

Phase I Progress Report

The Young People’s Outreach Program has completed Phase I with a second successful year. The program remains dedicated to raising awareness and understanding among students, faculty and parents about mood disorders through an educational approach. The program is a partnership between psychiatrists from Johns Hopkins University School of Medicine and DRADA (Depression and Related Affective Disorders Association). The specific purpose of the program is to develop a school-based curriculum for students, faculty and parents about teenage depression and related psychiatric disorders

Building on the experience from the first year, the goals for the second year included refinement of the curriculum and tailoring each component for the audience – resulting in additional small group discussions with students and presentations specifically addressing the concerns of teachers and parents. We continued to measure the effectiveness of the curriculum by conducting pre-tests and post-tests as well as tracking the number of referrals for treatment following the programs.

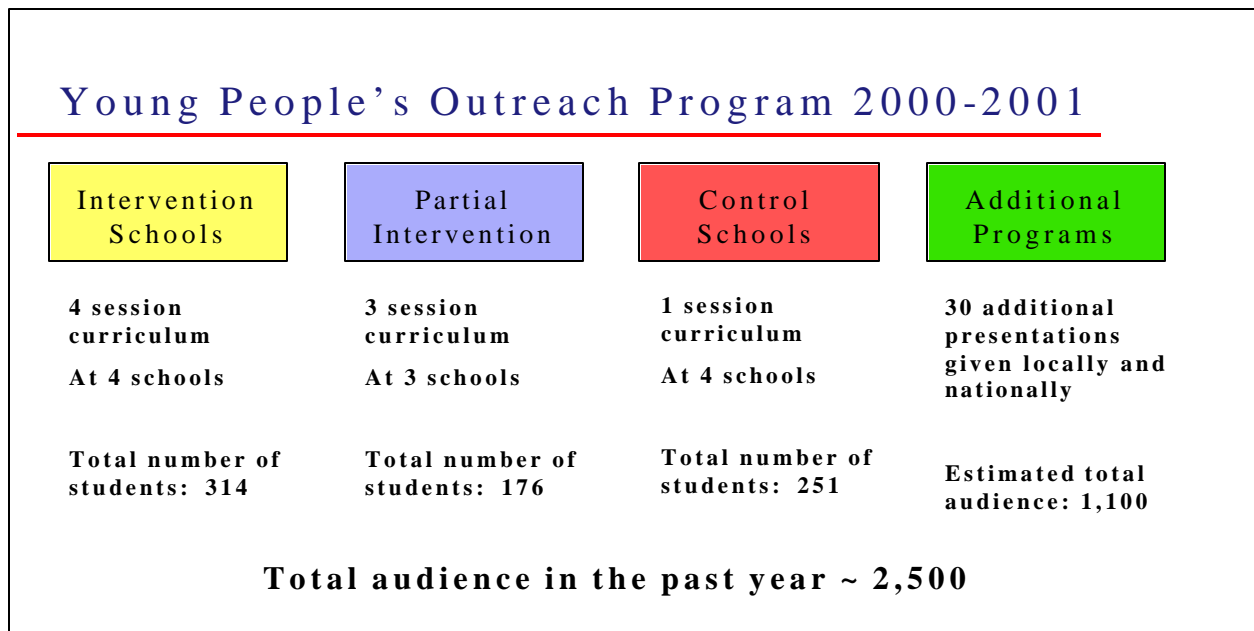


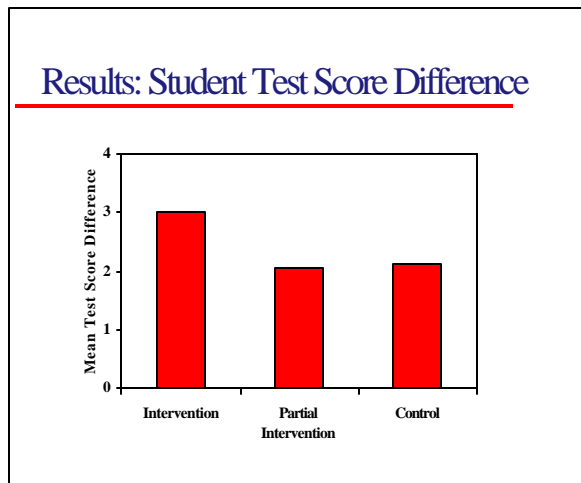
Figure 1: Overview of the program and number of participants

During the 2000-2001 school year Dr. Karen Swartz, Dr. Todd Cox, Dr. Elizabeth Kastelic and Sallie Mink, R.N. made over 80 presentations at schools in the Baltimore and Washington, DC area. The program significantly expanded this year by including a more diverse group of public, private and parochial schools from Baltimore City, Baltimore County and Washington, DC. To assess the optimal number of sessions for the curriculum, the “intervention program” was expanded to include programs of four sessions and three sessions, with the option of presentations to multiple classes during regular class periods. The two intervention programs were compared with the one session “control program.” The video *Day for Night: Recognizing Teenage Depression* was included in all three of these curriculum options. The additional programs included presentations of the curriculum at additional schools and to broader audiences such as regional conferences for teachers and counselors and national meetings of mental health organizations.

Study Results:

To assess the effectiveness of the two Intervention Programs, we made a series of comparisons between the two types of Intervention Schools and the Control Schools. We hypothesized that the Intervention Program with four sessions would be more effective than the Partial Intervention with three sessions and the Control Program with one session. We assessed the effectiveness of the *Education* component of the program by comparing the results from the Pre-tests and Post-tests among the students participating in the three types of programs. The test totaled 18 points. To evaluate the Awareness component of the program, the number of referrals for treatment made was compared.

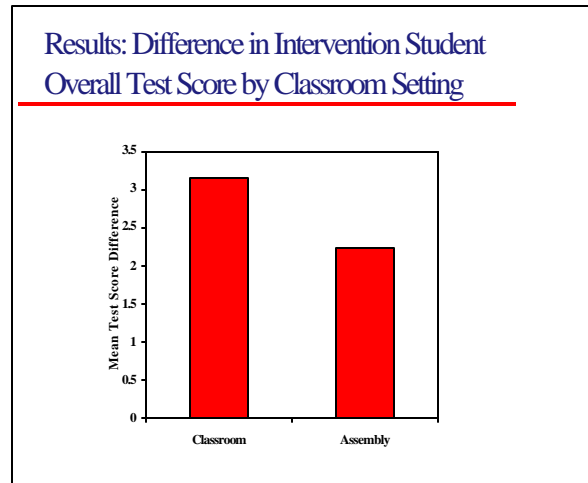
Figure 2: Change in the overall test score



The pre-test results varied significantly among the schools. To make more direct comparisons of the program's impact, the change in total score following the program is presented in Figure 2 rather than the raw score. The students in the Intervention Programs had a significantly greater improvement in their scores. In addition to examining the differences between the Intervention Programs and the Control Program, we also analyzed the information from the Intervention Programs

to determine patterns associated with improved effectiveness. To expand the number of students included in the program, we offered to teach the curriculum to multiple classes at each school.

Figure 3: Classroom versus Assembly



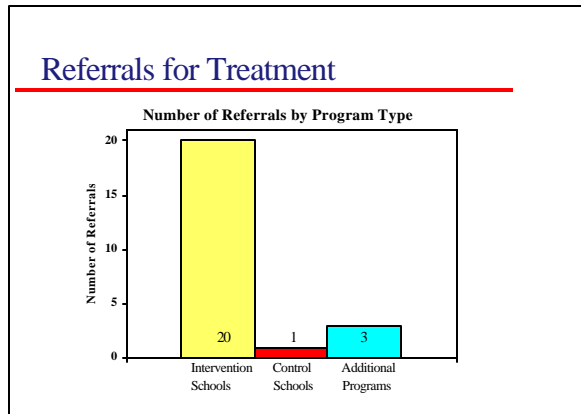
presentations to Intervention Schools

Figure 3 compares test results from schools in which the program was presented during multiple regular class periods (typically health classes) to those schools where the program was presented as a special assembly. The feedback from the students also underscored the importance of discussing this material as a part of a "real" class. In the ongoing process of refining this curriculum, continuing to compare alternative methods will be critical.

To assess the impact of the program on *Awareness* about teenage depression, we again tracked the number of calls made to DRADA for referral information; Figure 4 summarizes these results for the past year comparing the types of programs. As students, faculty and parents were not asked directly about seeking treatment themselves or referring someone for treatment, we believe that these results likely underestimate the number of individuals who sought treatment for depression following these programs. By focusing on

education rather than screening students directly for depressive symptoms, we hope to produce lasting changes in knowledge and attitudes about depression. Therefore, the full impact of an educational program may be understated at the conclusion of any particular year.

Figure 4: Referrals for Treatment



Conclusions:

This year marked a successful and rewarding conclusion of the first phase of this project. During the past year we have refined our methods for presenting the student curriculum substantially. We have also learned the importance of incorporating the curriculum into a classroom setting. As outlined below in the long-range plans for this project, the next phase of the program will concentrate on improving the curriculum. We plan to work with a large public school district to incorporate the

program as a part of the established health curriculum in Phase II. Our collaboration will expand in the Baltimore--Washington area involving psychiatrists from the Johns Hopkins and Georgetown Universities.

Long-Range Planning:

In addition to finalizing the content of the depression education curriculum, our long-range plan includes developing a method for training health educators. If the curriculum is to be widely utilized, health teachers rather than psychiatrists will need to be the primary educators. Educating students about depression is critical; accurately presenting this information will require training. We eagerly look forward to achieving three principal goals for the upcoming year:

1. Improving the curriculum (finalizing a three-day unit to present in health classes).
2. Developing a pilot training program (initial training of psychiatric nurses, psychologists, social workers, occupational therapists, psychiatric residents, and psychiatrists).
3. Developing additional teaching and training materials (training manual, detailed speakers' notes, and audio-visual materials).

