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Model Development of Depression Prevention for Adolescents: Participatory Action Research

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Background: Depression among young adolescents is a critical mental health problem. Such problem could result in future quality of life, both lowering learning capability and social life adjustment among adolescents. Depression prevention intervention at the early onset is thus important. This research study aimed to develop depression prevention model for Thai adolescents.

Methods: The development of depression prevention model for Thai adolescents involved a spiral of self-reflective cycles (plan, act and observe, and reflect) and methodology of the participatory action research (PAR). Twenty adolescents aged 10-14 years old, five parents and seven teachers identify critical components of depression prevention throughout four focus group discussions and 17 in-depth interviews. The eleven participants consisted of four teachers, five adolescents and two parents who volunteered to take part in the research team, four teachers and two of the adolescents acted as co-researchers in order to develop depression prevention model for adolescents based on the critical components. All of them worked on the participatory depression prevention model development cycle, namely 5Ps: 1) problem identification, 2) planning to collaboratively identify appropriate solution, 3) production of essential media and materials, 4) putting plan into action, and 5) propose depression prevention model. Descriptive statistics were employed for data analysis while qualitative data from focus group discussions and in-depth interviews were analyzed through content analysis.

Findings: The depression risk problems were decreased by a collaborative mutual communication and creating easy and enjoyable activities for depression prevention among adolescents, parents, and teachers based on three critical components of the participatory depression prevention model for Thai adolescents: 1) early detection of depression risks among adolescents, 2) self-worth enhancement activities for depression prevention, and 3) effective communication regarding depression prevention. Feasibility testing of the appropriate depression prevention model for adolescents demonstrated that six adolescents aged 12-13 years old who received PDP training, which led to the understanding of the key concepts for depression prevention, the practice of the depression risk assessment, and the skill training to minimize the risk of depression, enhance self-esteem and promote problem-solving skill through media and activities. They had lower depression mean scores (pre-post: 9.33 and 7.17), higher mean scores for self-esteem (pre-post: 27.83 and 32.00), resilience (pre-post: 109.67 and 113.00), and problem solving (pre-post: 92.83 and 97.33). The research participants reflected satisfaction with the PDP model.

Conclusions: The PDP model was developed based on PAR approach, which is empowering the participants to collaborate and create depression prevention for Thai adolescent. The findings provide three critical components of depression prevention model are that; early detection of depression risks among adolescents, self-worth enhancement activities for depression prevention, and effective communication regarding depression prevention. The model would be suitable for the prevention of depression by adolescents themselves as well as their peers, their school teachers, and their family members. Health care providers can employ the participatory depression prevention model training guide to prevent depression in adolescents. Additionally, the findings of this study can be the knowledge based for further study regarding depression prevention for adolescents. The government could set up a depression prevention policy and enhance collaborative early depression prevention in adolescents.

Title:

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Keywords:

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Abstract Summary:

This study based on working collaboratively with adolescents, parents and teachers to develop the depression prevention model for adolescents. The model would be suitable for the prevention of depression by adolescents, parents, and teachers as well as health care providers can employ the model training guide to early prevent depression.

Content Outline:

Depression in adolescents is a critical mental health problem. Such problem could result in future quality of life, both lowering learning capability and social life adjustment among adolescents. The onset of depression often occurs in childhood and adolescence, increases sharply the age between 11 and 15 (Maughan, Collishaw, & Stringaris, 2013; Thapar, Collishaw, Pine, & Thapar, 2012). The first episode early onset depression can affect young adolescents.⁴ In Thailand, the Department of Thai Mental Health (2013) points out that the incidence rate of adolescent depression increased. Therefore, depression prevention has become a world health priority. The participatory action research (PAR) approach sufficiently empowered adolescent, parents and teacher participants to create the participants networks of openly rational debate communication and acting that guided by their perspectives and experience to cooperative develop a depression prevention model for Thai adolescents.

The development of participatory depression prevention (PDP) model for Thai adolescents involved the principle and methodology of the PAR, which empowered adolescent, parents and teacher participants throughout a genuine and non-coercive process which involves listening to participant views

and so recognizing people's value and equality (Kemmis & MaTaggart, 2007). This approach lead to create the participants networks of openly rational debate communication and acting through a spiral of self-reflective cycles that guided by their perspectives and experience to cooperative identify critical components of depression prevention to develop a depression prevention model for Thai adolescents. The participants comprised of 20 adolescents, five parents, and seven teachers willing to investigate the critical components of depression prevention model throughout four focus-group discussions and 17 in-depth interviews. The content analysis revealed that there were three critical components of participatory depression prevention model namely: 1) early detection of depression risks among adolescents, 2) self-worth enhancement activities for depression prevention, and 3) effective communication regarding depression prevention.

The critical components are essential knowledge information which was developed for media and preferable activities of depression prevention model through spiral of self-reflective cycles of PAR with collaborative working between the researcher, the co-researchers, and the research team. The collaborative training workshop was set for providing the participant's skill of the electronic-book development, including several activities creating and piloting for depression prevention implementation. The researcher and research team collaborated and created the depression risk assessment card which was created as a guide intended for observing, three electronic books, as well as Facebook Friend Pages in order to distribute knowledge and activities on depression prevention for Thai adolescents. These focus on the ability to enhance self-esteem, improve problem solving skill, and relaxation skill so as to prevent depression in adolescence.

The PDP model was examined with six girls aged between 11 and 13 years old. The finding demonstrated that the participants who received the PDP model implementation had a higher mean score of self-esteem, resilience, problem solving, and there was a decreasing trend in depression mean scores. The adolescent's research team showed decrease in depression mean scores, while the mean scores of self-esteem, resilience; problem solving had a higher tendency than the PDP model development beginning.

The PDP model was developed based on PAR approach, which is empowering the participants to collaborate and create ways for depression prevention. The findings provided a more comprehensive look at three critical components of depression prevention model for Thai adolescents are that; early detection of depression risks among adolescents, self-worth enhancement activities for depression prevention, and effective communication regarding depression prevention. This model is a suitable design for adolescents, parents, and teachers who can apply the PDP model as guidelines to protect depression by themselves through online social media such as electronic book, the depression risk assessment card. Professional nurse could be applying the knowledge into nursing practice such as guidelines and skill training in order to prevent depression in adolescents. Additionally, the findings of this study can be used for further continuous development to provide knowledge for effective depression prevention. The government could set up a depression prevention policy and enhance collaborative early depression prevention and promote mental health and prevention for adolescent, involving all sectors, family, and school.

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Professional Experience: I am an expert in child and adolescent mental health and psychiatric nursing. In August 29 2008, I have received certificate on Child and Adolescent Mental Health and Psychiatric Nursing, Thailand. For the last 10 years, I have served as a principal investigator or co-investigator on research projects focusing on pediatric and adult psychological problems with adolescent populations. My topic research of graduated a Master of Science in Clinical psychology at Mahidol University is “stress and coping patterns of primary caregivers of adolescent psychiatric patient”. My dissertation study entitled “Development of participatory depression prevention model for Thai adolescents” in Doctor of Philosophy Program in Nursing Science. From this work my research team has developed multiple resources to guide adolescents, parents and teachers on how to handle depression. Recently, my research team has conducts a development of multimedia for preventing Thai teen depression.

Author Summary: Ms. Thummathai provides insight from a psychiatric perspective on her truly innovative depression prevention for adolescents. She would make efforts to conducted research to understand what the essential strategies could be to prevent depression. Her research interests include working in the development and application designed to enhance self-worth and strengthen problem solving skills in adolescents. Her planned program of research efforts in disseminated manuscripts and presentations to the community, to nursing and the global community.