



Research report

Depression knowledge in high school students: Effectiveness of the adolescent depression awareness program



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ABSTRACT

Background: Major depression is a common disorder among teenagers and is associated with significant morbidity and mortality. Suicide is the third leading cause of death among 15–24 year olds. Early identification and treatment is essential to prevent suicide. Depression education is a potential intervention for improving knowledge about depression and help-seeking behavior.

Methods: The Adolescent Depression Awareness Program (ADAP) is a school-based depression education intervention with a core message that depression is a treatable medical illness. 710 high school students from six schools in Tulsa, OK participated in the study comparing changes in knowledge about depression and attitudes toward treatment-seeking between students receiving the intervention and those who did not. Changes in depression knowledge and attitude toward help-seeking were measured using the ADAP Depression Knowledge Questionnaire (ADKQ).

Results: There was a significant positive change in ADKQ score for students receiving the intervention but not in the control group. The intervention group also demonstrated a significant difference in willingness to “tell someone” if concerned about depression in a peer, which was not present in the control group.

Limitations: The students were not randomized to the intervention and control groups. The ADKQ evaluates attitudes about help-seeking but not behavior.

Conclusions: A school-based educational intervention improved knowledge about depression and attitudes toward help-seeking in adolescents. Future studies should investigate if such change in knowledge results in help-seeking behaviors.

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1. Introduction

Suicide is the third leading cause of death for persons 15–24-years old in the United States (National Center for Health Statistics, 2010). More children and young adults in the United States die from suicide annually than from cancer, heart disease, AIDS, birth defects, stroke and chronic lung disease combined (H.R. 4557, 2004). Suicide currently accounts for more deaths than motor vehicle accidents (Rockett et al., 2012). Congress has identified early interventions for youth suicide and other prevention activities as national priorities (H.R. 4557, 2004). In addition to other suicide prevention strategies such as screening at risk individuals, reduction of lethal means, and psychiatric treatment, education and awareness programs are areas needing particular attention

(Mann et al., 2005; National Research Council (US) and Institute of Medicine Committee on the Prevention of Mental Disorders and Substance Abuse Among Children, Youth, and Young Adults: Research Advances and Promising Interventions, (2009); Olsson and Kennedy, 2010; Michelmore and Hindley, 2012; Reavley and Jorm, 2012). In a survey of suicide prevention programs, Garland et al., 1989 reported that 95% of programs adhered to a theory that “youth suicide is most commonly a response to extreme stress or pressure and could happen to anyone.” However, studies repeatedly show that at least 90% of teenagers who complete suicide are found to have a mental illness on psychological autopsy; of those, the majority are associated with mood disorders (Brent et al., 1993; Marttunen et al., 1991; Shaffer et al., 1996).

Major depression, often the diagnosis identified on psychological autopsy following completed suicide, is one of the most common illnesses affecting teenagers. In 2007, there were an estimated two million adolescents aged 12–17 who suffered from a major depressive episode in the last year. Of those, approximately half had a major depressive episode which caused severe

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impairment in one or more role domains, including chores at home, school or work responsibilities, close relationships, and social life (SAMHSA Office of Applied Studies, 2008). Additionally, major depression in adolescence is associated with recurrent major depression, anxiety disorders, and substance dependence in early adulthood (Jaycox et al., 2009). Those with a history of major depression are at increased risk of suicide attempts, educational underachievement, unemployment and early parenthood (Kessler et al., 1995, 1997; Fergusson and Woodward, 2002). The Treatment for Adolescents with Depression Study (TADS) demonstrated that adolescent depression can be effectively treated with medication and psychotherapy (TADS Team, 2004). However, there is a significant delay in help-seeking for effective treatment of several years among adolescents (Christiana et al., 2000; Frojd et al., 2007), with one study revealing a median treatment delay of 1–14 years for mood disorders (Wang et al., 2007). Tragically, less than 10% of children and adolescents in one psychological autopsy study had been treated with antidepressants (Shaffer et al., 1996). Early diagnosis and treatment of depression could help to reduce and prevent personal suffering, increased mortality, and economic cost; informing the public not only that depression is a serious illness, which can affect anyone regardless of their social background, financial situation or age, but also that effective treatments are available could help diminish some of the barriers and could pave the way to early diagnosis and treatment (Christiana et al., 2000).

Mental health literacy has been identified as an important, modifiable determinant in help seeking (Jorm, 2012); two recent studies indicated that young people who were able to identify symptoms as being a mental disorder were more likely to recommend telling an adult and less likely to recommend dealing with the problem alone (Wright et al., 2007; Olsson and Kennedy, 2010). However, only 42 percent of adolescent student respondents were able to correctly identify depression as a mental health problem or illness (Olsson and Kennedy, 2010).

Adolescents often rely on family and teachers, to provide assistance in the formal help-seeking process; a recent study found that adolescents who received help from family were more likely to seek help from professional sources (Rossow and Wichstrom, 2010). Few studies have investigated young people's responses to a suicidal or self-harming peer; those that have indicate that very few young people who have supported a suicidal peer told an adult or encouraged their friend to seek adult help (Yap et al., 2012; Michelmores and Hindley, 2012). One recent study surveying Australian adolescents about how to help a peer with a mental disorder revealed that many were unlikely to suggest or facilitate professional help-seeking and instead suggested several unhelpful actions, such as talking firmly about getting one's act together and having a drink; many young people also were overconfident in their ability to help a peer given that they identified unhelpful solutions (Yap et al., 2012). In a subsequent study, young people's intentions and beliefs about particular actions actually predicted actions taken to assist a close others. (Yap and Jorm, 2012).

Depression education can be an alternative to traditional suicide prevention curricula to address the public health crisis of adolescent suicide. It may not only address the most common contributing factor of adolescent suicide but also serves to reduce the morbidity associated with major depression. Improving depression literacy may serve to destigmatize the illness of depression while reinforcing the notion that suicide is the consequence of a serious psychiatric illness rather than just a reaction to stress. The Adolescent Depression Awareness Program (ADAP) is the first school-based curriculum that was designed to specifically address depression literacy in high schools. It is a three-hour classroom-based curriculum aimed at improving depression literacy designed for a general audience of high school students. The

core message of ADAP is that "depression is a treatable medical illness." With the exception of previous ADAP research, there have been no studies to date which examined the effectiveness of high school based depression education programs. Previously published research on ADAP described a significant improvement in adolescents' knowledge about depression after receiving the curriculum using a one group pretest/posttest design (Swartz et al., 2010). The goal of this study is to further examine the effectiveness of the Adolescent Depression Awareness Program on adolescents' depression literacy. Given the evidence that teenagers who received the ADAP curriculum scored significantly better on a post-test assessing knowledge about depression compared to a pre-test, it is hypothesized that teenagers who receive the ADAP curriculum will demonstrate a greater improvement in depression literacy compared to a control group who receives only the pre-test and post-test without the curriculum.

2. Methods

2.1. ADAP program

The ADAP program was developed in 1999 by a team of psychiatrists and psychiatric nurses from the Johns Hopkins University School of Medicine. ADAP is a school-based curriculum designed to educate high school students, teachers, and parents about teenage depression (Hess et al., 2004). The student portion of the program is a 3-h curriculum designed to be taught during health class. The core message of ADAP, that "depression is a treatable medical illness," is reinforced throughout the program. The curriculum uses multiple teaching modalities, including interactive lectures, videos, and a group project. To demonstrate that depression is a medical illness, students are taught the process by which a physician develops a differential diagnosis of a cough and how the symptom of cough is narrowed to the diagnosis of pneumonia. This example is then used as the example of how a psychiatrist diagnoses depression and bipolar disorder. The ADAP curriculum reviews the symptoms of depression and shows the students real-life examples of the experience of depression via teenagers in the video *Day for Night: Recognizing Teenage Depression*. Throughout the curriculum, help-seeking behaviors are reviewed and encouraged, in particular identifying how the symptoms of depression are different than normative adolescent stressors and identifying suicidal ideation as always requiring adult attention and professional evaluation. The curriculum also defines bipolar disorder and demonstrates that mania creates a dangerous lack of judgment requiring professional evaluation and treatment. A detailed description of the ADAP curriculum has been previously published (Swartz et al., 2010). In this study, participants in the intervention group were taught the three-hour ADAP curriculum while the participants in the control group were not taught the curriculum; the control group completed only the pretest and posttest assessments.

In the past decade, ADAP has been implemented in 143 schools to 32,499 students throughout the United States. Previously published research on ADAP described a significant improvement in adolescents' knowledge about depression after receiving the curriculum using a one group pretest/posttest design (Swartz et al., 2010). The current study expands upon this work by collecting data from a control group not receiving the curriculum, which was not previously done (Swartz et al., 2010).

2.2. Study design and procedures

Youth Philanthropy Initiative (YPI) is a youth-led organization made up of a diverse group of high school students from Tulsa.

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