



Short Research Report

Preventing depression in adolescence through social and emotional learning.

Hannelore Reicher^a, Marlies Maticsek-Jauk^b

^aUniversity of Graz, Graz, Austria

^bUniversity College of Teacher Education Styria, Graz, Austria

First submission 14th August 2017; Accepted for publication 7th November 2017.

A major health concern in young people

Depression is a major and increasingly frequent health problem among young people (WHO, 2017). Adolescence is a peak time for the first onset of depression (Seeley & Lewinsohn, 2008). Recent epidemiological data from Europe and the United States shows concerning trends in the emotional health of young people. A US-based study reported a life-time prevalence of 11 %, a 12-month prevalence of 7.5 %, 3 % suffering from severe forms of depression, and 8 % from moderate depression (Avenevoli, Swendon, He, Burstein, & Merkinagas, 2015). An extensive international study based on self-reports of 13 000 European young people reports that 10 % exhibit significant depressive symptoms (Balasz et al., 2013). A study with a random sample of 3256 young people aged 7 to 19 years in Germany, based on parent- and self-reports (Bettge, Wille, Barkman, Schulte-Markwort, Ravens-Sieberer, & the BELLA study group, 2008) found that 11.2 % experience considerable depressive symptoms. The self-reports, however, showed that 16.1 % described themselves depressed, with 11.3 % of boys and 20.8 % of girls reporting feeling depressed. Moreover, comorbid disorders are prevalent: Nearly 75% of depressed adolescents show anxiety disorders, conduct disorders, aggressive behaviour and substance abuse (Reicher & Rossmann, 2008).

Despite these high prevalence rates, teachers tend to overlook depressive symptoms in adolescents, while peers are not able to recognize such symptoms appropriately (Reicher, 2003). In a study with 422 adolescents in Austria, self-report depression scales were administered and compared with peer-reports of

¹ Corresponding author. Email address: hannelore.reicher@uni-graz.at

depression. Additionally 16 teachers assessed a total number of 80 students. The statistical analyses show that correlations between self-reports of depression and peer-assessments were significant, but low. Furthermore, no correlation was found between students' self-reports of depression and teachers' ratings. These results underline that teachers were not able to recognize depressive symptoms in students; students and teachers rate depressive symptoms in different ways. Moreover, peers have difficulties in identifying depressive symptoms in their friends accurately, even if during adolescence peers are central aspect of the social network (Reicher, 2003).

Social and emotional learning for the prevention of depression.

Numerous international school-based universal prevention programs have been developed to target social-emotional learning as a protective vehicle to prevent problematic youth behaviour and promote mental health and wellbeing. Recent contributions underline that social-emotional learning can be seen as an important tool for mental health promotion in young people (Greenberg, Domitrovich, Weissberg, & Durlak, 2017). Various reviews of studies have found that school based social and emotional learning programmes have been found in reducing depression in children and young people (Corrieri, Heider, Conrad, Blume, König, & Riedel-Heller, 2014; Durlak et al, 2011; Sklad et al, 2012; Taylor et al, 2017). We present a case study from a depression prevention programme implemented in Austria in which we have been involved.

Health and Optimism Program

The universal prevention program "Gesundheit und Optimismus" GO! (Health and Optimism) was developed for adolescents aged 11 to 18 (Junge, Neumer, Manz, & Margraf, 2002). This 16-hours-program focuses on the prevention of stress, anxiety and depression by strengthening social and emotional skills based on a theoretical cognitive-behavioural framework. In a quasi-experimental intervention study by Reicher, Jauk, & Wieser (2007), 47 adolescents aged 11-16 years completed the training. The evaluation showed a significant increase in knowledge about mental health problems (mental health literacy) and decrease in depression in the experimental group. Gender differences could only be found for girls who scored higher on mental health literacy.

In another evaluation study Jauk et al. (2010) made use of a combination of quantitative and qualitative research methods with 781 Austrian students aged 11-21 years. Results showed that the program has different effects depending on age and gender. In general, girls rated more positively on all factors evaluated than boys. We also found significant age group effects, with stronger program effect in early and middle adolescence than later adolescence.

Jauk and Wieser (2011) carried out an evaluation of a program adaptation called 'Health and Optimism for Teachers' with 48 teachers. Results revealed that the training group showed a significant increase in knowledge on mental health problems as well as a significant decrease in perceived depression, anxiety and occupational workload (see also Jauk & Reicher, 2012).

Conclusion

On the basis of the literature and our own research we propose systematic social-emotional learning in schools as a vehicle for the prevention of depression through the following processes (Reicher, 2017; Reicher & Maticsek-Jauk, in press):

- SEL-programs help to improve classroom climate and reduce bullying (Maticsek-Jauk, Krammer, & Reicher, 2017).
- SEL fosters a caring community of learners; students experience themselves as valued, contributing, influential members of a classroom or school (Reicher, 2010b).
- SEL-programs support teachers in building caring and responsive relationships with their students. Teachers are “on the front line of prevention science” (Dana & Hooser, 2015, p. 89). The incorporation of knowledge on social-emotional development and SEL content in teacher preparation programs is urgently needed (Talvio, 2014).
- SEL facilitates insight into the emotional world of adolescents through social exchange, talking or creative activities like expressive writing. This may be an opportunity to improve the otherwise difficult recognition and understanding of mental health problems by teachers and peers.
- SEL fosters social participation: To combat the stigma of mental health problems we need developmentally appropriate anti-stigma interventions. Systematic social-emotional learning can play a crucial part in this process.
- SEL helps to improve social and emotional competences. This is important for depressed young people and non-depressed peers to cope effectively with developmental tasks. Both are empowered to express understanding and help in emotional crises.

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