

MindMatters Plus: INFO SHEET NO.8

BEHAVIOUR PROBLEMS CAN HIDE DEPRESSION

Use: Building Staff Capacity

Audience: Executive Team and Student Support Services Teachers

Intent: Early Intervention

Depression rarely occurs alone in adolescence. Students with symptoms of depression are more likely than not to also have problems with anxiety, behaviour, learning difficulties or substance abuse. The level of depression being experienced by a student can be hidden by the challenges of managing a student's difficult behaviour. This particular group requires early intervention because it is known that treatment is more complex and generally the long term outcomes for the young person are worse.

About 30-45% of adolescents with conduct or externalising behaviour problems (those likely to come to the attention of the staff responsible for behaviour management) will also have high levels of depressive symptoms.^{1 2 6} The co-occurrence of high levels of depressive symptoms and externalising behaviour problems is associated with more severe symptoms of both behaviour problems and depressive symptoms, particularly irritability.

Depression associated with other mental health problems has a strong and specific gender relationship. Where depression occurs in adolescent boys, it is more likely to be linked with externalising behaviour problems, specifically disruptive behaviour and substance abuse. In adolescent girls who are depressed, anxiety is more common.

As well, these students with depression and co occurring mental health problems, compared with students with only depression or only behaviour problems, are more likely to have:

- marked difficulties in interpersonal problems
- overall feelings of powerlessness
- more distorted perceptions about hostility in their relationships
- a heightened sensitivity to physical threat
- and increased feelings of personal failure.⁴

These students often have a distorted and negative view of interpersonal situations and specific problems in accurately processing social information. For example a student may assume they're in trouble and being picked on when called out by the teacher.

The combination of depression and behaviour problems has a wide ranging impact on psychosocial development in adolescence. It markedly increases students' risks for alcohol and nicotine use in mid-adolescence, and is linked with lower academic achievement and poorer adult social adjustment.

Case Study: Rushcroft Boys High School

Rushcroft Boys High School is a boys high School located in a low-middle SES area in an outer suburban area. The school was running an ACE group for early intervention for students at risk for depression. In the process of screening for depression for entry into the 'ACE group, the school also identified some Year 9-10 students with disruptive behaviour problems who also were found to have high levels of depressive symptoms. Some students were difficult in class, behind in learning and were at risk for becoming disengaged with the school. The school counsellor wished to target the problems these students were experiencing by conducting a group program modified for their specific difficulties, learning styles and needs. The Deputy Principal was keen to be involved in a proactive early intervention approach for these students.

Specific strategies to help the situation

In consultation with the school and guided by previous research and teacher and student feedback, specific modifications were made to the ACE - Adolescents Coping with Emotion program by the author⁵.

ACE is an 8 week small group program, developed for school-based early intervention for adolescents at risk for depression, identified from school screening or selected by the Counsellor. The program has a cognitive behavioural and interpersonal skills focus, aimed at increasing resilience by teaching realistic thinking, problem solving, relationship skills and help seeking.



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Modifications made to the ACE program included:

Changes to suit learning styles:

- simplification of and reduction in the written content and tasks
- increase in visually presented material
- increase in activities-based and interactive learning.

Changes to the structure of the program

- shortening of session lengths from 90 to 55 minutes.
- extending program from 8 to 11 sessions and adding a booster session.
- a reduction in group size to 5-7 students to allow more discussion and facilitate management of expected increases in externalising behaviour in response to emotionally challenging material.

Changes to the content of the program to incorporate sessions and materials targeting known areas of difficulty including:

- simplifying the presentation of realistic thinking skills
- increasing emotional vocabulary – naming and identifying emotions
- anger management and impulse control skills
- increasing interpersonal skills by focusing on improving social skills in the interpretation of ambiguous interpersonal situations
- improving the identification and correction of negative attributions about others, particularly attributions of hostility in interpersonal relationships

(description of program available on www.mmplus.agca.com.au)

Innovative implementation of the program

Rushcroft Boys High School delivered the modified ACE program in an innovative way, adding markedly to the success of the program. The school counsellor and deputy principal worked together as group leaders and ran the program off-site in a local recreational facility across a number of mornings. Several sessions occurred on each day with a physical activity break and food provided between sessions.

While this required considerable investment in organisation and time commitment from the school staff, the benefits were clear, resulting in improved student engagement with the ACE program and with other group members. A cohesive and productive student group developed with very high group attendance rates and all students completing the program. This is encouraging as male adolescents with externalising behaviour problems have previously been found to report higher levels of embarrassment about attending an indicated small group program.³

Most importantly, this approach also facilitated and consolidated supportive relationships between students and both the School Counsellor and the Deputy Principal, whom many students had known before in a disciplinary role. This has the potential to improve students' connectedness with the school and their willingness to seek help in the future.

The results of this modified program included clinically significant reductions in students' self-reported depression symptoms and externalising behaviour scores on the questionnaire measures and high ratings of satisfaction by both students and group leaders.

Relevant learning from the MindMatters Plus initiative:
“The training in programs has reinforced to teachers in MMPlus Demonstration schools that they can make a difference.”

References

1. Capaldi, D. M. (1991). Co-occurrence of conduct problems and depressive symptoms in early adolescent boys: I. Familial factors and general adjustment at Grade 6. *Development & Psychopathology*, 3(3), 277-300.
2. Lewinsohn, P. M., Rohde, P., & Seeley, J. R. (1998). Major depressive disorder in older adolescents: Prevalence, risk factors, and clinical implications. *Clinical Psychology Review*, 18(7), 765-794.
3. Rapee, R. M., Wignall, A., Sheffield, J., Kowalenko, N., Davis, A., McLoone, J., et al. (2006). Adolescents' reactions to universal and indicated prevention programs for depression: Perceived stigma and consumer satisfaction. *Prevention Science*. In press.
4. Wignall, A. (2005). Complexities of comorbidity: depression and externalising behaviour problems in adolescence. Macquarie University, Sydney.
5. Wignall, A., Gibson, J., Bateman, N., & Rapee, R. M. (1998). ACE Early Intervention in Depression program. Sydney: Northern Sydney Health.
6. Zoccolillo, M. (1992). Co-occurrence of conduct disorder and its adult outcomes with depressive and anxiety disorders: a review. *Journal of the American Academy of Child & Adolescent Psychiatry*, 31(3), 547-556.

Further information about the modified ACE program and ongoing evaluations are available from ace@nscchahs.health.nsw.gov.au