

Premier's Anika Foundation Youth Depression Awareness Scholarship

The International Response to Youth Depression

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Focus of the study

The focus of my study tour during October through to November 2007 was to examine the international response to what has been called the worldwide epidemic of youth depression. What approach were other countries taking to address this most concerning trend? I went in search of new programs and ideas which could be used in conjunction with the many valuable programs that are currently being used in NSW schools. My journey took me firstly to the UK where I reviewed a very interesting universal “Life Skills Based” prevention program and participated in a workshop “Mindfulness Based Approaches”. I then attended a seminar in Italy for teachers on youth depression and suicide at which I presented. The third phase of the tour involved travel to several cities in the United States where I visited schools, mental health centres, universities and a suicide prevention unit.

The Skills of Well-being Program

Wellington College, United Kingdom

The Well-Being program at Wellington College is an exciting universal, psycho-educational program which provides students with an opportunity to examine what constitutes a well lived and successful life, as well as learning coping skills to enable them to deal with the pressures of modern life. It attempts to help young people find meaning and purpose in life, educates them in regard to protective factors, as well as teaching skills to cope with depression. It is said that depression is now 10 times more common than 50 years ago, and that depression will be the second largest killer after heart disease by 2020. Instead of reacting when things go wrong the program aims to give students the skills to enable them to cope and to build resilience.

Wellington College is a private school on the outskirts of Bracknell in the UK. When I visited in October 2007, I was fortunate to be able to meet with one of the authors of the program, Ian Morris, who had become very interested in the work of positive psychologist Nick Baylis, after reading his book *Learning from Wonderful Lives*. The main thesis of this book is that “well-being is a skill that can be distilled from the lives of those who have lived well, and who have achieved success (human as opposed to pecuniary) in their lives”. The program is based on positive psychology and is heavily weighted on research and facts.

Students in Years 10 and 11 are encouraged to reflect upon what they call the “ingredients of a life well-lived” and to attempt to put those ingredients into practice. It could be said that the program provides students with a “philosophical approach to life”. The College is attempting to develop a school-wide ethos of well-being, through parent workshops and the establishment of “well-being prefects” who are charged with the task of fostering and auditing the well-being of the student body. The United Kingdom is a world leader in regard to preventative medicine and there is great support for “happiness” or “well-being” classes. Research indicates that these programs not only make students less depressed, they also improve their ability to concentrate and encourage them to work harder.

Centre of Mindfulness Research and Practice, School of Psychology, University of Wales

My interest in the use of Mindfulness as a treatment for depression, led me to the Centre of Mindfulness Research and Practice at the University of Wales. I participated in an experiential two day workshop on Mindfulness based approaches.

Mindfulness is “paying attention on purpose, in the present moment, and non-judgmentally to the unfolding of experience moment by moment”. (Kabat-Zinn, 1990)

Research conducted by Dr Jon Kabat-Zinn shows that emotions can shift positively, given the right training. The central aim of a mindfulness based program is to systematically develop the skill of being present with internal experience (body sensation, thoughts and mood) and with the external experience (interaction with others, actions in the world) and to be aware of the interplay between the two.

The mindfulness training focused on learning to monitor the continuing sensations and thoughts more intensely through a process whereby “you are watching you”, noting the sensations in your body, your thoughts and feelings. Mindfulness teaches that each experience, whether good or bad, will soon pass and be replaced by another experience.

Research suggests that Mindfulness is very helpful with people suffering depression, and probably best used in conjunction with Cognitive Behaviour Therapy (Mindfulness-based Cognitive Therapy or MBCT). MBCT was developed to teach recovered participants who are recurrently depressed skills to disengage from habitual “automatic” unhelpful cognitive patterns. The pattern of mind which makes people vulnerable to depressed relapse is rumination, in which the mind repetitively reruns negative thoughts. The core skill taught in MBCT, is to intentionally “shift mental gears”. Unlike Cognitive Behaviour Therapy, there is little emphasis in changing belief in the content of thoughts.

Hansel and Gretel Association, Turin Italy

The second phase of the Study Tour was spent in Turin, in northern Italy where I had been invited to attend and present at a seminar on Youth Depression and Suicide by the Hansel and Gretel Association (HGA). HGA is a non-profit, partly government funded association, which provides psychological services to children and schools. HGA offers training programs to teachers, parents and students across the region as well as in other parts of Italy.

Their title, Hansel and Gretel, reflects the agency’s focus on developing children’s coping skills. Just as characters in the tale *Hansel and Gretel* found courage and strength to overcome their difficulties, HGA has implemented programs to promote children’s resilience through activities and games aimed at increasing their ability to face problems. Topics such as, Listening Skills, Communicating the Conflict, Group Dynamics, and the Uneasiness Signals are included in the program.

As well as running preventative programs for children, HGA has a strong focus on training adult members of their society to listen to young people in an empathic way. “Centres of Listening” have been established to educate and support adults in regard to their relationship with children, and to develop their skills of listening. The message they encourage is “I’m here and I’m listening”.

Dr Claudio Foti, Director of HGA, spoke passionately at the Seminar about of the importance of listening to children and the need for improved communication between children and their care givers. Dr Foti believes the key to dealing with youth depression is a focus on training adults to listen, and assisting teachers to develop the emotional intelligence of their students. In my presentation I spoke of the various intervention programs currently operating in Australian schools as well as the programs I had observed in the UK and the use of Mindfulness techniques both in the classroom and in individual counselling sessions.

TeenScreen, New York

From Italy I flew to New York where I began the third phase of my study tour. I met with Heather Scanlon-Herrero the Senior Program Coordinator of the TeenScreen Program which operates out of Columbia University. The purpose of the TeenScreen program is to identify youth who are at-risk for suicide and potentially suffering from mental illness and then ensuring that they receive a complete evaluation

The USA is seen to be in a public health crisis when it comes to untreated mental illness and suicide in youth. Seven to twelve million youth suffer from mental illness and two out of three youth with mental illness don't receive treatment. Studies indicate that one half of suicidal teens were not known to either school or mental health professionals. The goal of the TeenScreen program is to provide all parents with the opportunity for their teens to receive a voluntary mental health check-up. Ms Scanlon-Herrero stressed that the program is "not a diagnostic tool, but a screening tool". The tool looks for "predictors...anything that might be linked with suicide".

TeenScreen is an evidence-based program which is appropriate for 11 to 18 year olds, and requires the permission of both student and their parent. Protecting the confidentiality of participating youth is an important principle of TeenScreen. The student completes either a computerized or pen and paper questionnaire, and the results are printed out and reviewed with the student. The pen and paper questionnaire used is the Columbia Health Screen (Suicide Risk Screen) which takes ten minutes to administer and is seen to be a very easy counselling tool which can be used with large groups of students. The Diagnostic Predictive Scale (DPS), a computerised self administered questionnaire, is a multi- disorder screen, which is used in smaller settings and is seen to be more engaging and accurate. The program then prepares a report based on the student's responses.

Students who score positively on the questionnaire receive an in depth interview with a qualified health professional. A short interview or debriefing session also occurs for students whose scores do not indicate a problem. This is seen to be a great opportunity to intervene or educate in regard to mental health issues. Research conducted by Teenscreen indicates that teens who have depression and previous suicide attempters who are screened are less distressed and suicidal than those who are not screened. It also claims to approach the subjects of depression and suicide in a very safe and effective way.

Suicide Prevention Unit, Los Angeles

After escaping Wildfires in San Diego I moved on to Los Angeles where I shadowed one of America's leading experts in youth suicide prevention. Richard Lieberman is a School Psychologist who co-ordinates the Los Angeles Unified School District's (LAUSD) Suicide Prevention Unit.

The youth suicide rate in L.A has tripled in the past four decades, and suicide is now the leading cause of death in the 10 to 19 years ge group. The Centre for Disease control reports that from 1980-1992 the rate of suicide among children aged 10-14 years has increased by 120 percent. The growing rate of suicide and suicidal behaviour among children and adolescents was recognised by the California State Legislature in 1983 with the passage of Senate Bill 947 authorising the creation of a state wide Youth Suicide Prevention School Program. In January 1986, the LAUSD Board of Education took action to direct the superintendent and staff to develop and implement a youth suicide prevention program to include both educational and intervention components.

The LAUSD Suicide Prevention Program consists of three components.

- 1) Prevention:- to identify students who are at risk

- 2) Intervention:- to provide direct intervention services for students and parents as appropriate
- 3) Postvention:-to reduce post-crisis trauma in students, parents, and staff in the event of a suicide attempt.

The **prevention phase** consists of an educational component to enhance coping skills and to provide students with information about risk factors and resources. This is undertaken in health education classes in both the seventh and tenth grades. The approach taken is to openly discuss youth suicide with students as opposed to the more protective manner adopted in Australia (due to our concerns about normalisation). Their attitude is “if they’re talking about it we’re talking about it with them”.

Richard Lieberman provides much of the Gatekeeper training in the L.A Unified School District, and I attended his presentation at West Covina High School. Richard spoke to School Psychologists, Social Workers and Nurses from the district, about intervening with suicidal and self injurious students, and then later with School Administrators about developing a Crisis Intervention Plan. Staff were encouraged to implement the SOS, Signs of Suicide Middle School Program which raises awareness among students of depression and suicide and teaches them that the appropriate action steps -

***ACT:** Acknowledge your friend has a problem, tell the person you Care, and Tell a trusted adult.*

The **Intervention Phase** consists of establishing a process for identifying students at risk and providing direct intervention and referral services for the student and their parents. Each school is also required to set up a School Site Crisis Team which is responsible for providing intervention services. The Suicide Prevention Unit provides a telephone hotline service which provides consultation to Local District and School site crisis teams in regard to suicidal and self injurious youth. The hotline receives 600 calls annually with 50 percent coming from elementary schools.

Forms have been developed to aid in identifying and helping students who may be suicidal and as a means of documenting actions taken by the school site team. The one form that is compulsory is the RARD (Risk Assessment Referral Data). This documentation is required to be completed for every student referred as at-risk for suicide. School staff records identifying data and a summary of intervention outcomes.

A process, which is very similar to the policy currently for NSW DET School Counsellors, has been developed to provide intervention services for students who are at risk for suicide or self – destructive behaviours.

The **Postvention Phase** incorporates the actions taken by the school staff in the event of a completed suicide, suicide attempt or homicide. The school crisis team would contact the District Suicide prevention Unit for guidance. Once the extent and the degree of psychological trauma and its impact on the school population and the community is established then a plan of action is implemented.

Family Guidance Centre, Hawaii

In Pearl City, Hawaii I visited Central Oahu Family Guidance Centre, where Earl Young, a Mental Health Supervisor, had prepared a comprehensive schedule which allowed me to gain good insight into, a most impressive provision of support services to schools in Hawaii. After introducing their program and providing the background history which was significant in the development of a collateral working relationship with the State Department of Education, I was

given an opportunity to interview a number of staff. The clinicians talked about youth suicide as being very rare, despite significant numbers of adolescents being identified as depressed.

Mental Health America released a report in November 2007 which reported that Hawaii ranks in the top 10 states with low depression and suicide rates, despite having very high rates of adolescents (17 percent) who report they are suicidal. Marya Grambs from Mental Health America of Hawaii says "I think we should feel very good that the number of people who die by suicide is fairly low compared to other states (in the US)". She attributes this to "health system improvement, excellent insurance coverage for most people and lack of access to firearms".

The School-Based Behavioural Health program provides behavioural health supports and services to any student with significant emotional and/or behavioural needs through school-wide prevention, early intervention, and intensive services.

Mental health workers who are located within schools, along with other school and community staff, work collaboratively with the child's *Core Team* or *Student Support Team* to develop measureable objectives and intervention strategies. A comprehensive Student Support System operates in every school and includes a full array of services to address the basic needs of all students. The focus is to provide students with preventive services within the classroom and through school programs, alleviating the need for higher-level interventions.

During my visit to Mililani High School I was able to meet with members of the School Based Behavioural Health Team, and gain insight into what was a very well coordinated and well resourced support structure. There was a strong sense of community within the school and almost all students attend "clubs" after school, which enables them to connect with others with similar interests as well as fostering a passion or interest in life.

Conclusion

The international response to youth depression is multi-layered and of course reflective of many different cultures. There is a strong focus around the world however, for building the resilience and emotional intelligence of children and young people. Universal psycho-educational programs of well-being which facilitate the development of a personal philosophy of life appear to be most valuable, as they provide students with a scaffold on which to hang or base their life experiences.

Internationally, there is great awareness of the changing world in which we all live, and of how the stressors of life often outweigh a young person's ability to cope. Often families are in chaos and schools provide the only opportunity for children to connect emotionally and spiritually. The overarching response internationally is to provide available adults who take the time to listen to young people. "Circles of care" within the school system are provided for all students, so they feel valued, secure, connected and cared for.

Although current mental health programs operating in Australian schools are very good, they tend to work in isolation and are not meeting the needs of all students. Much can be learnt from the practice of others internationally, and a more comprehensive approach needs to be considered by schools.

Our response to Youth Depression needs to reflect all layers of this international response. An ethos of well-being within schools needs to be provided as a basis, and then from this can permeate evidence based programs which teach all children the cognitive skills required to deal with the stressors of life. Screening of students for mental health issues should be considered,

although given the present level of support services in schools this is would be difficult. Overlying all of this must be the circles of care and adults who can simply listen.

The opportunity to study in the UK, Italy and the US was a most valuable and motivating professional learning experience. It has enabled me to reflect upon my own practice as a School Counsellor and Psychologist, and to learn from world leaders in the field of youth depression. Given Australia's youth suicide statistics, it is clearly an area that deserves our on-going attention.

Endnote

A much fuller account of the findings of this study (including programs and power point presentations) can be obtained by contacting the author: susan.martinov@det.nsw.edu.au

References

- Altonn H., (2006) *High suicide attempt rate prompts state response*, Hawaii Star Bulletin, March 2, 2006.
- Baer R., (2003) *Mindfulness Training as a Clinical Intervention*. Clinical Psychology: Science and Practice, 10(2): 125-143
- Baylis N., (2006) *Learning From Wonderful Lives*. Cambridge Well-Being Books
- Kabat-Zinn J., (2003) *Mindfulness-Based Interventions in Context: Past, Present and Future*, Clinical Psychology Science and Practice, 10. 144-156.
- Lieberman R., Poland S., Cassel R.,(2007) *Best Practices in Suicide Intervention*. Best Practices in School Psychology V , Chapter 91, Vol 4
- Lieberman R., Reeves M., (2005). PREPaRE : *School crisis prevention and intervention curriculum*. Newspaper of the National Association of School Psychologists, 34(3),3.