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Reducing the Risk of Depressive Disorders Among High School Students in Delaware, Ohio

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Social Change Portfolio

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Contents

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OVERVIEW

Keywords: Depression, adolescents, central Ohio

Reducing the Risk of Depressive Disorders Among High School Students in Delaware, Ohio

Goal Statement: The goal of this project is to increase awareness of adolescent depressive disorders and to identify resources and develop a plan to address risk factors.

Significant Findings: Central Ohio's adolescent population faces challenges related to chronic disease, mental health, and addiction. Mental health challenges are increasing among high school students with a notable rise in depressive symptoms and depressive disorders. When depressive symptoms are left untreated, individuals may experience significant negative physical, social, and academic consequences. Additionally, risk-taking behaviors often increase and comorbid disorders become more likely. People are affected by their environments, and the socio-ecological model highlights individual, relationship, community, and societal domains (Centers for Disease Control and Prevention, 2022b). Each of these areas can pose unique risk and protective factors for depressive disorders. Prevention efforts can be tailored to meet the needs of the population and the risks they face as well as the protective resources they have available. One research-backed theory of prevention is Social Cognitive Theory, and a core tenet of this model is the importance of self-efficacy (National Cancer Institute, 2005). Studies connect low self-efficacy beliefs with higher levels of depressive symptoms, so evidence-based prevention programs should include interventions that target improved self-efficacy (Tak et al., 2017). Universal school-based cognitive behavioral therapy is a program that is offered to all students regardless of mental health status and it addresses problem-solving skills, teaches regulation strategies, and focuses on adaptive thought and behavior patterns (Guide to Community

Preventative Services, 2019b). Clinicians should also consider how the problem has a disproportionate adverse effect on diverse populations such as LGBTQ+ youth. Finally, reducing the risk of depressive disorders necessitates advocacy at institutional, community, and public policy levels.

Objectives/Strategies/Interventions/Next Steps: In light of these findings, clinicians should consider the following interventions and next steps. First, adolescents need interventions specifically designed to enhance self-efficacy beliefs. Second, teenagers need access to universal-school based cognitive behavioral therapy which equips all students with essential coping skills. Third, stakeholders should consider targeted school-based cognitive behavioral therapy for individuals who are at a higher risk for developing depressive disorders. Diverse groups, such as LGBTQ+ students, may especially benefit from targeted interventions as long as pertinent ethical stipulations are followed. Fourth, advocacy efforts must address the unbalanced ratio of school counselors to students. Fifth, caregiver training is an essential component of mitigating the stigma surrounding mental illness and help-seeking behaviors.

INTRODUCTION

Reducing the Risk of Depressive Disorders Among High School Students in Delaware, Ohio

Delaware is a city in central Ohio and is located about thirty miles north of Columbus, the state capital. According to City of Delaware, Ohio data (n.d.), the population is around 44,000 with a median age of around 34 years old. The community has several strengths including an incredible parks system, a vibrant downtown, and two strong public school systems. Delaware City Schools serves approximately 6,000 students within city limits, and Olentangy Local School

District reaches nearly 22,000 residents of greater Delaware County (City of Delaware, Ohio, n.d.). Like in all communities, Delaware citizens face challenges. Specifically, Delaware's adolescent population faces challenges related to chronic disease, mental health, and addiction. Mental health challenges are on the rise among high school students. Notably, this population is experiencing an increase in depressive symptoms and depressive disorders, and this issue needs to be addressed.

PART 1: SCOPE AND CONSEQUENCES

Reducing the Risk of Depressive Disorders Among High School Students in Delaware, Ohio

The focus of this project is to reduce the risk for depressive disorders among high school students. Data indicate a rise in markers for depressive disorders among middle and high school students from the 2016-2017 school year to the 2019-2020 school year (Delaware Public Health District, 2020). According to Delaware Public Health District (2020), during the 2019-2020 school year 27% of high school students reported feeling sad or hopeless "almost every day for two or more weeks in a row" in conjunction with a stoppage in participation of "some usual activities in the past year" (p. 42). This is a 3% increase since the 2016-2017 school year. National data from 2017 shows that 32% of U.S. high school students feel similarly (Delaware Public Health District, 2020).

This mental health issue yields significant negative consequences. Physical health consequences may include changes in energy levels and sleep, appetite fluctuation, restlessness, and neglect of personal hygiene (Mayo Clinic, 2022). Comorbid mental health consequences may arise as well. For example, depressive disorders sometimes lead to alcohol or drug use, self-

harm, suicidal ideation, and suicide attempts (Mayo Clinic, 2022). The Mayo Clinic (2022) also notes social, educational, and familial consequences. These include social isolation, frequent school absences, diminished academic performance, explosive outbursts, irritability, and heightened sensitivity. Finally, economic consequences such as treatment for depressive disorders and cooccurring physical and mental health conditions may negatively affect teenagers and their families. The goal of this project is to increase awareness of adolescent depressive disorders and to identify resources and develop a plan to address risk factors.

PART 2: SOCIAL-ECOLOGICAL MODEL

Reducing the Risk of Depressive Disorders Among High School Students in Delaware, Ohio

In order to reduce the risk of depressive disorders among Delaware's high school population, it is critical to investigate the factors that are most influential in students' lives. The Centers for Disease Control and Prevention (CDC) outlines four noteworthy domains to consider in order to mitigate the risk of mental health issues. This framework, the social-ecological model, "considers the complex interplay between individual, relationship, community, and societal factors" (CDC, 2022b). At the individual level, clinicians must recognize and address pertinent "biological and personal history factors" that may make someone more susceptible to experiencing mental health problems (CDC, 2022b). Next, an individual's close relationships, including family members and peers, can affect their likelihood of developing mental health disorders. From a community standpoint, practitioners explore contexts for social relationships like schools and neighborhoods to determine what risk factors may be present at this level. Finally, the societal domain is concerned with "social and cultural norms" as well as public policies that perpetuate "inequalities" and risk factors (CDC, 2022b).

In addition to exploring the social-ecological domains that influence students, clinicians must identify the risk factors and protective factors in each area. According to the Substance Abuse and Mental Health Services Administration ([SAMHSA], 2019), "Effective prevention focuses on reducing those risk factors, and strengthening protective factors, that are most closely related to the problem being addressed" (p. 1). At the individual level, risk factors include biological and genetic vulnerability to depressive disorders (Harvard Health Publishing, 2022). Additionally, stressful situations can increase an individual's risk of developing a depressive disorder. As Harvard Health Publishing (2022) explains, "When genetics, biology, and stressful life situations come together, depression can result." Temperament is another variable that can be either a risk factor or protective factor for an individual. Research suggests that an individual's "view of the world" and "unacknowledged assumptions about how the world works" influence feelings (Harvard Health Publishing, 2022). Finally, early losses and trauma make an individual more susceptible to depressive disorders later in life (Harvard Health Publishing, 2022).

Breton et al. (2015) highlight several individual protective factors against depression in adolescence. First, they note the importance of resilience training. Resilience, according to Breton et al. (2015), is "a dynamic process that gives rise to a positive adaptation despite an adverse experience" (p. S7). Resilience can be cultivated through training in mindfulness, connecting with others, prioritizing self-care, finding a creative outlet, and even limiting screen time (American Psychological Association, 2020). Second, adaptive coping skills like focusing on the positive and working to achieve goals are a critical protective factor against developing depressive disorders. This is in contrast to "nonproductive coping" such as worry, self-blame, and isolation, which can be targeted through prevention programs (Breton et al., 2015, p. S13). A third protective factor is the "overall positive effects of religion and spirituality on psychological

outcomes among youths", although there have been negative reports also (Breton et al., 2015, p. S13). The research indicates that self-discovery and salience of beliefs are aspects of religion and spirituality that contribute to positive outcomes in adolescents (Breton et al., 2015). Finally, reasons for living, such as family relationships, peer acceptance, self-concept, and optimism about the future, are significant protective factors against depressive disorders (Breton et al., 2015). Some of these reasons for living overlap with the relationship domain of the socio-ecological model.

At the relationship level, "a person's closet social circle – peers, partners, and family members – influences their behavior and contributes to their experience" (CDC, 2022b). Studies show that a teenager's relationship with their parents can be a risk factor for developing a depressive disorder. "Less optimal parent relations" include those with inadequate verbal intimacy and physical affection, and these are more likely to result in mental health problems for adolescents (Field et al., 2001). Additionally, if an adolescent's caregiver has a mental illness, the individual may be more susceptible to depressive disorders due to unmet relational needs. Another relationship risk factor is poor peer relationships, specifically leading to loneliness (Field et al., 2001).

There are numerous protective strategies that target relationships. Programs that enhance parent-child communication, such as those put forth by the Center for Parent & Teen Communication (n.d.), may yield positive results. In addition to enhancing familial relationships, adolescents need meaningful connections with their peers. Pollak et al. (2022) explain that "mental health factors, depression, and anxiety [are] consistently associated with improved peer relationships (p. 311). Further, research demonstrates "strong associations between mental health and social relationships" (Pollak et al., 2022, p. 311). Based on the evidence, peer relationship

programs, especially those that address self-concept and loneliness, are a favorable preventative strategy to reduce the risk of mental health problems such as depressive disorders (Pollak et al., 2022).

In addition to individual and relationship considerations, the social-ecological model necessitates the identification of community-related risks and protective factors. According to the Delaware Public Health District (2022a), 7.5% of the city's population lives at or below poverty, and the unemployment rate is 4%. The median household income hovers just below $76,000 (Delaware Public Health District, 2022a). This data is significant because evidence shows "poverty in childhood and among adults can cause poor mental health through social stresses, stigma, and trauma" (Knifton & Inglis, 2020, p. 193). Beyond economic risk factors, clinicians must recognize how ability status influences an individual's experience with their community. In the City of Delaware, people with disabilities comprise nearly 13% of the population. The CDC (2023) concludes that people with disabilities report mental distress at a significantly higher frequency than people without disabilities. This means that adolescents with disabilities are at a greater risk for developing depressive disorders than their non-disabled peers. Finally, nearly 85% of Delaware's population is White, around 5% is Black, just over 4% is Hispanic, and around 2% is Asian (Delaware Public Health District, 2022a). When socioeconomic, household composition/disability, minority/language, and housing/transportation data are synthesized, Delaware's Social Vulnerability Index ranges from 0.0406 to 0.8698 on a scale from 0 to 1 with 1 "representing highest vulnerability" (Delaware Public Health District, 2022aDe). Among the population, there is an array social vulnerability ranging from relatively none to the highest levels of vulnerability. As social vulnerability increases, so does the potential for mental health problems.

Community protective factors will account for the ways an individual is affected by where they live. For adolescents, this also includes where they are educated. Bond et al. (2005) note protective factors in the school and within the community at large. These include opportunities for prosocial involvement and rewards for this type of involvement. The CDC (2022a) echoes this, highlighting the importance of cultivating feelings of connectedness to one's school, community, and other social establishments. Further, it is essential for people to have access to consistent, quality physical and behavioral healthcare as a protective factor against mental health disorders (CDC, 2022a).

Finally, the social-ecological model addresses the societal level, which includes the "social and cultural norms" that perpetuate risk factors for mental health issues (CDC, 2022b). Additional societal considerations include public policy, particularly in the areas of healthcare, economy, and education (CDC, 2022b). One of the primary societal risk factors is "stigma associated with help-seeking and mental illness" (CDC, 2022a). According to Delaware County data, "29% of youth said they can handle their mental health issues on their own" (Delaware Public Health District, 2022b). Adults and youth alike reported worrying about what others would think if they sought mental health services (Delaware Public Health District, 2022b). Another significant societal risk factor concerns norms regarding sexual orientation or gender identity. County records show LGBTQ+ youth are at a much higher risk for developing depressive disorders and for suicidal ideation than their non-LGBTQ+ peers (Delaware Public Health District, 2022b). The overwhelming majority of these adolescents perceive low support and heightened discrimination, leading to significant distress (Delaware Public Health District, 2022b).

Societal protective factors should aim to raise awareness and reduce stigma, and from a public policy standpoint, these efforts require funding. Stuart (2016) provides a detailed review of several anti-stigma programs and literacy campaigns. One noteworthy caution is that stigma differs across cultural contexts, diagnostic categories, and economic situations (Stuart, 2016). While broad efforts are essential and can be effective, it is also critical to understand and address the particular needs of a community. Delaware's adolescent population may benefit from local and national helplines, which are way to access immediate, free, confidential help when they need it.

PART 3: THEORIES OF PREVENTION

Reducing the Risk of Depressive Disorders Among High School Students in Delaware, Ohio

According to Ebert and Cuijpers (2018), depression is an issue of global concern, and it "is projected to become the leading cause of disability worldwide by 2030" (p. 1). Despite this staggering reality, prevention efforts were almost nonexistent until the last decade. Up to this point, "prevention of depression was deemed impossible" (Ebert & Cuijpers, 2018). Recent studies, however, have discredited this belief, showing promising outcomes for preventative interventions (Ebert & Cuijpers, 2018).

One salient prevention theory is Albert Bandura's Social Cognitive Theory (SCT) which is rooted in Social Learning Theory (SLT). SCT pulls from several models of change including cognitive, behaviorist, and emotional perspectives, and it accounts for the impact of personal, interpersonal, and environmental factors on an individual's functioning (National Cancer Institute, 2005). In this theory, there are three distinct factors that predict a person's likelihood to

change: self-efficacy, goals, and outcome expectancies (National Cancer Institute, 2005). Self-efficacy refers to "personal agency" and an individual's belief that "they can change behaviors even when faced with obstacles" (National Cancer Institute, 2005, p. 20). According to Bandura, self-efficacy is the most critical tenet of behavior change, and nearly every health behavior theory includes this construct (National Cancer Institute, 2005). Self-efficacy can be enhanced through goal setting. Goals can be incremental and informal, and they can also be formalized through behavior contracting. As a person reaches their incremental goals, their self-efficacy grows and they are progressing toward their desired outcome. The final component of SCT is outcome expectations or likely consequences of a behavior.

SCT has substantial research support. For instance, Islam et al. (2023) conducted a scoping review of SCT in primary care practice, and they found a correlation between SCT-based interventions, intervention effectiveness and favorable outcomes. They also identified self-efficacy as a key factor for "understanding how determinants of behavior operate together to explain actions" and to produce behavior change (Islam et al., 2023). Additionally, Luszczynska and Schwarzer (2020) explain that SCT has been applied successfully across various disciplines such as education, career development, mental health, and medicine. Further, Luszczynska and Schwarzer (2020) highlight "a considerable body of evidence" for this theory and note that extant research demonstrates the benefits of SCT, its interventions, and the likelihood of positive outcomes.

In addition to general research backing, there is support for using SCT with youth. Tak et al. (2017) point out benefits of applying SCT to adolescents as a preventive measure against the development of depressive disorders. Past studies have linked low self-efficacy beliefs with higher levels of depressive symptoms (Tak et al., 2017). Prevention efforts, then, should include

interventions designed to improve self-efficacy. Further, "adolescents who report depressive symptoms show impairments in the academic, social, and emotional domains", so interventions should enhance self-efficacy in each of these areas (Tak et al., 2017, p. 745). Due to the research support for this theory and its proven effectiveness for the target problem and population, it is a viable framework to implement as part of prevention efforts in Delaware, Ohio.

There are existing evidence-based programs to address this issue. One such program proposes universal school-based cognitive behavioral therapy to prevent symptoms among the target population. According to the Guide to Community Preventative Services (2019b), these programs are delivered to all students regardless of whether or not they exhibit concerning mental health symptoms. The goal of this approach is to help students cultivate problem-solving skills, learn regulation strategies, and develop adaptive thought and behavior patterns (Guide to Community Preventative Services, 2019b). In conjunction with these interventions, self-efficacy beliefs can be addressed and refined per SCT.

PART 4: DIVERSITY AND ETHICAL CONSIDERATIONS

Reducing the Risk of Depressive Disorders Among High School Students in Delaware, Ohio

While this portfolio focuses on the high school student population in Delaware, Ohio broadly, it is critical to consider population subgroups that are at a heightened risk for developing depressive disorders. One such subgroup is LGBTQ+ adolescents. A recent study estimates that there are 72,000 LGBTQ+ youth between the ages of 13 and 17 living in Ohio (Conron, 2020). According to the Delaware Public Health District (2022b), over 80% of the community's LGBTQ+ youth report low-to-moderate familial support, a substantial risk factor for developing depressive symptoms. Further, in 2022, 46% of LGBTQ+ youth across the state "seriously

considered suicide", with 14% of them attempting suicide (Delaware Public Health District, 2022b, p. 12). Across the United States, 18% of LGBTQ+ youth who attempted suicide in 2022 did so as a result of discrimination due to their status as sexual and/or gender minorities (Delaware Public Health District, 2022b).

Recent studies align with the data provided by the Delaware Public Health District. For example, López et al. (2022) explain that sexual minority youth "experience significantly greater rates of depressive symptoms and emotional regulation difficulties relative to their…peers" (p. 1062). Additionally, as a result of depressive symptoms, these adolescents are more than three times as likely to attempt suicide than their peers (López et al., 2022). Hatchel et al. (2019) report that LGBTQ+ students are "disproportionately victimized in schools", with 85.2% of them indicating verbal harassment as a result of their sexual orientation and/or gender diversity (p. 2444). Additionally, this group experiences higher rates of physical violence, cyberbullying, and sexual harassment than their peers. These experiences result in chronic stress, specifically in the form of "minority stress" through "stigmatizing social contexts" (Hatchel et al., 2019, p. 2444). Due to these factors, LGBTQ+ students face a greater risk of developing depressive disorders than non-LGBTQ+ adolescents (Hatchel et al., 2019).

The previous section highlighted the importance of implementing evidence-based prevention programs such as universal school-based cognitive behavioral therapy. To increase the cultural relevance of this program, school counselors may consider heeding the advice offered by López et al. (2022) who suggest assessing sexual identity development with adolescents as part of treatment planning. Because adolescence is a critical developmental period, and because "sexual identity formation often occurs" during this timeframe, clinicians need to account for this pertinent cultural factor in their work with students (López et al., 2022,

p. 1064). School counselors may choose to implement targeted school-based cognitive behavior therapy with LGBTQ+ students to augment its cultural relevance. Targeted prevention, as opposed to universal prevention, delivers programming to students who are at an increased risk for depression (Guide to Community Preventative Services, 2019a). Targeted programs also focus on problem solving and emotional regulation, but the interventions are more specific to the needs of the individual or group than those in universal programs (Guide to Community Preventative Services, 2019a).

When school counselors implement prevention programming with high school students in general, and with LGBTQ+ students in particular, they must do so in accordance with the profession's ethical guidelines. In all programming and interventions, they must uphold student dignity and respect them as individuals (American School Counselor Association [ASCA], 2022, A.1.a.). Further, school counselors recognize parental rights while also understanding their primary responsibility is always to the student (ASCA, 2022, A.1.a.). Additionally, they have an obligation to affirm student identity and provide culturally-appropriate services (ASCA, 2022, A.1.b., A.1.e., A.1.h.). Whether programming is universal or targeted, students must consent to treatment and must be apprised of the limits of confidentiality, specifically when students are thought to be an imminent danger to themselves or someone else (ASCA, 2022, A.2.b., A.2.e., A.2.f.). When sensitive information needs to be shared with stakeholders such as parents/guardians, school staff, administrators, or school board members, it should be done so as securely and as expediently as possible (ASCA, 2022, A.2.l., A.6.a.). Finally, collaborating with stakeholders should include advocacy for marginalized populations and for schoolwide policies that promote "safety, belonging, and justice" (ASCA, 2022, A.10., A.11.b.).

PART 5: ADVOCACY

Reducing the Risk of Depressive Disorders Among High School Students in Delaware, Ohio

Ratts et al. (2015) put forth a forth a framework to help clinicians integrate multicultural and social justice competencies into their work. This framework, the Multicultural and Social Justice Counseling Competencies, incorporates the social-ecological model of prevention and highlights the centrality of advocacy efforts across six domains (Ratts et al., 2015). Three of those domains are particularly salient: institutional, community, and public policy. At each level, counselors must identify barriers and "address inequities" (Ratts et al., 2015, p. 12).

The institutional level refers to social establishments like churches, community organizations, and schools. In order to effectively reduce the risk of depressive disorders among local high school students, it is necessary to pinpoint obstacles that may impede progress. The City of Delaware has one high school that serves over 1,700 students. There are four school counselors on staff for a ratio of approximately one counselor for every 425 students. This is a significant barrier to providing the social-emotional support needed to mitigate depressive disorders. With these numbers, it would be exceptionally difficult to provide services such as universal school-based cognitive behavioral therapy. Further, each of the four school counselors has additional duties that extend beyond the scope of appropriate activities as set forth by the American School Counselor Association ([ASCA], 2019). Due to a heavy caseload and extra responsibilities, the City of Delaware's school counselors are not able to address this issue adequately. One way clinicians can advocate for students is by networking with other community mental health providers. School counselors can then proactively provide information to students about resources within the area. Additionally, school counselors may invite local mental health providers to speak to groups of students about relevant issues.

According to Ratts et al. (2015), the community "represents the spoken and unspoken norms, values, and regulations that are embedded in a society" (p. 13). The stigma surrounding mental illness and help-seeking is well-documented. As previously noted, nearly one-third of Delaware's adolescent population believes they can handle mental health challenges alone, and students and adults alike report concerns of what others would think if they asked for help (Delaware Public Health District, 2022b). This stigmatization represents a significant community-level barrier to reducing the risk of depressive disorders. To advocate for mental health in this domain, counselors should target students and their caregivers. Caregiver trainings, informational sessions, and other resources are a step toward destigmatizing mental illness and help-seeking behaviors. Further, this is a way to galvanize a relationship with key stakeholders, namely caregivers, who can then address warning signs at home. Advocacy efforts should also be aimed at students and may include awareness weeks, assemblies, classroom lessons, and even posters throughout the building.

Finally, the public policy domain is concerned with laws and policies. According to Panchal et al. (2022), there are a number of factors limit schools' ability to provide mental health services to their students. The top three factors are insufficient mental health professional staff coverage, inadequate access to licensed mental health professionals, and inadequate funding (Panchal et al., 2022). Although recent legislation such as the Bipartisan Safer Communities Act seeks to increase support for school-based mental health services, the aforementioned barriers still remain. Panchal et al. (2022) believe "improving access to school-based mental health services may help mitigate rising mental health concerns among youth". Public policy advocacy includes supporting state and federal legislation that promotes mental health services for students. In addition, ASCA (2024) curates a list of legislative priorities, which currently

includes increased funding for school counseling, equitable policies that promote postsecondary readiness, addressing the dearth of qualified school counselors, and promoting safe schools. Clinicians can partner in pursuing these outcomes by attending state school counselor association advocacy events and by contacting legislators.

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