

A Decade of Raising Awareness One Classroom at a Time



The Adolescent Depression Awareness Program

The Adolescent Depression Awareness Program (ADAP) began in 1999 in response to several adolescent suicides in the Baltimore area. The program is designed to educate high school students, teachers, and parents about adolescent depression. ADAP includes a school-based curriculum with the central message that *depression is a treatable medical illness*. Additional components of the program include training for educators as well as parent and community presentations. Through education, ADAP increases awareness about depression and bipolar disorder, stressing the need for evaluation and treatment while decreasing the stigma associated with mood disorders.

Why Depression Education

Major Depression is a common medical illness experienced by at least 5% of American teenagers. With 1 in 20 teenagers experiencing depression, it is nearly as prevalent as asthma which affects 1 in 13 adolescents. As depression is a potentially fatal illness, it is critical that everyone be educated about the symptoms. Suicide, the most serious risk of depression, is the third leading cause of death in 15-24 year olds and the second leading cause of death among college students. A survey of high school suicide prevention programs found that 95% of them presented youth suicide as a “response to extreme stress or pressure that could happen to anyone.” Only 4% of the programs viewed suicide as “a consequence of mental illness.” This is particularly concerning since studies carefully reviewing the histories of those who committed suicide show that over 90% of these individuals had a psychiatric illness.

It is imperative that high school students, parents, and teachers understand the clear link between depression and suicide. There are 500 students suffering with depression for every student who dies from suicide, making adolescent depression a public health crisis. It is crucial to treat depression to ease the pain and hopelessness experienced by those with the illness. Because depression is also associated with increased risks of substance abuse, unemployment, early pregnancy, and educational underachievement, there are overwhelming reasons to identify and treat anyone suffering from depression.

The goal of the ADAP curriculum is to destigmatize the illness of depression through education while addressing suicide as a potential, tragic consequence of mood disorders. Since depression is the primary cause of suicide, depression education is effective suicide prevention.

ADAP Mission and Long-Range Plan

ADAP’s mission is to develop a school-based curriculum to educate high school students, teachers, and parents about teenage depression nationwide. Depression education is not a standard part of the health curriculum for the majority of high schools. Pilot work to develop the ADAP curriculum demonstrated that parents, teachers and students knew little about mood disorders. To realize ADAP’s mission, the team identified four key phases in the program’s development as outlined on the following page:

ADAP Long-Range Plan

Phase I: 1999-2001	Develop the program and pilot in local schools
Phase II: 2001-2006	Finalize the curriculum and pilot the training
Phase III: 2006-2009	Finalize the training and expand to other states
Phase IV: 2009-Present	Expand nationally with school-based educators as instructors

The ADAP team has incorporated extensive program revision and improvement during every phase of the program’s development. At the completion of its 10th year, ADAP is entering the final phase with national expansion as the goal.

ADAP Curriculum Overview

The current ADAP curriculum is the result of many years of collaboration between the ADAP team, educators, and students. The initial curriculum has undergone extensive revision as a result of this invaluable feedback. During the first five years, psychiatrists and psychiatric nurses taught the curriculum, piloting different teaching strategies and identifying those that were most effective. The resulting student curriculum is three hours in length and employs multiple teaching modalities. Interactive lectures, videos, film assignments, homework, and group activities reinforce the key concepts.

Comprehensive ADAP Instructor Kit



The curriculum provides high quality, up-to-date information on Major Depression and Bipolar Disorder. This educational program is for all high school students, teachers and parents with the goal to increase depression literacy, which includes:

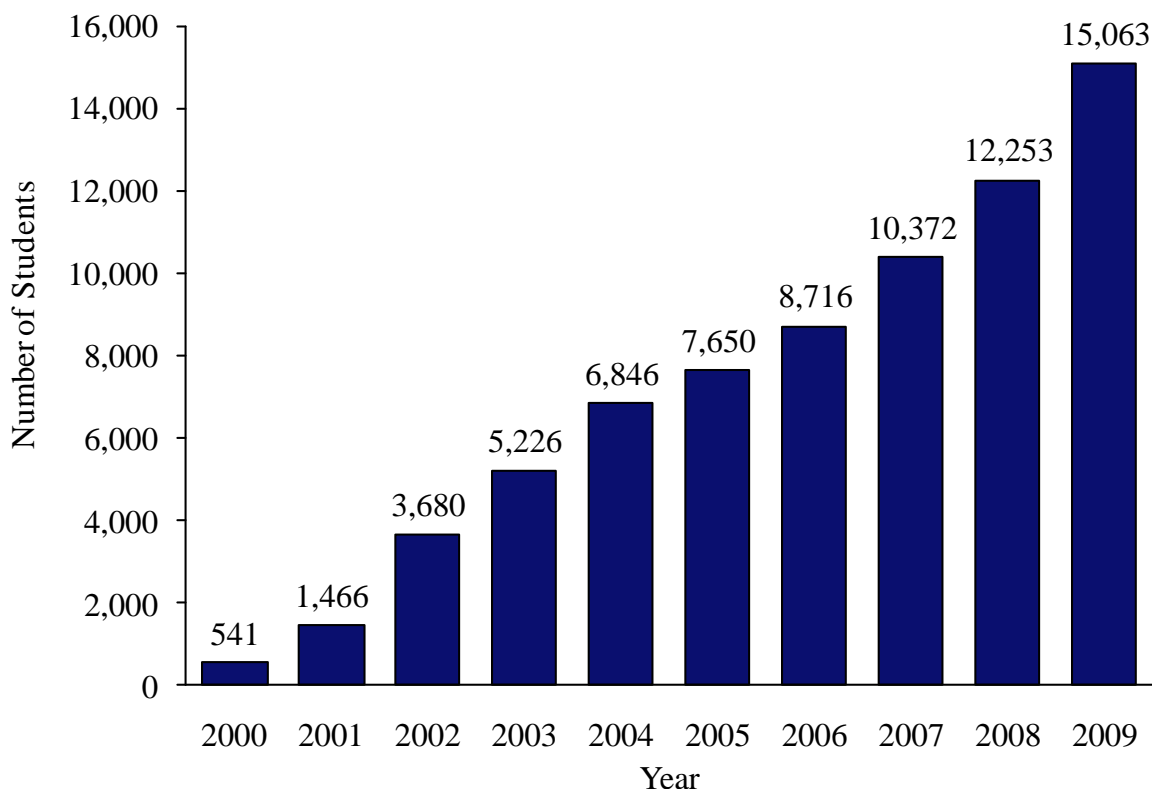
- Identifying symptoms of depression
- Understanding the process of medical decision making
- Seeing parallels between depression and other medical illnesses
- Realizing that no one is to blame
- Recognizing suicide as a potential consequence of depression
- Understanding that depression is a treatable medical illness

ADAP’s message is hopeful, emphasizing the importance of treatment and seeking help. The curriculum stresses the need to share concerns with a parent, teacher or counselor so that appropriate action can be taken. The two key messages reinforced throughout the program are:

- Depression is a treatable medical illness
- Tell an adult if you have concerns about yourself or a friend

To date, ADAP has provided education in a number of diverse settings, ranging from urban to rural, public to private, regional to national. Over the past ten years, the ADAP curriculum has been taught to 15,063 students in over 60 schools.

Cumulative Number of Students Taught the ADAP Curriculum

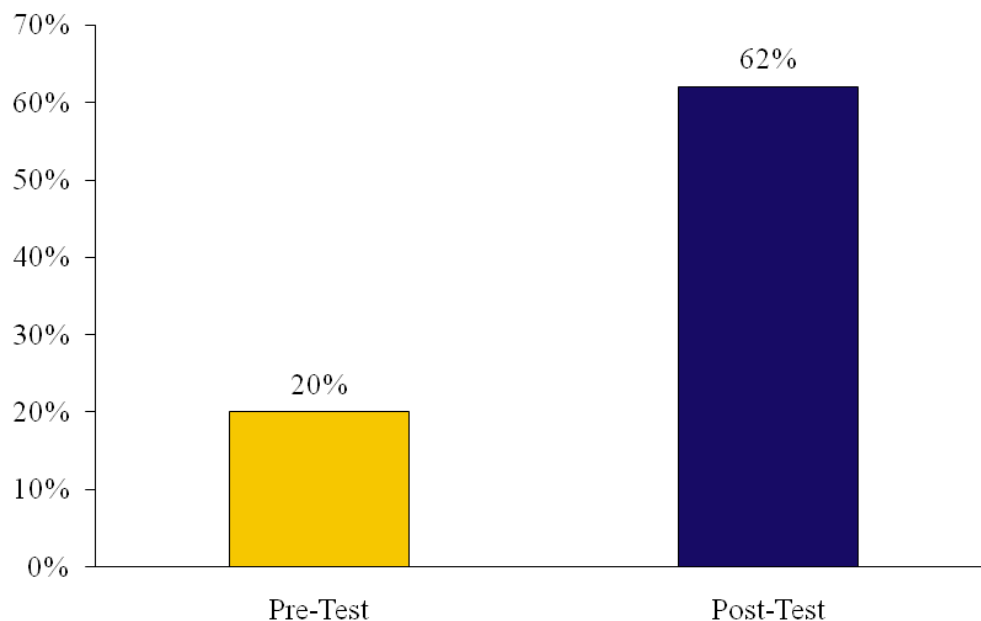


Program Effectiveness

ADAP strives not only to teach students accurate information about depression, but also to assess the effectiveness of the program in changing students' knowledge of and attitudes about the illness. To assess these changes, the team developed the ADAP Depression Knowledge Questionnaire (ADKQ). The questionnaire asks students 13 yes/no questions in addition to having them list five symptoms of depression and two symptoms of mania. The students are also asked if they would seek help for themselves or a friend and to identify barriers to receiving help. The students are given the test prior to the program (pre-test) and a follow-up test six weeks after the program (post-test) in order to determine whether they have gained critical knowledge about depression. Over the past decade, the ADAP team has systematically analyzed student responses gathered from all schools where the curriculum has been implemented.

The graph that follows illustrates a representative analysis taken from a large public school district in Maryland, demonstrating the improvement in depression knowledge following the program. The percentage of students scoring at least 80% correct on the ADKQ more than tripled (from 20% to 62%) from pre-test to post-test.

Percent of Students with Total Score of $\geq 80\%$ Correct on the ADKQ



Instructor Training

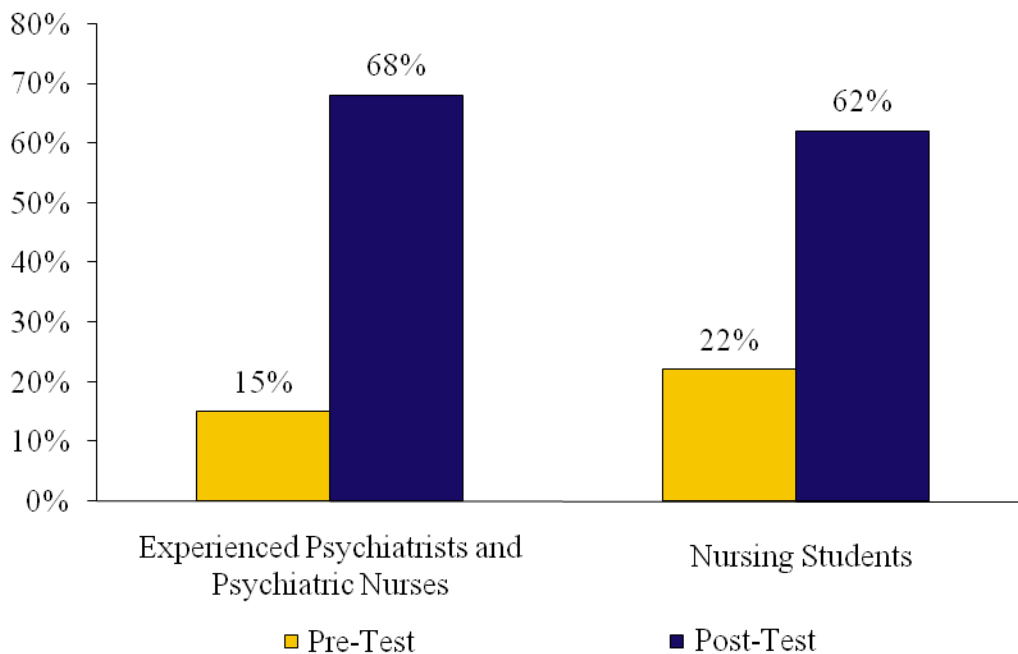
Once the curriculum content was established, it allowed the ADAP team to focus on training other professionals to teach the program. The long-range plan identified training school-based personnel as critical for national expansion and sustainability. Accordingly, the ADAP team developed a comprehensive training program that includes an in-person training, a detailed training manual, and DVDs showing the entire program being taught. ADAP then collaborated with the Johns Hopkins University School of Nursing and trained nursing students as instructors.

After several years of collaboration and feedback from trainees, the content of the training program now includes:

- A review of ADAP’s development and rationale for focusing on depression education
- Intensive education about the prevalence, diagnosis, and treatment of mood disorders with special emphasis on adolescence
- A parent’s perspective on adolescent depression
- First-person descriptions of the experience of living with a mood disorder
- A detailed review of the ADAP curriculum content to supplement the training manual and DVDs

As with other aspects of the program, the ADAP team systematically evaluated the effectiveness of this phase by measuring how the students performed on the ADKQ. This analysis compared the change in knowledge for high school students taught by experienced psychiatrists and psychiatric nurses to those taught by nursing student trainees. The following graph illustrates that high school students had a remarkably similar improvement in knowledge about depression whether taught the ADAP curriculum by experienced clinicians or trainees. The effectiveness of the training program is underscored by the fact that the trainees were teaching the curriculum for the first time.

Percent of Students Scoring \geq 80% Correct on the ADKQ by Type of Instructor

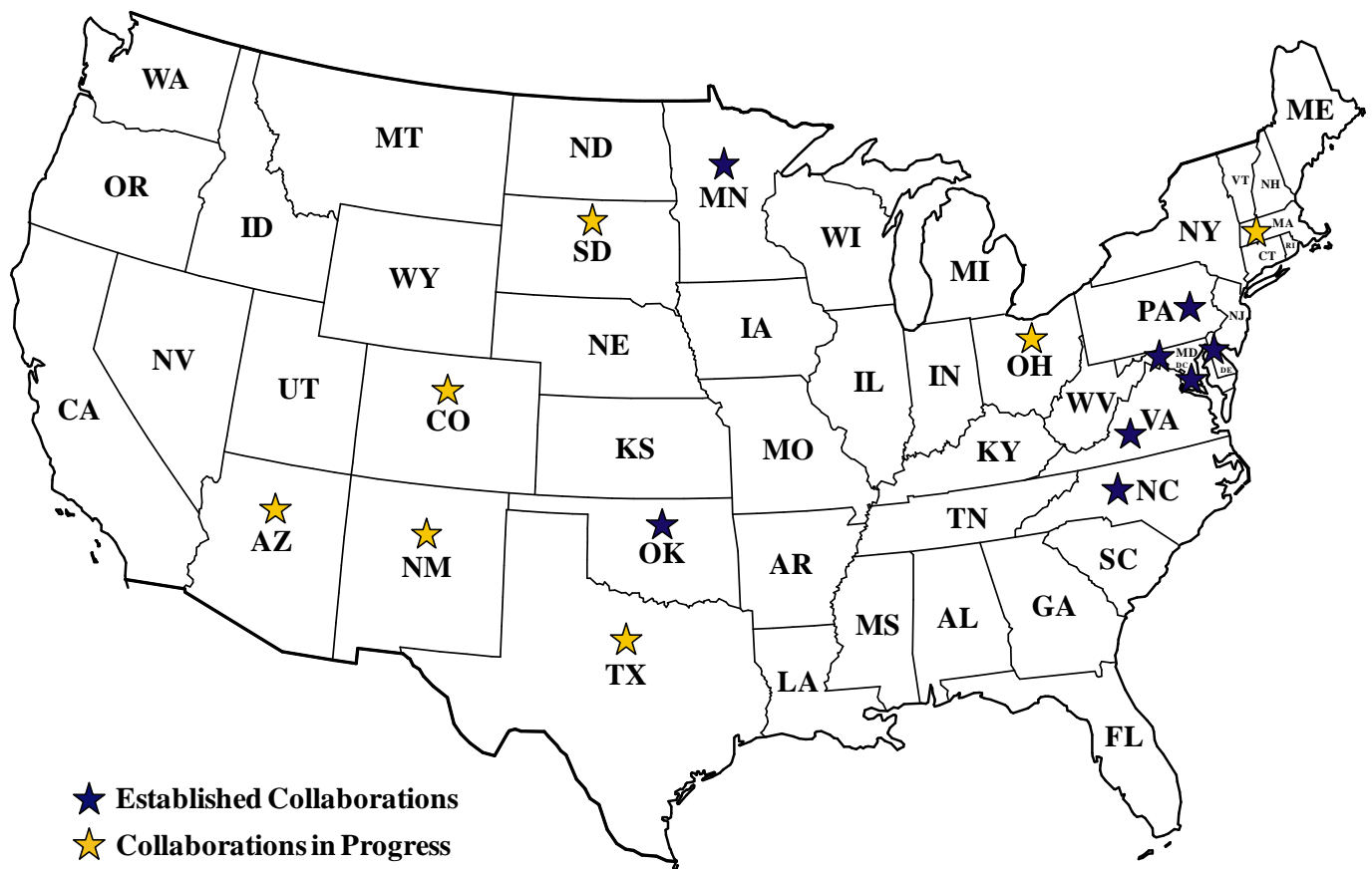


The team then modified the training program used with the nursing students to develop a one-day training for school-based professionals. ADAP primarily trained guidance counselors and health teachers to be the ADAP instructors, but also recognized the importance of including administrators and other school professionals in the training program. The packaging of the ADAP Instructor Kit facilitated training of instructors outside the Baltimore area. Through training, ADAP has created a network of school professionals who understand that depression is a treatable medical illness. The result has been a fundamental change in the culture of these schools regarding mood disorders.

National Expansion

As ADAP celebrates its 10th year, the program is making significant progress toward the original goal of changing the approach to depression education across the nation. ADAP’s first major collaboration outside the mid-Atlantic region was with the University of Oklahoma-Tulsa. Now in its third year, this is a thriving collaboration with ongoing expansion to all the public schools in the Tulsa area. In the spring of 2009, ADAP conducted three successful school-based training programs in geographically diverse communities (Delaware, Minnesota, and Washington, DC). In addition, a nursing faculty member from Arizona and high school personnel from a Native-American community in South Dakota were trained this year and are planning to implement the program in their local schools in the fall of 2009. In collaborations across the country, different community leaders have emerged as the natural teachers of the ADAP curriculum. Counselors, high school teachers, social workers, nursing and medical students, nurses, and physicians have all been effective ADAP instructors. The following map illustrates the seven states and the District of Columbia where ADAP has been taught and the seven states with active collaborations in progress.

Putting ADAP on the Map: A Decade of National Expansion



Future Directions

To meet the challenge of expanding the program, ADAP is developing a web-based training program which will broaden our network and training efforts. The effectiveness of this training method will be compared to the in-person training program. All aspects of the current training program will be filmed or recorded to create a virtual training experience that school professionals can complete at their own pace. The next major project will be the filming of *In Their Own Words: Personal Stories About Depression*. This film will capture the first-person accounts shared during the in-person training program.

Additionally, ADAP will develop materials for specific student populations. Since there are significant cultural differences in attitudes about depression and suicide among different groups, the curriculum needs to have the flexibility to address these. The first collaboration will be with colleagues from Minnesota and South Dakota schools to develop supplemental teaching materials for Native American students. To be most effective, ADAP must continue to respond to the feedback and needs of the students, teachers, and parents participating in the program.

Response to the ADAP Curriculum and Training Programs

The ADAP team is continually inspired by the positive feedback from participating teachers, students, and parents. Educators have noted that the information is valuable and essential. They feel that the program not only offers a better medical understanding about depression and mood disorders, but also hope and reassurance that treatment options are available. Below are quotes from high school teachers and counselors now members of the expanding ADAP team.

I thoroughly enjoyed teaching the program. The students were extremely into the make-up of the program because of its variations of activities and repetition of the most important topics about depression. One student brought to my attention that previous mental health information was not as informative and to the point as this program was. I attribute that to how well the ADAP presented the information, basically got right to the point, and constantly reviewed the key points in a different light. I would say very much a success here.

High School Health Teacher from Wilmington, Delaware

We are very impressed by the curriculum. Simple, clear, comprehensive, compassionate. Wonderful. It has both validated the work we are doing here and inspired us deeply. I can't thank you enough. There are so few quality resources out there for those of us in the schools.

School Psychologist from Raleigh, North Carolina

I implemented the ADAP curriculum into the course I taught this past September. During that time, I had two students self-identify and had two others approach me about others they were worried about. I just think it's a fabulous program, and their curriculum is very user and student friendly.

School Counselor from Washington, DC

Depression Education as Advocacy

At the 10 year mark, ADAP is on the cusp of establishing a national presence. The success of the curriculum and the training program with diverse communities and instructors makes the goal of a national program seem attainable. Having spent the past decade raising awareness, one classroom at a time, the importance of sharing accurate information about depression is clear. A student understanding and believing that depression is a treatable medical illness is a critical first step in treatment and recovery. Through a comprehensive curriculum, ADAP increases awareness of mood disorders, stresses the need for evaluation and treatment, and decreases the stigma associated with mood disorders. Education is effective advocacy.

Below is Dr. Karen Swartz teaching the ADAP curriculum in a Baltimore City public school.



Recognition and Thanks

The ongoing support from remarkably generous individuals and foundations has permitted ADAP to not only reach a growing number of students, but also develop the materials necessary for training and expansion. The ADAP team is tremendously grateful to those who have supported this work and share the program's mission to develop a school-based curriculum to educate high school students, teachers, and parents nationwide about teenage depression.

To contact ADAP:

The Adolescent Depression Awareness Program
The Johns Hopkins Hospital
600 North Wolfe Street/Meyer 3-181
Baltimore, MD 21287-7381

Phone: 410-502-3447
Email: adap@jhmi.edu

www.hopkinsmedicine.org/Psychiatry/moods/outreach_adap

“We want everyone to understand that depression is a treatable medical illness.”

Karen L. Swartz, M.D.
Director, ADAP



To learn how you can support ADAP, contact:

Jessica Preiss Lunken
Director of Development
Department of Psychiatry and Behavioral Sciences
Fund for Johns Hopkins Medicine
100 North Charles Street, Suite 409
Baltimore, MD 21201
Phone: 410-516-6251
jlunken1@jhmi.edu