the teachers themselves on the whole have been enthusiastic and thankful for the additional training in this high needs area. Very few places in the world offer this type of specific education in relation to depression and its impact in the classroom. Many teachers are not provided with adequate or practical strategies to identify and assist at risk students in their classrooms.

The alternative way for teachers to receive training about depression and managing struggling students in their classrooms is for professionals to go into school settings and address staff in the school environment directly. Dr. Nadja Reilly of the Children's Hospital Boston and Harvard University runs workshops for teachers that cover the topics of recognising depression, strategies for the classroom and advises of referral paths that teachers may use. Whilst acknowledging teachers to be a difficult audience, Dr

Reilly has found that many teachers are crying out for greater knowledge and more support in this area. Dr Reilly goes to great lengths to avoid placing more responsibility on teachers who are already feeling overloaded. She aims to support teachers by equipping them with knowledge and reassuring them that there are resources and support available for both them and their students.

Another avid advocate of the promotion of teacher awareness is Dr Ian Brown, Chief Psychologist of the Durham District Catholic Schools Board in Ontario Canada. He has developed a series of presentations that he delivers at school staff meetings and nation wide conferences. Dr Brown informed me that he is one of the few individuals that deliver presentations to staff due to the similar challenges that School Counsellors in Australia are being presented with such as being under resourced and time poor. Also many school counsellors do not consider it their role to be the ones providing training to staff about mental health issues. Similarly in Seattle, Washington, Dr. John McDonald Head of School Psychology explained that the emphasis has now moved from supporting mental health into reporting, assessment and supporting special education services. However he has developed a handout for teachers called "The Anti-Depressant Classroom – What Teachers Can Do" and has compiled a list of dos and don'ts for teachers, which is extremely specific and helpful.

I found that the delivery of information and resources to school staff varied widely from state to state and province to province in North America. There were even differences between the delivery of information within each school district.

Developing whole school programs to promote well-being, happiness, positive emotions, psychological health, personal strengths, positive experiences and positive environments for both students and staff.

If the first step of dealing with depression is raising awareness about it and giving people, particularly school staff strategies to tackle depression when faced with it, then surely the next logical step is to build environments that promote resilience and effectively work to prevent depression from becoming a reality. This can be done in a number of ways, for example, individual students identified as being at risk may take part in a program designed to build resilience.

An example of an exciting preventative program being implemented in Ontario is the Suicide Intervention Program being run at Dunnville Secondary School by teacher Jan Putnam and his team of dedicated students and school staff. The purpose of this program is to equip staff and students with the skills to identify students at risk, refer students to support, educate other students and reduce suicidal behaviour. Over 200 school staff and students have been trained in A.S.I.S.T techniques designed to help them to identify those at risk and help them to a referral path. Their motto is "Let's go for a walk, I'm open to talk". The student suicide intervention team at Dunnville is active within their own community but they also speak at conferences and educate others about their school's suicide intervention program.

Another preventative program being used widely across North America is 'Friends', a program developed by Paula Barrett from the University of Queensland, Australia. The downside of programs like this is that they are available to only a small portion of the school population due to the small group nature of the programs, time, training and cost involved. What would make more sense is that every child in a school be offered the opportunity to reach optimal wellbeing.

One psychology in particular that is growing in popularity is positive psychology. Positive psychology studies optimal human functioning and aims to discover and promote the factors that allow individuals and communities to thrive. It addresses positive aspects of experience to improve the quality of individual and community life. Positive psychology covers topics such as wellbeing, happiness, positive emotions, psychological health, personal strengths, positive experiences, positive environments and the positive characteristics of individuals, groups, institutions and communities. Whilst this is being implemented in Australia at Geelong Grammar School by Dr. Martin Seligman, the founder of positive psychology, I managed to speak with Dr. Tayyab Rashid who is currently implementing a whole school positive psychology program in the "Nelson Mandela School" in one of the most disadvantaged areas in downtown Toronto. I visited the school and was impressed by the commitment of the staff and Dr Rashid himself to developing a school based philosophy that supports a vision of wellness for life.

The work of Dr Rashid is supported by Dr Carolyn Lennox, Chief Psychologist of the Toronto School Board, who believes that developing whole school philosophies based on positive psychology is the way forward in promoting adolescent wellness. I am privileged to be working at Hornsby Girls' High School with Megan Booth a Year 12 Adviser and art teacher who has implemented an innovative mentoring program for Year 12 students that is based on the principles of positive psychology and a particular focus on individual character strengths. It is interesting to note that other programs are incorporating some strategies such as mindfulness, and optimistic thinking into whole school programs. Dr Reilly from the Boston Children's Hospital reported that a program cannot rely solely on what's going wrong for a student but needs to focus on what is actually going well for a student too.

Providing safe and nurturing environments for those students who are unable to function effectively within mainstream school settings due to the more severe mood disorders.

When a student experiences a severe biological depression that may not be preventable it is often very difficult to reintegrate them back into the school environment. The consequences of having such a severe illness can include extended periods of time in hospital and disruption to friendships, as well as gaps in learning which in combination can be overwhelming and impede the recovery process. To really support these students effectively we must begin to think outside the square and take into account the individual needs of each adolescent. Where it is not in the student's best interest to return to the school they were once in, a personalised high school setting may be advantageous.

On Vancouver Island one such program that has been successful in offering individualised education programs tailored to the needs of students who have not been able to remain within the mainstream school system is 'The Individual Learning Centre' (ILC) at Broadmead. This centre is significantly different from the structured, traditional school system as learning is conducted in a less formal setting, with a higher degree of flexible options and in a manner that is very appealing to students who feel they cannot fit in at school. This particular campus is actually set amongst a number of business and retail offices within a shopping complex. Together the student and teachers design a learning program that fits the student's goals and schedule and this becomes a personalised plan that is endorsed by the student. There are no formal classes; students are self-directed with teacher's guidance. Weekly attendance of up to 15 hours per week for teenagers is expected. The schedule is flexible to accommodate the student's needs

and other commitments such as part-time work. Counselling and adventure based learning is offered and while on my study tour I had the opportunity to accompany Richard Cook, the School Psychologist and Head of Therapy at Broadmead ILC on an adventure walk to 'Mystic Beach'. All nine students from ILC who took part in the walk that day had been in psychiatric care sometime in the past six months for acute depression.

Richard Cook explained that while these students appeared to be thriving at "The Individual Learning Centre", it is highly unlikely that they would have survived in a regular school and the students themselves attested to this fact. Ron Hertel from the Washington State Health Department also shared his experiences in working to develop 'Trauma Sensitive Schools'. He also affirmed importance of accommodating the individual needs of students faced with chronic adversity and highlighted a need to work on recognising and developing student's individual strengths.

The building of bridges between all parties involved in the wellbeing of students including parents, school staff and the wider community. In addition, the seeking of a common understanding about issues facing our youth today as schools work towards supporting young people through networks of shared responsibility.

Schools, however, are not solely responsible for carrying the burden of youth depression prevention and intervention. In an attempt to provide strategies for supporting adolescents at risk and those already suffering from depression, the process of creating links between all parties and increasing shared responsibility is important. I know that within my own school community in giving presentations to staff, students and parents about depression, I have witnessed an increased level of understanding and a sense of shared responsibility and hope for the future.

In Boston Robert & Nancy Anthony, founding members of 'Adolescent Wellness' and the Swersund Research Project have worked tirelessly and joined forces with Dr Nadja Reilly at the Children's Hospital Boston to develop 'Adolescent Wellness' a non-profit corporation that aims to help communities prevent depression. The approach of Adolescent Wellness is two pronged in that the focus is on both education and resilience building. Mr Anthony believes that by raising awareness through workshops, providing resources and educating teachers, parents and community program leaders about adolescent depression, young people who are depressed may be given help, support and earlier treatment or in some cases may be prevented from tipping into depression altogether.

In conjunction with 'Adolescent Wellness' Dr Reilly has developed a "Preventing Depression: Tool Kit for Schools" and has written programs that are designed to become part of school curriculum. Another aim of Mr Anthony's as part of 'Adolescent Wellness' is to demystify depression and mental illness for parents. Some very useful resources developed by the Children's Hospital Boston and Mr Anthony are 'A Parent's guide to Psychiatric Hospitalisation' and www.ExperienceJournal.com.

In Toronto, Canada I met Shilagh Ostrosser from 'Compass' who has also been working with communities to build their capacity to meet the mental health needs of youth and their families. 'Compass' is a program that has been developed to reduce the incidence of non-access of services and to facilitate the integration of mental health support structures into schools. The aim of the program is to build a bridge between agencies and schools, to enable a seamless transition from when a student is identified as having

depression to the point at which they are linked up with a mental health service provider to receive treatment and support.

'Compass' effectively works to streamline the pathway to treatment so that it becomes one integrated process, managed by a team of professionals who collaborate with each other, the school and the family of the adolescent involved. A multi-disciplinary mental health team provides consultation to the classroom teacher and provides specialised resources for the student at both a clinical and school level. An approach such as that of 'Compass', where the care provided by schools, services and agencies is centralised, ideally creates networks of connectedness and shared responsibility, where all parties are working towards the common goal of seeing a young person receive treatment and support in order to achieve optimal wellbeing.

Conclusion

In conclusion, through the exploration of current prevention and intervention strategies being used in North America, it has become apparent that the issue of youth depression is as significant in North America as it is in Australia. Finding solutions is no easy science and nor is there a quick fix available. Essentially it is through the sharing of valuable knowledge, resources and best practices that we may be able to work together to provide high quality education and support for our young people worldwide.

From the insights I have gained whilst on my study tour, it is my belief that by working within a combination of the four areas of need previously mentioned, we will be able to truly move forward and more adequately address the issue of youth depression. I am increasingly excited about the potential that positive psychology offers in being able to provide a framework designed to engender whole school wellness. Schools and school staff are integral to student care; therefore, it is schools that must lead the way in tackling the issue of youth depression by embracing all aspects of the solution including prevention and intervention if we are to move students from risk to resilience.