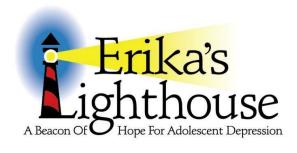
Teen Depression: Stories of Hope & Health

A School Based Depression Awareness and Mental Health Empowerment Program





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An Exercise in Stigma

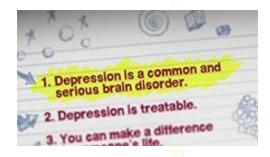


Stand up if you agree with the statement

OR

Stay seated if you disagree with the statement

Our Core Messages



- Depression is a mood disorder
- Depression is common
- Depression can be serious
- Depression is treatable
- You are not alone there is hope

Why Depression Education?



- Depression accounts for attendance, under achievement, behavioral concerns, etc.
- Touches a larger population of students
- Reduces stigma & builds a climate of mental health
- Promotes early identification of depression
- Encourages early intervention and help seeking
- It protects young lives



teen depression

AN INTRODUCTORY DEPRESSION AWARENESS
AND MENTAL HEALTH EMPOWERMENT PROGRAM
FOR EARLY ADOLESCENCE

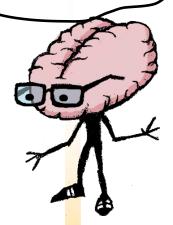
TDSHH Objectives



- Increase knowledge of depression
- Decrease negative attitudes of depression and its treatment
- Increase self-advocacy and peer-to-peer intervention
- Increase student engagement in activities that promote mental health

How it Works

We believe depression education is suicide prevention and so much more.



There are three 45-minute lessons:

- Understanding Depression
- Helping Yourself or Someone Else
- Good Mental Health is for Everyone

Program is Organized by:

- Facilitator's Guide
- Student Workbook
- Resource Appendices

How to get Started



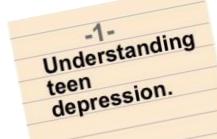
- Advisory, Home Room, Health & Physical Education
- Who will teach it?
 - Team teach with mental health staff
- Engage your mental health staff before, during and after
- Review and communicate mental health protocol to all staff
- Download the program and:
 - Read the Facilitators Guide
 - Watch the VIDEO
 - Review the Primer, Facilitators Notes and Discussion Guides
 - Prepare the Student Workbook
 - Personalize and copy the BOOKMARK
 - Prepare the SELF-REFERRAL CARDS
 - Review the audio and power points if teaching additional lessons



LESSON 1

Overview of how to teach





Play the video *Teen Depression: Stories of Hope & Health* featuring 5 diverse teens sharing their stories. (18 minutes)

Review the Discussion Guide (page 14 and Student Workbook page A)

Hand out Bookmark (page 18)

Hand out Self-referral Card (page 23)



LESSON 2

Overview of how to teach

-2-Helping yourself or a friend. Read the Introduction on stigma (page 26)

Play the Audio Lecture and Slideshow which includes a vocabulary on how to ask for help

(pages 44 – 48) audio/slideshow

Review the Discussion Guide (page 28 and Student Workbook page C)

Introduce the Interactive Exercise (page 30 and Student Workbook page D)

LESSON 3

Overview of how to teach



Read the Introduction (page 36)

Play the Lecture and Slide Show which includes an exercise on mindfulness (pages 49 – 53) audio/slideshow

Review the Discussion Guide (page 37 and Student Workbook page G)

Introduce the Interactive Exercise (page 39 and Student Workbook page I)

The Appendix

- Suggested mental health safety protocols
- A primer on depression
- Optional letter to parents
- Teacher Tools: Student Mental Health Check List, Student Intervention Language and Classroom Accommodations for Students with Depression
- Optional pre-post test
- Mental Health Campaign Materials



Purpose of TDSHH Evaluation

- QED Wait-list control design with two suburban Chicago middle schools
- TDSHH delivered in Fall 2015, 6 week follow-up. Total N=250
- Open-ended survey questions were coded by 2 EL staff members, and had very high inter-rater reliability (Kappa=.90, p <.001)
- Hypotheses: Students in TDSHH health classrooms, compared to students in control group classrooms will:
 - Show <u>increased knowledge</u> about depression;
 - Show higher scores on <u>willingness to seek help</u> from trusted adults for depression and suicidal ideation;
 - Show an increase in their <u>belief that adults could help them</u> or their friends with depression and suicidal behavior; and
 - Show positive gains in terms of <u>students demonstrating</u> <u>knowledge</u> about positive ways to enhance their own mental health, the impact of stigma on help-seeking for people who have depression, and warning signs of fellow students who may be suicidal.

Findings and Implications

- TDSHH increased student knowledge of depression based on the depression knowledge scale created from EL's expertise. This increase in score (M = 1.77, SD = 1.80) was significantly greater than the change in score of the students in the control condition, which was effectively zero (M = .00, SD = 1.57); t-test score= 6.888, p < .0005.
- TDSHH increased students' willingness to seek help from trusted adults at school with depression and other mental health problems. The participants in the health TDSHH condition showed a statistically significant increase in their ratings on the help scale. For the help scale, t-test critical value= -4.300, p < .0005. However, the help scale scores for the control group also increased, making it difficult to assess how impactful this lesson of the TDSHH program was with these two school samples.</p>

Findings and Implications

- TDSHH *increased students' belief that adults could help* one of their friends who was suicidal. The students in the TDSHH condition showed a statistically significant increase in their ratings on the adult scale from pre- to post-test. For the adult scale, t-test critical value = -5.132, p < .0005, indicating a *highly statistically significant difference* between the health/TDSHH condition and the control group classes.
- TDSHH *produced significant change* in terms of students learning about symptoms of depression, positive ways to enhance their own mental health, the impact of stigma on help-seeking for people who have depression, and warning signs of fellow students who may be suicidal. For *every one* of the 6 open-ended questions on the questionnaire, TDSHH reported *highly statistically significant* change from pre-to post-test compared to the control gym condition students, t=3.2247, p-value <.0013.
- This evaluation locates TDSHH within the depression awareness/suicide prevention literature as a promising intervention that certainly merits further investigation.

Limitations of Study

- The most important one is the one area where the change in TDSHH was not statistically significant compared to the wait-list control group classrooms, the Help-Seeking Acceptability at School Scale. Several possible areas to explore in a future evaluation, most directly whether the dosage of TDSHH here was sufficient to change willingness to seek help for this early adolescent population.
- The sampling plan and wait-list control design, while more rigorous than a simple pre/post-test design, was not a randomized trial, as both the TDSHH and comparison group youth represented a convenience sample of schools who were willing to participate.
- Though the two middle schools used for this study shared many demographic and SES similarities, the specific youth themselves were not matched on specific demographic variables for the evaluation (this could also have impacted the help-seeking scores).
- Because TDSHH was facilitated by EL staff and not the school's own teachers, future studies would benefit from assessing the program's impact when taught by health teachers or other teaching faculty.

Other Programs & Resources



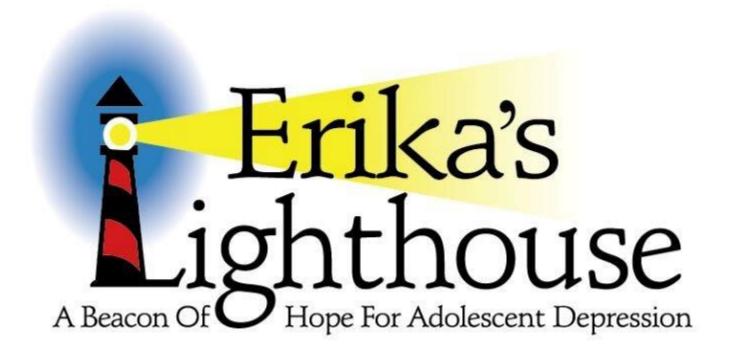
Classroom Curricula:

- Teen Depression: Stories of Hope & Health
 For early adolescence or middle school
- Real Teenagers Talking About Adolescent Depression
 For older adolescents or high school

Online Resources:

- Depression Awareness Campaign Materials for Schools
- Teen Depression Toolbox and Screener
- Parent Handbook on Childhood & Adolescent Depression

Thank You



www.erikaslighthouse.org