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Depression Intervention Programs in Low-Income High Schools

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INTRODUCTION

As mental health is cast into the public health spotlight, an increasing number of clinicians have developed an interest in understanding depression. Depressive disorders on the DSM-5 vary greatly, and are measured on a spectrum of severity using various diagnostic tools. Since many adult psychiatric illnesses have roots in adolescent mental health, the increasing incidence rate of depression in adolescents is concerning. Low-income communities are also at increased risk — the Population Attributable Risk of depression in regards to parental income is now at 26%. Currently however, consolidated guidelines on addressing low-income adolescent depression have yet to be established.

2,000,000
Adolescents had a depressive episode last year

$83 Billion
The economic burden of depression in the US every year

2x
The likelihood of developing mental health complications as a consequence of being socioeconomic disadvantaged

0–27
Scoring range for the PHQ-A diagnostic tool, with 0 being "None" to 27 being "Severe"

OBJECTIVES

This study had two main objectives:

1) To understand whether or not current literature suggests a need for low-income-specific adolescent depression intervention programs.
2) To establish guidelines on depression intervention protocols specific to this target population with the goal of ensuring maximum mental health services to those most in need.

METHODS

A compilation of expert opinions on depression screening, education, and treatment, as well as analysis of previously implemented school screening and awareness programs, was examined in order to understand key strategies. In addition to past school-based mental health programs, literature from sources such as the US Preventive Services Task Forces and California Department of Public Health was consulted.

RESULTS

Finding #1
Empirical and Theoretical Evidence for School-Based Depression Intervention

Inadequate Current Resources: Currently, less than 25% of children with mental health needs receive adequate care. While community mental health centers exist, they are often not well integrated and youth miss out on key clinical opportunities. Likewise, a general practitioner’s office is generally ineffective in providing resources — not only do those who are low-income access healthcare less, those who do only get screened 0.2% of the time.

Schools as a Medium: Providing adequate care requires a program well-integrated with the lifestyle socioeconomically disadvantaged adolescents specifically. 80% of mental health care has been found to come from schools. Schools provide the perfect environment in which to connect mental health wellbeing to students’ academic achievement and sociobehavioral functioning.

Public Health Considerations: In order to provide long-term public health results for this population, resources need to be provided to those most in need while also integrating the larger population with awareness programs. Depression intervention must be seen on a spectrum from prevention to treatment — simply screening for the disease is not enough. Several studies have pointed to the importance of a multtier approach involving screening, education, and follow-up treatment.

Figure #1
Multi-Tier School-Based Depression Intervention Model

Universal Screening
- CBT
- ABCDE
- ADAP
- Social Action Theory
- Asset Theory
- Teacher Education

High Risk
- Further Individual Testing and Therapy
- Community Referral

Medium Risk
- School Mental Health Referral

Universal Education

Follow-up Intervention

FURTHER STUDIES

Before programs are fully implemented, further research should be conducted on understanding:

- Mental health funding of low-income rural and urban schools
- Differences in receptiveness of low-income rural and urban mental health centers
- Strategies for increased engagement with parents or caretakers
- Financially-feasible community-wide elimination of stigma

REFERENCES


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CONCLUSIONS

Low-Income adolescents are in fact in need of depression screening and follow-up services; schools provide an optimal environment to implement such programs.

A multi-tier intervention should begin with a modified PHQ-A screening from school psychologists.

Universal depression education and self-help curriculum should be available for all students and teachers.

Students screened positively for depression or suicidality should receive high-risk protocols, ranging from group Cognitive-Behavioral Therapy to facilitated mental health center referrals based on individual severity.