

# Procedure Manual - Interact

## *Peer Leadership and Depression Prevention*



Rotary International project  
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## Join Rotary?

Rotary brings together a global network of volunteers who dedicate their time and talent to tackle the world's most pressing humanitarian challenges. Rotary connects 1.2 million members from more than 200 countries and geographical areas. Their work impacts lives at both the local and international levels, from helping families in need in their own communities to working toward a polio-free world.

Interact is a service organization organized and sponsored by Rotary clubs for young adults aged 12-18. There are more than 12,300 Interact clubs in 133 countries.

<https://www.rotary.org/myrotary/en/member-center/join-rotary-and-make-difference>

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# Adolescent Emotional Health: The Need



## *Depression in Youth*

As Maughan, Collishaw, and Stringaris (2013) indicate, less than three decades ago depression was seen as a predominantly adult disorder. Children were considered too developmentally immature to develop such a disorder, without personalities sufficiently developed to support the diagnosis of a depressive disorder. Adolescent low mood was considered part of the normal teenage experience, characterized by mood swings and irritability. Current research highlights that children and adolescents can, and do, experience depressive disorders. Not only do youth experience depression, but this experience is a world-wide phenomenon. The World Health Organization declared depression as the leading cause of disability and the fourth leading cause of premature death worldwide for people ages 5 and older (WHO; Owens et al 2012). Depression, therefore, stands out as a major public health problem given the disorder's often chronic, recurrent, and increasingly harmful nature (Guerry & Hastings, 2011). Increased chronicity, severity, impairment, high risk of relapse, and medical morbidity are particularly associated with childhood and adolescent onset depression (Beardslee, Gladstone & O'Connor, 2012; Brent & Maalouf, 2009; Cummings & Fristad, 2011; Eckstain & Gaynor, 2011). Children and adolescents with depressive disorders are also at high risk of substance abuse, legal problems, negative life events, early pregnancy, and poor work functioning (AACAP, 2007).

Below are significant facts related to depression in children and adolescents:

- ✚ A family history of depression and exposure to stressful life events are the most robust risk factors for depression (Maughan, Collishaw & Stringaris, 2013)
- ✚ By the age of 18 approximately 15–25% of adolescents will have experienced a major depressive episode (Garber & Weersing, 2010; Lewinsohn and Essau 2002 in Auerbach et al 2011)
- ✚ Average age of onset of major depression is between 11 and 14 years, with rising rates in the early teens with a near doubling of rates from 13–14 years (8.4%) to 17–18 years (15.4%) (Goldman, 2012; Maughan, Collishaw & Stringaris, 2013; Merikangas et al 2010)

- ✚ Twelve percent of children will relapse within 1 year, 40% will relapse within 2 years, and 75% will experience a second episode within 5 years (AACAP, 2007; Beardslee, Gladstone & O'Connor, 2012; Maughan, Collishaw & Stringaris, 2013)

### ***Risk for Suicide***

Depressive disorders in adolescence are the largest single contributor to suicide risk during this period (Van Voorhees et al., 2008). As with depression, suicidal behavior among children and adolescents is a serious public health concern, not just in the United States (US), but world-wide (Cummings, Caporino & Kendall, 2013; World Health Organization, 2000). Suicidal behavior increases as children grow older, with adolescents at higher risk than school age children. In the US, suicide is the fifth leading cause of death among children ages 5-14 and the third leading cause of death for adolescents between the ages of 15 and 24, behind only accidents and homicides (Guerry, Reilly & Prinstein, 2011). During the period between 2003 and 2004, suicide rates for females ages 10–19 and males ages 15–19 increased significantly (Centers for Disease Control and Prevention, 2007). The number of children ages 10–14 dying by suicide has been particularly alarming, with suicide rates increasing by 51% between 1981 and 2004 among children in this age group (American Association of Suicidology, 2006; Miller & Eckert, 2009).

Despite these noteworthy statistics, among adolescents suffering from depression, only about 25% receive treatment (Garber et al., 2009). Research clearly indicates that a diagnosis of depression is a risk factor for suicidal behavior. In fact, review studies have found that between 49% and 64% of adolescent suicide victims had a depressive disorder (Beardslee et al 2012). Therefore, it is absolutely imperative that we address this public health crisis via innovative ways that engage youth and their communities of support before crises occur. Prevention of depressive symptoms and early intervention once symptoms begin to emerge are critical ways of addressing depression among youth.

### ***Ecological Approach***

Children's development can best be understood from a human ecological systems theory, which posits that development is influenced by the interaction of the contexts in which children live, study, and play (Atkins, Hoagwood, Kutash, & Seidman, 2010; Bronfenbrenner, 1977). The child is at the center of this series of nested systems, contributing individual factors that include temperamental qualities and cognitive abilities (Bronfenbrenner, 1977). The interactions between individual child factors; the quality of the child's relationships with family, teachers, and peers; and broader ecological factors (e.g., school quality, neighborhood safety) collectively have a significant impact on children's emotional wellbeing (Greenberg, 2006). The ecological approach further accounts for the impact that broader organizations, policies, and culture have on child mental health outcomes (e.g., mental health disparities, lack of access to services due to lack of insurance; Espelage, Hong, Rao, & Low, 2013). Finally, this approach seeks to promote youth emotional wellness by addressing multiple systems within a youth's life, by promoting positive and long-standing relationships, and by offering practical strategies that resonate with the youth's culture and community. The outcome hope of this approach is to promote resilience and emotional wellbeing.

# Rotary Clubs: Addressing Adolescent Emotional Health through School, Family, and Community Partnerships



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 poverty ([www.rotary.org/myrotary/en/learning-reference/about-rotary/rotary-foundation](http://www.rotary.org/myrotary/en/learning-reference/about-rotary/rotary-foundation)). The Rotary Foundation followed this mission by funding a visionary program that truly advanced understanding, goodwill, and peace by focusing on the improvement of mental health. This acknowledgement of the need to support emotional health is significant, as often emotional health is seen as separate from physical health and therefore neglected from health prevention programs. The Rotary Foundation's funding of this 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.

## **Program Overview**

This manual offers a detailed description of the *Peer Leadership and Depression Prevention (PLDP)* project. Below are the major components of the project. Implementation steps are described in the next section of the manual.

### ***Focus on Prevention and Mental Health Promotion***

The PLDP project focuses on prevention and mental health promotion. Given the significant number of children struggling emotionally, approaches that address mental health issues before they develop into diagnosable disorders are critical. Prevention science is a “multidisciplinary field devoted to the scientific study of the theory, research, and practice related to the prevention of social, physical, and mental health problems” (O’Connell, Boat, & Warner, 2009, p. xxvii). There are two main concepts of prevention science that are highly relevant to children’s emotional health and well-being: prevention and mental health promotion.

Prevention refers to “interventions that occur prior to the onset of a disorder that are intended to prevent or reduce risk for the disorder” (O’Connell et al., 2009, p. xxvii). Prevention happens at three different levels, each defined by the degree of risk in the population (Domitrovich et al., 2010).

- *Universal prevention* strategies target the general public or an entire population that has not been identified on the basis of individual risk. For example, a universal prevention program can be used with an entire class or grade without requiring identification of children who may be struggling.
- *Selected prevention* strategies target individuals or subgroups that are identified as being at elevated risk for a disorder. The individuals or groups are chosen not because they are demonstrating symptoms of a disorder, but because their circumstances place them at higher risk for disorders—for example, children of recently divorced parents, children with chronic illnesses, or children who recently emigrated from another country.
- *Indicated prevention* strategies target individuals who are identified as having some initial symptom presentation related to mental disorders but who do not yet meet full criteria for a diagnosis.

Mental health promotion refers to strategies that “focus on well-being rather than prevention of illness and disorder, although it may also decrease the likelihood of disorder” (O’Connell et al., 2009, p. 65). Mental health promotion strategies aim to enhance individuals’ ability to achieve developmentally appropriate tasks; aid them in acquiring a positive sense of self-esteem, mastery, and well-being; and strengthen their ability to cope with adversity (O’Connell et al., 2009). Mental health promotion strategies are typically used with a whole population (e.g., an entire class, the whole grade), so they are particularly well suited for use in schools.

### ***Integration of New Resources with Existing Infrastructures***

The PLDP project relies on the joining of new resources with the strength of existing infrastructures to promote success and long term sustainability. An important part of the project involves training leaders at various levels within the community, including school staff, students, and community members. The project

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.

### ***Peer Leadership Model***

Johnson, Simon, and Mun (2014) report that effective peer leadership programs do the following: carefully assess and select peer/cross-age leaders; allow for adult support and supervision for peer leaders in the structure of the program; make training materials developmentally appropriate and engaging; and set high expectations for peer leaders and provide them with the supports to reach them.

The PLDP project follows these best practices, and in addition encourages teen leaders to do the following:

- ✚ Promote not only awareness of depression, but also pro-social behaviors related to mental health and wellness, such as how to help others.
- ✚ Challenge stigma related to mental illness and promote non-judgmental attitudes and language.
- ✚ Inspire a shared vision toward open communication and mental health and wellness.
- ✚ Commit to be positive role models and advocates for mental health and wellness.
- ✚ Encourage and support peers' initiatives around mental health and wellness.



### ***Promoting Long-Term Conversations and Interventions***

Although the core of the PLDP project is a curriculum, the philosophy of the program is that conversations and interventions around mental health and wellness should be an integral part of the fabric of a community. One-shot workshops, or conversations limited to single programs are not as effective as promoting safety within a community to continue long-term conversations and interventions around mental health and wellness.

## Case Study #1: Rotary clubs of Wellesley and San Juan



This piece was inspired by testimonials from the collection box about the power of exercise as a coping mechanism. I wanted to place the pumping of the heart characteristic of vigorous exercise in contrast with a stark black background. The plus signs are emanating from the heart valves that are inspired by the endorphins that are commonly released when the body is being exercised.

*Untitled  
2015  
Spray paint on canvas  
Teddy Sevilla*

In 2014, a new Interact club was authorized for youth in the Wellesley, MA area, sponsored by the Rotary club of Wellesley. A Rotary district grant allowed the Interact teens to participate in a mental health and wellness promotion project. It involved professional training for high school age peer leaders with information about:

- depression and suicide in teens
- how to co-facilitate a depression prevention curriculum
- activities that foster active coping skills and help-seeking

Initial outcomes of the Interact peer leaders' efforts were good – they effectively facilitated the curriculum for youth groups at congregations and the Boys and Girls club, and they met frequently to discuss their progress and future ideas. This momentum and feelings of success garnered the interest of other teens who then joined the Interact club to further expand its activities as part of the wellness project. Interact members presented at a statewide conference for educators and continued to develop meaningful activities, such creating the plan for an art show with the goals of decreasing stigma and promoting mental health awareness.

Given the local success of the Interact club and its activities, a Wellesley Rotary member, together with a contact from a Puerto Rico Rotary club 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 accepted, and a project highlighting the collaboration of two clubs and the interaction of the peer leaders from both sites began. The Rotary club of San Juan club was defined for this project as the Host club because it is hosting the primary activities of the project. The Rotary club of Wellesley was defined as the International club because it was the primary sponsor of the global grant

The project involved teaching high school age peer leaders information about depression and suicide in teens, how to co-facilitate a depression prevention curriculum, and activities that foster active coping skills and help-seeking. A systems approach was used. That is, 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. Furthermore, these activities created a network of teen and adult 'gatekeepers' that will be able to promote early identification.

The teen leaders in both (the International and Host Rotary) communities shared their progress with each other and discussed their ideas for project sustainability in the school and the larger community. Rotary members, school personnel, and community advisers helped the teen leaders in this endeavor. Interact members and other peer leaders in both communities accessed the same resources (curriculum and project consulting psychologist) but the Interact teens from the Wellesley area enjoyed an advantage in experience. The Wellesley Interact teens teleconferenced with peer leaders and school leaders in Puerto Rico to share experiences from the implementation.

# Outcomes – Tangible Measures and Sustainability

## Tangible measures and Sustainability

### Tangible measures in Puerto Rico

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.	All schools will repeat curriculum use in 2016-2017 (Caribbean, Robinson and TESIS Dorado).
Other 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	All three schools have committed to engage their communities, including the use of video clips or a poster competition.
Other 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	All three schools are engaging teens in community outreach (multi-lingual video clips or poster competition)

**\* Improvements for Puerto Rico students are 146% in Knowledge, 32% in Help-seeking and 10% in Attitudes.**

Improvements over the baseline were measured by Boston Children’s Hospital through changes in responses to surveys collected before and after the intervention.

The hospital provided for each of the three participating schools in Puerto Rico a summary report for each grade. The improvements above are the weighted average of all six grades participating.

### Tangible measures in Wellesley

Measure	Wellesley area	Sustainability
Number of recipients of depression prevention intervention*	440 students in three groups (grades ranged from 8 – 10)	Wellesley high school plans to implement again in In 2016-2017
Other - Number of adults participating in psychoeducation of depression prevention	26 teachers, counselors and administrators on Step-up Day alone	Guidance Director committed to adding BFFD into Freshman seminars advisory seminars
Number of health educational campaigns	(4) – a musical performance referencing Schumann’s mental illness, art installations on coping at two sites, and a teen wellness workshop	The teen wellness workshop was delivered in the neighboring community (Brookline) to help them launch its own Interact club with a wellness priority
Other - 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.	25	Interact seniors are actively recruiting through RYLA and events including the Rotary annual Breakfast Festival. A Procedure Manual was developed for Rotary clubs interested in replicating the wellness project.

**\* Improvements for Wellesley students are 77% in Knowledge, 97% in Help-seeking and 9% in Attitudes.**

Improvements over the baseline were measured by Boston Children’s Hospital through changes in responses to surveys collected before and after the intervention.

## **Sustainability was also achieved**

All three schools in Puerto Rico committed to continuing the program and expanding mental health and wellness promotion in the wider community. Below are excerpts explaining the new activities that will accompany the depression prevention curriculum during the 2016-2017 academic year.

**Esther Mariae Perez Prado, School Psychologist for Robinson, wrote,** *"...During the 2016-2017 academic year, we have pledged to continue promoting and educating our students about positive lifestyle choices through our partnership with your organization and the Rotary Foundation. Given the tangible benefits resulting from this curriculum, we are excited to offer it to our students (10th and 11th grades) again this coming school year. We want to expand and strengthen the wellbeing of our youth—in our school, across the island and beyond. As part of this, we believe that video clips produced in both English and Spanish would help extend the scope and reach of this project. These clips would include our students describing topics they learned about through their participating in the Break Free From Depression program, such as the importance of mental health for their general wellbeing; where and how to find help; and destigmatizing the taboos related to mental health, among others. We also believe that students reading or re-enacting testimonials of how the project has given them skills that they have put into practice is a powerful message. For us, producing these videos is a priority for any additional funds that might be available for this program. In alliance with the participating schools in Puerto Rico, we believe that these videos will contribute to promoting similar projects at other schools. Making these videos bilingual—in both English and Spanish—will allow us to share them not only with our school community, but also with nearby Spanish-language schools. We understand these videos will be easily accessible and visually promote and expand this important project to communities who might not have access to these resources."*

**Maritere Matosantos, School Principal for TESIS Dorado, wrote,** *"...After much conversation with students and administration we came up with two ideas that can be of help and a complement to the Breaking Free From Depression program for next school year 2016-2017. We have several students who would like to do a testimonial video of other students in the school who participated in the Break free From Depression curriculum and would like to share their experiences with this topic before and after the program. It would be done in Spanish to complement the all English documentary that comes with the sessions. ...We would also need to start getting training to be certified as an Art Therapist."*

**Maria Correa, College & Career Counselor for Caribbean School, wrote,** *"...Caribbean School is committed to expanding the Peer Leadership and Depression Prevention project for next school year 2016-2017. The Interact club has several activities planned...Our hope is to educate parents and students on the prevention of risky behaviors ..."*

## Selected Student Quotes

*“Interesting to hear about this through seniors’ point of view instead of adults.”*

*“It was very helpful to see how people our age struggled with depression in the documentary.”*

*“I thought this program was really good because I went through minor depression and didn't know much about it but now I know more about it.”*

*“The program was very cool! It's awesome that they are our peers and not random adults. They were all very energetic and open.”*

*“I was actually feeling depressed last year a lot of the time because last year was my first year in this country and I recently faced a lot of bad things. I think I'm better now because I talked with others about my experience.”*

*“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.”*

*“I already knew a bit about depression and suicide, but I felt this program was really needed at our school. I would even suggest doing it at the middle school because I think it is important to teach this information as soon as possible.”*

*“It was very helpful to me.”*

*“I liked how relatable the documentary was because it made it easier to connect and understand.”*

*“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 liked how Interact was very clear and had a helpful non biased view. It really helped to open my eyes and erase stigma around getting help.”*

*“It's good that you guys are raising awareness about depression. Especially at a high school. I now know a lot more about this serious issue and how to treat it. Before, I didn't know it was common, or a mental illness. Now I understand what it really is and how to seek help.”*

*“I liked how it raised awareness so that I can be more aware of my peers’ feelings and emotions and my own feelings and emotions.”*

*“I know now how to help other people with depression and I can be a better friend.”*

# Implementing *Peer Leadership and Depression Prevention* in Your School

## ***Program Implementation***

The following steps outline the implementation sequence for the project.

## ***Connecting with Schools***

The Rotary club advisor encourages Interact members to reach out to youth groups and school leaders. There may be some school administrators or staff affiliated with the clubs or parents willing to offer an introduction. Some leaders will welcome the opportunity to learn more about community programs that will address such an important topic, such as depression prevention, for their students.

## ***Schools: needs assessment***

An important component of establishing a collaboration with schools is to conduct a needs assessment. A needs assessment is a process of understanding, prior to any training or implementation, what the current school needs are with respect to youth mental health and wellness promotion. Questions such as the ones below are helpful in conducting a needs assessment:

- ✚ *How frequently does your staff talk to students regarding concerns about mental health needs?* (This question seeks to better understand how much of an existing need there might be around specific mental health topics – e.g., depression, anxiety, trauma, grief. Understanding staff perception about urgency of the need to address and intervene around student mental health is a key component of a needs assessment).
- ✚ *Have there been any recent suicides in your school community?* (It is critical to specifically address this question, as research indicates that shortly after a completed suicide in the community is **not** an appropriate time to implement a prevention program. Instead, concerted efforts around postvention and crisis intervention should be the primary focus.)
- ✚ *Have there been any other crises in your school community?* (It will be important to find out more about any other crises that may be impacting the school community. For example, recent death of teacher or staff, violence in the community, or natural disasters. These events call for a different focus of intervention as a first step.)
- ✚ *Do you have protocols in place for identifying students with mental health needs?* (Identification of school based protocols to specifically assist students with mental health needs is critical, as it will be these protocols that will be followed as part of the prevention program).
- ✚ *Does your staff feel comfortable in talking to students about mental health needs?* (Sometimes, staff may feel either ill prepared or uncomfortable addressing students' mental health needs. Understanding the culture of the school, as well as teachers' comfort in addressing these topics will be a critical part of the needs assessment.)
- ✚ *Do you have resources to address student mental health needs in your school?* (Some schools may have mental health providers in the school that are able to immediately address student needs. Others may have community partners, while others yet may feel they have no resources available to assist students. Connecting schools to community resources is a critical

component of the program, so if schools feel like there are no connections, this part will be critical to establish before any training or implementation begins.)

- ✚ *Have you ever implemented any programs focusing on depression prevention? How were they received? What were the outcomes?* (If there have been any previous experiences with prevention programs, a review of the process will be critical in understanding what aspects were successful, which were not, and what the PLDP project might do differently.)
- ✚ *Have you ever implemented any programs focusing on fostering mental health and wellness? How were they received? What were the outcomes?* (This question addresses the same concept as above, but seeks to understand more generally what mental health programs have been implemented – for example, wellness fairs teaching kids about relaxation skills.)
- ✚ *Will you be able to invite and encourage parent participation in programs focusing on student mental health needs?* (Following an ecological approach, involving all relevant adults in youth's lives is a critical approach to prevention and early intervention. Therefore, creating a space for parent involvement and participation will be essential for the program.)
- ✚ *What are your goals/hopes for implementing this program?* (Hopes and expectations of programs may vary significantly. Understanding from the beginning what hopes are helps to understand whether the project is a good fit for the school, whether the goals are realistic or whether they may need to be modified, and in thinking about what additional resources may be needed.)
- ✚ *Are you able to make a long-term commitment to supporting student mental health and wellness needs?* (Research indicates that one time workshops are not as effective in addressing student mental health and wellness as long-term efforts that infuse the culture with safety around talking about mental health, offer ongoing and different ways to promote student mental health, and involve the community to create a large network of support for youth. This means that schools should think about how to continue conversations and programming during key developmental periods to address student mental health and wellness in ongoing ways.)

## ***Planning the strategy (Community Outreach and Planning)***

### ***How will Rotary and schools work together?***

Once a needs assessment has been conducted, a planning phase begins where the Rotary adviser to the school is identified. Similarly, a primary adviser from the school is identified. If a mental health provider within the school is available, this may be the key identified person. However, it is not essential that the school adviser be a mental health provider. School nurses, guidance and adjustment counselors, or teachers that feel particularly comfortable with the topic are also terrific primary advisers.

### ***Who are the key people involved?***

It will also be essential to have someone from the school administration involved. The support of the administration sends a strong message to the whole school about the importance of the topic. Administrators also are critical in allowing changes to schedules and including new programming into schools' already busy schedules.

### ***What internal and external resources are needed?***

Internal resources refer to staff within the schools whose participation will maximize implementation success. For example, including any staff that might have implemented other mental health programming, staff that regularly intervenes with student mental health needs, and parent advisers. External resources refer to individuals or agencies in the community that will further support the schools' efforts. For example, community mental health centers, pediatricians, local mental health providers (e.g., social workers, psychologists, psychiatrists), and hospital based psychiatric staff. If the implementation of the project is coordinated with these community supports, it allows any identified students to receive faster and more effective referrals and treatment. A very specific protocol may then be communicated for referral and treatment activities to care for high risk adolescents identified through this project. For example, on the next page is the decision tree (Protocol for Referral) developed with the Karnataka Institute of Medical Science and hospital to illustrate identification of cases that need support and help, including assessment of suicide risk when a student presents emotional, verbal, cognitive or behavioral symptoms which indicate thoughts of suicide or self-destructive behavior.

#### **Protocol for Referral Contact Information**

School name: \_\_\_\_\_

School phone number: \_\_\_\_\_

School address: \_\_\_\_\_

School website, if available: \_\_\_\_\_

Name of school's primary adviser to project: \_\_\_\_\_

Phone for school's primary adviser to project: \_\_\_\_\_

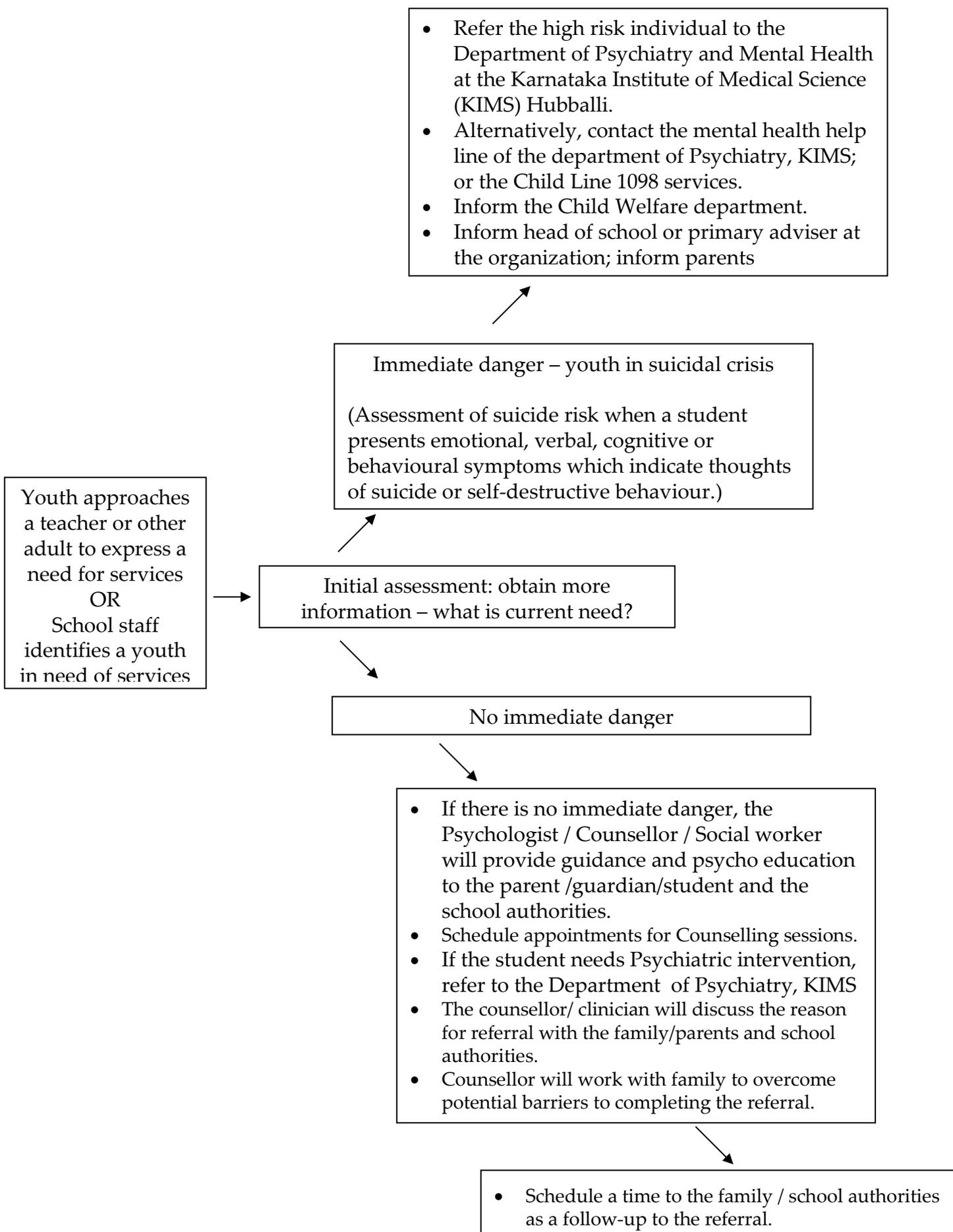
Name of consultant name: \_\_\_\_\_

Phone for consultant: \_\_\_\_\_

Department of Psychiatry and Mental Health; Karnataka Institute of Medical Science:

Number for agency: \_\_\_\_\_

Emergency number: Child Line 1098



## **Training**

The next step will be to conduct thorough training with the school staff. This involves reviewing results of the needs assessment, and determining whether PLDP will be an appropriate project to begin. Training of school staff begins with an introduction of the project, including the frameworks (prevention and ecological approach) of the project. The following steps are next:

- ✚ Present overview of the need to address depression prevention in youth (found in introduction chapter to *Break Free From Depression* manual or webinar at ([OpenPediatrics.org/Course/Break-Free-depression](http://OpenPediatrics.org/Course/Break-Free-depression)))
- ✚ View *Break Free From Depression* documentary
- ✚ Review chapter two of the *Break Free From Depression* resource

Once the participating school staff is identified, they will receive specific training on how to implement the four modules of the curriculum with students

- ✚ A train the trainer session is scheduled for all staff implementing within the school. This training session should be at least 4 hours to allow sufficient time to review all material.
- ✚ All module materials are reviewed. A discussion of any relevant modifications is held to ensure the materials and delivery are relevant to the school's culture.
- ✚ Once materials are reviewed, a discussion is held about how peer leaders will help to implement the curriculum. Specific peer leader selection process is discussed, based on either existing school protocol, or as a new approach for the BFFD curriculum.

## **Selection and training of peer leaders**

Some schools have peer leadership programs already in place. In this situation, it is logical to work with the already identified peer leaders to implement the curriculum. However, it will be important to understand peer leaders' comfort with participating in the project. For example, some peer leaders may have struggled with their own experiences of depression or other mental health disorders. In such cases, it will be important to determine whether participation in the project will be helpful or counter indicated. This can be determined through a conversation with parents and any treatment providers involved.

For schools that do not already have peer leaders in place, they may consider the following in identifying peer leaders:

- ✚ Select a combination of leaders from different grades (10-12 ideal)
- ✚ Select students that are interested in the topic and comfortable with public speaking
- ✚ Select students that will be able to make a commitment to the immediate curriculum as well as to ongoing efforts following implementation
- ✚ Select students that are able to establish good boundaries regarding the roles as peer leaders
- ✚ Do not overburden students that are already very busy and may feel overwhelmed by participation in another project

## **Implementation planning**

During the training, the specific logistics of implementation will be discussed. Chapter one of the curriculum manual outlines specific implementation recommendations. In general, the following recommendations are highlighted as important in planning implementation:

- ✚ Host a parent meeting before student implementation. During this parent meeting, show the documentary and discuss how the topic of depression prevention will be shared with students. Offer parents ideas of how to talk about depression and mental health with their children. Often, after viewing the documentary and engaging in this discussion, parents might identify a need for services for someone in the family. Therefore, offer parents community resources – this list should be available following the needs assessment of external resources.

- ✚ Ideally, the curriculum should be implemented over the course of a week. That allows more days for the students to discuss the information and think about whether they need a referral.
- ✚ Do not implement the curriculum before a vacation or extended time when students will not have access to school based resources.

### ***Data collection***

Data collection is critical, as it allows for an evaluation of the effectiveness of the program, as well as for an assessment of what other resources may be needed. The following are the outcome measures related to the PLDP project.

1. Number of adults participating in the trainings (please indicate number of administrators, teachers, guidance, nursing, etc.). Note: some schools planned on offering additional training for teachers who were not able to be at the initial trainings with Rotary staff. Please be sure to count total number of staff who receives training.
2. Number of peer leaders actively participating in program
3. Number of parents participating in parent meetings
4. Number of students participating in the curriculum (divided by grade)
5. Pre and post-test evaluations for all students participating in curriculum
6. Number of referrals as a result of the curriculum
7. Number of additional activities originated by peer leaders (Note: please include how many students participated in each of these activities)
8. Number of outside agencies collaborating with schools (may be for additional activity planning or in support of possible referrals)
9. Please indicate if your school will implement the curriculum next year
10. Number of teachers and/or guidance or mental health staff reporting regular use of mental health promotion skills (e.g., from Chapter 4 of *Break Free From Depression* curriculum supplement) in classroom or with student groups
11. Any anecdotes or individual comments you may wish to share

### ***Reporting***

A summary report of the school's experience with the project and the outcomes listed above will be important to share with the Rotary club.

### ***Publicity***

Be sure to include ways to publicize the school's efforts around depression prevention. This may be through pictures and stories in local papers, through presentations in local organizations, or through parent newsletters. Opportunities to discuss the importance of mental health and wellness are always critical in reducing stigma or concerns related to conversations about emotional wellness.

### ***Replication***

As part of your implementation plan, consider how the project will be replicated in subsequent years. Implementation during key developmental change periods may be particularly helpful. For example, consider implementation with incoming freshmen, then again a modified presentation for those students as juniors. Adapting the information to fit the developmental changes and pressing needs continues the conversations and promotes help seeking and practicing of coping skills to manage mood on a daily basis.

# Rotary Clubs: Use a Spreadsheet to Manage Your PLDP Project

The key steps are listed below to plan, organize and control the project. Paste all the steps into the first column of a spreadsheet and then add one column for each participating school:

- STEP 0 ==> Review Procedure Manual for Peer Leadership & Depression Prevention project. Begin regular teleconferences among all project leaders.
- STEP 1 ==> Enlist project volunteers for Rotary, schools and Interact.
- STEP 2a ==> Preparation: complete online version of train-the-trainer and read chapters 2 & 5 of 'Break Free From Depression' (BFFD) manual.
- STEP 2b ==> Engage referral psychiatrists & psychologists
- STEP 3 ==> Train-the-Trainer workshops with staff, faculty and peer leaders.
- STEP 4 ==> Parent Meeting to discuss content (ideally with peer leader co-facilitation).
- STEP 5 ==> Consulting psychologist follow-up discussions with staff, faculty & peer leaders.
- STEP 6 ==> Co-facilitate core BFFD curriculum; discuss ideas for exercising chapter 4 supplemental coping skills.
- STEP 7 ==> Outcomes record and report:
- 7.0a) Collect pre-surveys by grade
  - 7.0b) Module 1 & Assistance Request slips
  - 7.0c) Module 2 & Assistance Request slips
  - 7.0d) Module 3 & Assistance Request slips
  - 7.0d) Module 4 & Assistance Request slips
  - 7.0e) Collect post-surveys by grade
  - 7.0f) Report outcomes by standard by school: pre to post-survey matched and measured with spreadsheet 'Outcomes Calculator'
    - 7.1 Number of adults participating in the trainings and role (ex. # administrators, # teachers)
    - 7.2 Number of peer leaders actively participating
    - 7.3 Number of parents attended parent meeting
    - 7.4 Number of students participating in the curriculum (# by grade)
    - 7.5 Number of pre- surveys and number of post-surveys collected from students and matched for summary reports
    - 7.6 Number of self- referrals (student request for assistance) as a result of the curriculum
    - 7.7 Number of additional activities originated by peer leaders such as art project or video projects (include how many students participated in each of these activities)
    - 7.8 Number and name of outside agencies collaborating with schools (may be for additional activity planning or in support of possible referrals)
    - 7.9 Please indicate if your school will implement the curriculum again next year
    - 7.10 Number of teachers reporting continued use of mental health promotion skills (e.g., activities such as those in Chapter 4 of Break Free From Depression curriculum)
    - 7.11 Any anecdotes or individual comments you may wish to share
- STEP 8 ==> Collaborate with peer leaders on their ideas to normalize the conversation in the community.
- STEP 9 ==> Participate in District Rotary conference presentation.
- STEP 10 ==> Repeat program in current communities, replicate in additional communities and country.

# Rotary Clubs: How to Sponsor an Interact Club

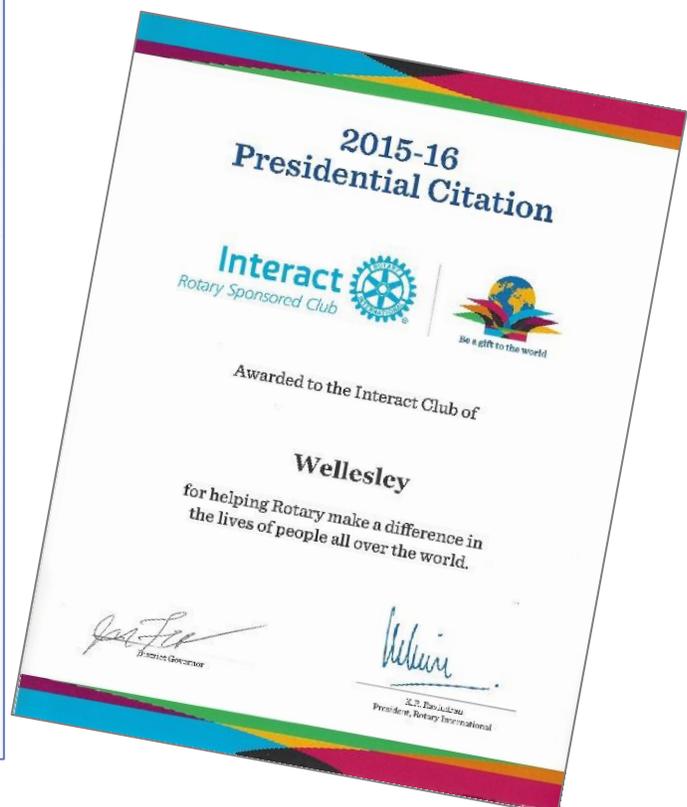
Peer leaders often want to identify ways in which they can promote peers' emotional health and combine this with service to the community. Becoming a part of a Rotary Interact club is a wonderful way to achieve these goals.

## ***Interact Adviser role***

Rotary clubs can sponsor Interact clubs within the community or within a specific school. School-based Interact clubs have a faculty adviser from the host school who should routinely communicate among the Interact club members, school administration, and the sponsoring Rotary club. Community-based Interact clubs have one or more Rotary members as advisers.

## ***Start an Interact Club***

- a) Decide if it will be easier to start a club based in the community (Rotary advisor) or a school (faculty advisor).
- b) Review the Interact Guide:  
<https://www.rotary.org/myrotary/en/document/interact-guide-rotary-club-sponsors-and-advisers>
- c) Complete the online Certification application:  
<https://www.rotary.org/myrotary/en/document/interact-club-certification-form>
- d) Complete and report the tasks for the Interact Presidential Citation:  
<https://www.rotary.org/myrotary/en/document/presidential-citation-interact-clubs>





## Questions & Answers

### Q & A about forming an Interact club that is community-based

#### A) **How do you recruit Interact members?**

The teens themselves are the best recruiters so the question is really 'how do you recruit the first member'. This manual is written for a project that has high interest by teens, driven by their commitment to help themselves or others. The key first members can be found through youth group leaders, (for example, youth clergy), school counselors and even volunteer websites such as VolunteerMatch.com. Example text for the web posting reads,

*“Call for action! Rotary invites interested teens to bring their creative minds to help us launch the Peer Leadership and Depression Prevention project!*

*To address this topic, Rotary is inviting teens to collaborate on creating a project that will bring awareness to mental health and wellness. Rotary looks forward to this exciting collaboration to enhance skills around how to promote conversations and how to teach both old and young in creative, fun ways.*

*How do we do this?*

*Rotary is sponsoring a training conducted by professionals for both members and teens. The training focuses on:*

*(a) how to promote conversations about emotional health and wellness*

*(b) specific skills, such as problem solving and coping skills*

*(c) ways to help oneself and others*

*(d) guidance around defining a project for Rotarians and teen leaders.*

*The training occurs Saturday ...”*

#### b) **How and where do you schedule meetings?**

The town library may have meeting rooms. The initial meeting with students can identify ideal times for future meetings. Communication between meetings is something the teens manage well through Facebook, Google Groups or other social media.

## **Q & A about activities that improve problem-solving and coping skills**

a) **Exactly what activities improve problem solving and coping skills?** Activities to develop problem solving and coping skills are formatted for various age ranges such as grade 8-12 or grade 4-7 but the activities themselves are similar. For example, grade 8-12 activities are provided in **Break Free From Depression** by Boston Children's Hospital. Its core activities are in Chapter Three and its supplemental activities in Chapter Four. Interact peer leaders learn how to co-facilitate these activities by participating in the online Train-The-Trainer ([OpenPediatrics.org/Course/Break-Free-depression](http://OpenPediatrics.org/Course/Break-Free-depression)) and/or live workshop.

The core activities are provided as four (4) forty-five minute modules totaling 180 minutes; common variations are to implement with a different schedule that alters the number of sessions and/or the session lengths, such as combining the second and third modules into a single longer session. The core modules are titled:

1. What is Depression?
2. What Does it Look Like? (37 minute documentary)
3. What Can We Learn?
4. What Can We Do?

Supplemental activities each stand on their own, with completion times ranging from 5 minutes for a breathing activity to 30 minutes or more for the PIP Problems-Ideas-Plans activity:

- a. Deep breathing exercise
- b. Muscle relaxation
- c. Guided imagery and visualization
- d. Identifying my values
- e. Learning the PIP Problems-Ideas-Plans
- f. Avoiding the NASTY trap / catching your negative thoughts
- g. What I like about you
- h. Beating stress before it beats you
- i. What caring friends say

Grade 4-7 activities may be introduced by a peer leader following the **Break Free From Stress and Anxiety** curriculum or exercised independently within the virtual *Wellness Center* ([Whyville.net](http://Whyville.net)).



## **Q & A about international collaboration and global grant funding**

### **a) *Why is this called an international Peer Leadership and Depression Prevention project?***

Mood disorders are a global health challenge. The World Health Organization identifies mental health as the number 1 cause of disability globally. Rotary club members are trusted in their local community so they are uniquely positioned to bring in new information and resources for prevention and treatment. Currently, the project is in communities of the United States, Puerto Rico, India and Nigeria.

Each participating Rotary Club addresses adolescent emotional health locally through its school, family, and community partnerships. Your Interact club helps your school/s implement the curriculum supplement. If your club elects to help a club in another country implement this program in their community, your Interact club members can communicate with their Interact club to share experiences and ideas for sustaining mental health and wellness promotion such as art and video clips. These projects are ideally suited for gaining new club members and also for district grants.

This local project is well suited for a district grant. If you would like to expand it into helping a club in another country, this project is also suitable for a global grant provided by the Rotary Foundation.. Steps towards receiving approval are to:

- a. Identify friends in another country connected with middle schools or high schools. Ask that friend to connect with the Rotary club nearest his or her community about implementing this project locally.
- b. Communicate the project steps as listed in this manual.
- c. Complete the global grant application using the template of Rotary global grant number GG GG1863183 (Peer Leadership and Depression Prevention - Nigeria) to identify the type of statistics and supporting resources your friend needs to list from his or her country and community. Edit the template and budget details to make it specific to your project (for assistance, email [BobAnthony@AdolescentWellness.org](mailto:BobAnthony@AdolescentWellness.org)) clubs and schools.
- d. Complete the requisite authorizations and submit your global grant application (MyRotary).

## Appendix

### *Web addresses for Interact and wellness project details*

At the time of this writing, these web links described:

- <https://rotary7910.org/sitepage/youth-service/interact>
- Reaching 22 youth can prevent 1 case of depression  
<http://www.adolescentwellness.org/wp-content/uploads/2011/06/Keeping-healthy-kids-healthy-more-than-1-in-5-cases-of-depression-are-preventable.pdf>
- Depression and suicide prevention curriculum for grades 8-12  
<https://www.openpediatrics.org/course/break-free-depression>
- Resource for developing healthy coping skills in grades 4-7  
<http://www.adolescentwellness.org/wp-content/uploads/2011/06/Parent-overview-of-the-virtual-Wellness-Center-and-comments-from-youth-using-the-PIP-Problems-Ideas-Plans-model-of-creative-problem-solving.pdf>
- Procedure Manual – Interact Peer Leadership and Depression Prevention  
<http://www.adolescentwellness.org/rotary/>