

We are researchers at Johns Hopkins School of Medicine and Public Health studying the impact of a high school depression education program developed at Johns Hopkins. Ask us anything about interventions in schools or depression education, AMA!

HopkinsMedicineAMA¹and/ScienceAMAs¹

¹Affiliation not available

April 17, 2023

Abstract

Hi Reddit, we are Karen Swartz, M.D., a psychiatrist and founder of the Adolescent Depression Awareness Program (ADAP) at the Johns Hopkins University School of Medicine in Baltimore, Maryland and Holly Wilcox, PhD, a public health researcher at the Johns Hopkins Bloomberg School of Public Health who led the randomized controlled trial to evaluate ADAP's effectiveness in high schools. We are excited to discuss the importance of depression education and high school students and the potential to facilitate young people receiving treatment following our program. Depression is estimated to affect over 10% of teens in the United States. In addition to interrupting functioning socially, academically, and emotionally, untreated depression dramatically increases the risk of suicide in adolescents. Recognizing and treating depression is an effective strategy for preventing suicide among teenagers. Karen and colleagues in the Department of Psychiatry at Johns Hopkins developed the Adolescent Depression Awareness Program (ADAP), a three-hour curriculum to educate high school students about depression typically taught in health classes. Holly led an independent assessment of the program's effectiveness and designed the study. In our study, schools were randomly assigned to receive the program in either year one or year two so that the effectiveness of the program could be compared between these two groups. Over 6,000 students from 54 schools in five states participated. Our study demonstrated that there is a significant change in knowledge about depression following the program; this improvement in knowledge was sustained at a four month follow-up. Importantly, 46% of teachers reported that a student spoke to them about getting help for themselves her friend following the program. Our results were published in the December 2017 issue of the American Journal of Public Health. We are excited to be working together to bring depression education to more students across the country. In addition to our ongoing expansion of the high school program, we are working to develop a new depression education program for middle school programs. We look forward to answering your questions at 1pm ET Jan 8th

[REDDIT](#)

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HOPKINSMEDICINE_AMA [R/SCIENCE](#)

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CORRESPONDENCE:

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Is the glorification of suicide in the media a contributing factor to teen suicide? (E.g. 13 Reasons Why)

What type of messaging is included in the course? Is there potential for political influence similar to abstinence-only education?

Are teachers being properly educated with how to deal with teen depression? Do they have the necessary resources to actually effect change?

[PHealthy](#)

Dr. Swartz here. It is irresponsible to show such a graphic depiction of these teen deaths showing a

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dramatic outcome of an illness with treatment. In 13 reasons why, a counselor is dismissive of a student's suicidal thoughts. In reality, counselors nationwide are trained in how to respond to that so the show is an inaccurate depiction.

The course deals with suicide. By stressing the importance of students speaking to an adult about their suicidal thoughts. We treat suicide as an emergency that demands immediate attention. The focus is on treating depression as a treatable illness with the emphasis put on the ability to get better.

The teachers who participate in the curriculum prepare through a 6 hour training program guided by a psychiatrist so they are able to handle these situations as they arise.

Our evidence-based program gives them the statistics and information on the importance of reaching out to students and acting as their advocate. We invite the mental health staff at the school and whoever else wants to attend to create a network of knowledgeable adults at the school. The added benefits of that model is that you are an education members of the school community about depression. They have accurate knowledge on how to deal with depression.

What are some major causes for depression? Is social media a contributor to this and what outlets have you found that reduce depression in high school students? Also have you looked at depression in students from 20 years ago vs today and if so is there a difference in depression or causes for depression. Also have you looked at what type of students suffer less from depression compared to others, does popularity really mean less or more depression. Thanks in advance

[thetinkerstoolbox](#)

Dr. Swartz here. The cause of depression is not well known. There are a variety of contributing factors like genetics, social stress and abuse, so it's highly individual whether these will trigger depression. A link between social media and depression is not clear, but it is clear that some students have a lot of distress because of social media. This distress could contribute to depression in someone already at risk.

Any comprehensive treatment strategy should not just address the treatment of depression, but also deal with some of these other factors that can lead to stress and unhappiness.

Is there a companion professional development for the teachers in those districts to recognize depression signs and respond appropriately?

[giltwist](#)

There is the 6hr training program and other other members of the school community are invited and take advantage as a professional development opportunity. You can find info on the program here: https://www.hopkinsmedicine.org/psychiatry/specialty_areas/moods/ADAP/index.html

Is depression more likely to be found among certain teen demographics, such as LGBTQ teens or teens from certain geographic regions or family income brackets? If so, how does this affect the interventions that y'all are considering? Thank you!

[kiri-kin-tha](#)

Dr. Wilcox here. The one demographic factor for having dramatically higher rates of depression is being a woman. Additionally, the LGBTQ community has higher rates. However, for this group there is much clearer data associated with suicide.

On the youth risk behavior survey, high school students who identify as non-heterosexual report suicidal behaviors (attempts within the last 12 months) at a rate six times higher than other groups.

What do you believe is the appropriate age to begin exposing children to the issues of mental health?

[OralMaxFacSurgeon](#)

Dr. Wilcox here. Many students start having health class in the 5th grade and information on mental health can be easily addressed in the typical health classes. Our current program is focused on high school students, but our team is now working on a program appropriate for middle school students.

While its important to begin discussing these issues early, different discussions with a different focus are appropriate at different ages.

What are your thoughts on providing opportunities for free play and activity, or recess, for students of all ages, instead of just the traditional K-5? Do you think the increased opportunity for free physical activity and play could benefit students' mental health?

[heartbreakhill](#)

Dr. Swartz here. Exercise is a great thing for everyone! We have data showing that, in mild depression, exercise has some benefits however, there is less data supporting this in severe depression so it's not the answer to everyone's depressive symptoms.

This question might be out of left field, but here goes: You might be familiar with research showing that most teens naturally stay up late and rise later in the mornings, unlike children and adults. That had me wondering: Are there different ways to treat depression in teens (vs. adults)? I mean "different ways" in a variety of contexts: different approaches to therapy, different times of day for intervention, different pharmaceutical treatments, etc.? I guess I'm just trying to understand how (or if) teen depression is different from adult depression.

[kiri-kin-tha](#)

Dr. Swartz here. Changes in sleep are one of the most common symptoms of depression. It's true for both adults and children that normalizing sleep is an important part of treatment.

Treatment for the groups is similar. The general approach is a combination of talk therapy, medications, if indicated, and family therapy. Additionally, controlling negative behaviors such as drinking and drug abuse is very important. With children, there is a much more important role for family therapy as a young person's behaviour impacts the dynamics of the whole family. When assessing young people vs. adults, they can present slightly different symptoms. Youth are more likely to be irritable than sad and become more socially withdrawn. Because of this, engaging with them to talk about what they are going through is often challenging.

One major problem is that teens are often categorized as "difficult teenagers". People who have a major changes in mood or behavior often get written of as a difficult teenager rather targeted as someone who is suffering from a treatable illness.

Do you think the fact that schools start too early affects teen depression?

[Maleebo](#)

There is no evidence that this kind of time phase shift causes depression. However, youth with depression have a hard time getting into school and schools should be accomodating.

No question.

Just thanks.

How did you start the ADAP?

[FatboyChuggins](#)

In 1998, there were 3 suicides in Baltimore area high schools within a 3 month period and the community turned to Johns Hopkins for help. A team of psychiatrists worked with local schools to develop a curriculum to be taught as part of their health classes. We are now in our 19th year and have reached over 80,000 students. Several thousand of these students are part of our latest research study. We have now extended the program to 20 states and over 200 schools.

One thing that is special about the ADAP team is that we are a combination of clinicians and public health scientists that allows us to collect the data and analyze it very rigorously.

So is the 9-4 Monday through Friday industrialized school schedule(series of classes broken up by a timed series of bells) conducive to learning?

Also what's the deal with the kids/teens committing suicide these days? Is it going up or is it just being reported way more than it used to be?

[ld43233](#)

Dr. Wilcox here. The suicide rates in teens are indeed increasing. The 2016 data shows a 1.8% increase over all ages. It is hard to determine the true extent to which suicide rates are increasing because it is often difficult to establish the cause of death. It's hard to make a determination unless there is a note or something else that indicates intent. Many undetermined or accidental deaths could be suicide but the evidence is not there to establish that intent.

What are the key signs to look for as an outside or inside observer that a teenager is going through a depressive episode?

[Thragetamal](#)

Dr. Swartz here. The classic changes are people becoming more socially isolated, not engaging in their normal activities and becoming sad or irritable. Many of the signs of depression are internal and it requires someone to have a conversation about it. One of the most painful symptoms of depression are someone feeling negatively about themselves and their future. This distortion in thinking can lead to suicidal thoughts and can be life threatening. There are also some physical symptoms that can be monitored like sleep and appetite.

Is there anything we can do to ensure the kids on the spectrum are identified and safeguarded from harassment of other students? Doesn't depression come from feelings of inadequacy that are felt by more than 50 percent of students in a given student body, considering the competitive nature of getting

into universities and getting a hot girlfriend or boyfriend? making the cut in the sport you play? Getting in a band so you can get the rockstar lifestyle?

realistically though, many in the bottom half are unable to achieve anywhere near those kind of goals. falling short of grandiose goals ultimately leads to depression in direct correlation to the height of grandiosity.

[AtheistComic](#)

Students face many challenges during their time at school. Those who are most vulnerable because other kinds of challenges are at higher risk of depression. However, not all students will fall into depression because of these social factors.

The program helps students distinguish life stress, that anyone will experience from time to time, from the mood changes that are clinically associated with depression.