

Peer Leadership and Depression Prevention

According to the World Health Organization (WHO), at a global level, over 300 million people are estimated to suffer from depression, equivalent to 4.4% of the world's population. Depression is ranked by WHO as the single largest contributor to global disability¹. Given the severity of these statistics, creating innovative ways to address the prevention of mental illness and the promotion of mental health and wellness is of critical importance. Following its pioneering spirit and mission of global change, Rotary has boldly stepped up to this challenge in two important ways:

- (1) introducing prevention as a broader and important component of health to include mental health, not just physical health
- (2) funding projects that reach children and adolescents - and the adults who care for them - to specifically address depression education

In 2014, Rotary funded the Peer Leadership and Depression Prevention project (PLDP) under the Disease Prevention and Treatment area of focus. The goal of PLDP is to promote awareness, early identification, and earlier access to treatment. A parallel goal is to offer coping skills and ways to promote emotional health and wellbeing. The structure of PLDP relies on the joining of new resources with the strength of existing infrastructures to promote success and long term sustainability. An important part of PLDP involves training leaders at various levels within the community, including school staff, students, and community members. The PLDP offers a program and structure for implementation, but it is the integration of this program with the existing relationships and expertise of community members that leads to positive change.

Why did Rotary include such a project among its funded efforts? Because promoting global change means changing the traditional ways of addressing treatment and looking toward changing structures that will support the emotional well-being of the population. The average age of onset of major depression is between age 11 and 14 years². Increased chronicity, severity, impairment, high risk of relapse, and medical morbidity are particularly associated with childhood and adolescent onset depression³. Therefore, it is absolutely imperative that we address this public health crisis via innovative ways that engage youth and their communities of support. Prevention of depressive symptoms and early intervention once symptoms begin to emerge are critical ways of addressing depression among youth.



A Strong Start: Wellesley, MA

At its inception, the PLDP project began with the Interact Club of Wellesley, MA. High school age peer leaders were trained on how to:

- deliver information about depression and suicide in teens
- co-facilitate a depression prevention curriculum from Boston Children's Hospital titled, *Break Free From Depression* (BFFD)

- introduce activities that foster active coping skills and help-seeking

The activities of the teen leaders were well integrated into the school and community setting in order to foster increased mental health awareness and decreased stigma. Pre- and post-curriculum scores were gathered to measure changes in knowledge, skills, and attitudes for students who participated in the curriculum. Change measures reflected improvements of: 77% in knowledge, 97% in help-seeking, and 9% in attitudes.

A summary of other activities accomplished through the project is in the table below.

Measure	Wellesley area	Sustainability
Number of recipients of depression prevention intervention	440 students in three groups (grades ranged from 8 – 10)	Interact teens continue to co-facilitate curriculum in Wellesley and other communities (Dorchester, Waltham)
Number of adults participating in psychoeducation of depression prevention	26 teachers, counselors and administrators	Guidance Director committed to adding BFFD into advisory seminars
Number of health educational campaigns	musical performance referencing Schumann’s mental illness, art installations on coping, and a teen wellness workshop	The teen wellness workshop was delivered in other communities (Brookline, Providence) to help them launch new Interact clubs with a wellness priority
Number of teens actively engaged in mentoring group. Note that teens continue to be recruited for peer leadership training in successive years	25	Interact members recruit through district Rotary events. A Procedure Manual was developed for Rotary clubs interested in replicating the wellness project.

International Collaborations – Puerto Rico

Given the local success of the Interact club and its activities, a Wellesley Rotary member, together with a contact from the Rotary Club of San Juan, collaborated to submit a Rotary global grant application. The objective of the global grant was to address depression and suicide prevention for the youth population of greater San Juan and Ponce, Puerto Rico. The grant was funded, providing a total of \$35,000; a project highlighting the collaboration of two clubs and the interaction of the peer leaders from both sites began. Again, outcome measures were collected, and change measures reflected improvements of: 146% in knowledge, 32% in help-seeking, and 10% in attitudes.



A summary of other activities accomplished through the project is in the table below.

Measure	Puerto Rico Outcomes	Sustainability
Number of recipients of depression prevention intervention	263 Puerto Rico students in three schools (grades ranged from 7 – 12) with 11 self-referrals.	Schools repeated curriculum use in 2016-2017 (Caribbean, Robinson and TESIS Dorado).
Number of adults participating in psychoeducation of depression prevention	27 teachers, counselors and administrators	Staff committed to working with teens to create multilingual video clips for engaging additional schools
Number of health educational campaigns	1 all school theme event	Schools committed to engage their communities, through video clips or a poster competition.
Number of teens actively engaged in mentoring group. Note that a similar number of teens will also be identified to begin in leadership training for the next year.	17	Schools are facilitating teens in community outreach (video clips, art and poster competition)

International Collaborations – India

Of the over 300 million people who struggle with depression, nearly half live in the South-East Asia Region and Western Pacific Region, reflecting the relatively larger populations of those two Regions which include India and China, for example⁴. With the incredible success of another club adopting the PLDP, and the clearly identified need of the population, the Wellesley club reached out to a member of the Rotary Club of Hubli East, in India. This collaboration had developed over several years, as friends of Rotarians who went to India on service and language mission trips reported on the distress children and adolescents expressed. Self-report surveys gathered from students in hostels and public schools indicated significant sadness and anger about “being scolded for no reason” or being worried about self and parents’



emotional health. This established connection offered a perfect vehicle for introducing the PLDP project. Using the same format, but accounting for language and cultural differences, modifications were made to the curriculum, then teachers were trained before delivering the curriculum to students. Change measures reflected improvements of: 665% in knowledge, 42% in help-seeking, and 49% in attitudes. Of particular importance, students are now identified as needing emotional support; the response, instead of physical punishment, is to refer to a psychiatrist for evaluation.

A summary of activities accomplished through mid-project is in the table below.

Measure	India Outcomes	Sustainability
Number of recipients of depression prevention intervention	990 India students in eleven schools and hostels (standards 7–12) with 30 self- referrals.	Schools repeating curriculum use in 2017-2018.
Number of adults participating in psychoeducation of depression prevention	41 teachers, counselors and administrators	Staff committed to working with teens to normalize the conversation. At least one hostel introduced journaling.
Number of health educational campaigns	At least one school plans to add a parent night to address the topic.	Additional schools have stated they wish to implement the curriculum.
Number of teens actively engaged in mentoring group.	TBD	16 boys actively journaling

International Collaborations – Nigeria

The World Health Organisation (WHO) reports 7,079,815 Nigerians suffer from one of the most ignored and misunderstood forms of mental disorder in the country – depression. This represents 3.9 per cent of the entire population, making Nigeria, according to the current prevalence rate, the most

depressed country in Africa⁵. While this is indeed a disturbing realization, Rotary once again offers a platform that connects individuals and organizations to address this public health concern. In Nigeria, a member of the Rotary Club of Ibadan Idi-Ishin has participated in the *Break Free From Depression* curriculum training, met with leaders from the Puerto Rico and India implementations, and will begin implementation soon with at least 2,000 students.



A Call to Action

The direct impact of the PLDP program is evident from the significant increases in knowledge, skills, and attitudes fostering change. The impact is also loudly heard and felt through the words of those participating in the program:

- *“I thought it was a good way to bring up a difficult topic to talk about. I like how people are taking time to teach about mental illness.”*
- *“It helped me build awareness about this situation. It also helped me learn how to handle these kinds of situations as well. I was able to learn about the physical and mental hardships of depression.”*
- *“I did not realize that children could have depression; now I see it in my classroom.”*
- *“I no longer hit the student but instead try to understand what he is thinking.”*
- *“I noticed things before but did not act; now I know how to get help”*

The mission of The Rotary Foundation is to enable Rotarians to advance world understanding, goodwill, and peace through the improvement of health, the support of education, and the alleviation of poverty⁶. One group, the Rotarian Action Group for Mental Health Initiatives (RAGonMentalHealth.org), has already accepted this mission and its call for action by expanding on the work of depression prevention. If true change around emotional well-being is to happen, we can no longer wait until a “perfect” solution is achieved in one place before sharing it with others. Indeed, the focus on mental health and wellness needs to happen on a global level, with careful attention to the cultural and resource needs of the population. The Rotary Foundation’s funding of the PLDP program represents support of the notion that focusing on youth mental

health is a worthwhile and important endeavor, as well as a critical component of health programming.

Imagine

What might things be like if mental health was positively highlighted instead of stigmatized or shamed? How might futures change as a result? How might Rotary continue to change these futures? And of course, imagine what it might be like for you to join this call to action - how can you personally be a part of this movement?

NOTE: Peer Leadership and Depression Prevention project updates may be viewed at: AdolescentWellness.org/Rotary



References:

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