

WORK IN PROGRESS

As a resource for readers, the 'Abstracts' section of this special mental health and wellbeing issue of *Youth Studies Australia* is replaced with synopses of programs in development and research in progress at a number of leading research facilities, including the Centre for Adolescent Health, beyondblue, Orygen Research Centre, Monash University and the University of Tasmania.

CENTRE FOR ADOLESCENT HEALTH

1 The Resilient Families Program: Helping to prepare adolescents for success in school and life

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Resilient Families is a school-based prevention program designed to help students and parents develop knowledge, skills and support networks to promote health and wellbeing during the early years of secondary school (Year 7 and 8). The program intends to help build within-family connectedness (parent-adolescent communication, conflict resolution, problem-solving) as well as improving social support between different families, and between families and schools during this developmental period. The promotion of these social networks and healthy family relationships is expected to promote social, emotional and academic competence and to prevent health and social problems in youth. The definition of family in *Resilient Families* is broad. It includes the variety of arrangements people make to ensure that children and young people are nurtured and cared for. The term parent is used throughout the paper to include biological and adoptive parents, step-parents, and other relatives and carers taking care of young people. *Resilient Families* consists of five components. The components were designed to link together to reinforce consistent messages and strategies and build positive relationships between

adolescents, their parents, and other families in the school community.

The first component is the Student Curriculum. It consists of ten, 45-minute sessions that are administered by teachers after they have completed a two-hour training session. The curriculum focuses on communication, emotional awareness, peer resistance skills, conflict resolution and problem-solving. The curriculum is incorporated as part of the regular curriculum for all students in a subject of the school's choosing (e.g. Health Education, Pastoral Care). Because of the classroom situation, students are asked to discuss issues about families using scenarios rather than disclosing personal information about their own family. These scenarios were written by an adolescent and selected to reflect a variety of family arrangements (e.g. stepfamilies, extended families) and cultural backgrounds. Each session of the curriculum incorporates a brief homework activity that is to be completed by the student and a parent/carer. The purpose of these activities is threefold; first, to provide an opportunity for positive family interaction. Second, to provide an opportunity for students to reflect on and apply learning in the classroom, and third, to provide teachers with an opportunity to identify students without a significant adult in their life. Students without a significant adult in their lives are known to be an increased risk of negative outcomes (Resnick et al. 1997). For this reason, once these students are identified, the teacher is encouraged to work with other teaching, welfare or leadership staff to link students into other programs operating at the school (e.g.

homework program) or in the community (e.g. mentor program).

The second component of *Resilient Families* is a two-hour Parenting Adolescents Quiz (PAQ) night for parents/carers conducted at the school with the promotional title 'Parenting Adolescents: What are the questions? What are the answers?'. An interactive question and multiple choice answer format is used to provide an adult-learning environment where tables of parents join in a light-hearted competition to answer questions presented by a PAQ leader.

It opens with a series of questions about youth culture with parents asked to identify popular singers and actors. At the end of this section parents are invited to reflect on a question – "how can you talk to your adolescent about drugs and sex if you can't talk to them about their music?". In the parent-adolescent communication section, parents are encouraged to think about the communication style they use with their adolescent/s. In the conflict resolution section, parents are informed of the WINK (Wait – "I message" – Negotiate an outcome that is safe and fair – and Keep cool) strategy that their adolescents were taught in the student curriculum. Alcohol and substance use, adolescent development, sibling rivalry and depression are some of the other topics covered.

Interaction between parents is encouraged by asking tables of parents to work together. Other opportunities for parents to socialise are provided before and after the PAQ, and during the break. One of the broad aims of the PAQ is to encourage parents to utilise further parenting educational opportunities, specifically the PACE

program described below.

The third component of the *Resilient Families* program is the Parenting Adolescents: A Creative Experience program (PACE) (Jenkin & Bretherton 1994). PACE consists of eight 2-hour group sessions for parents/carers. Sessions are conducted once a week at the school during the school term. Topics include listening, assertion, adolescent development, conflict resolution, resilience, drugs and alcohol, and family. The program uses a facilitated groups approach and operates on an adult-learning model. PACE provides parents with opportunities to connect with each other and develop their parenting practices, attitudes and beliefs. Recruitment for the PACE program comes at the end of the PAQ night when PACE is described and parents/carers are invited to join a group. In addition, schools advertise that a PACE is starting at their school. Both of these components of the program are universal (open to all parents regardless of risk status). They are viewed as opportunities for parent education, social support building, and networking between families and between families and schools.

The fourth component of the program, building a community of parents, aims to facilitate relationships among parents within each school. Many schools have established processes to build connections between families during the first year of secondary school (e.g. new parents evenings). Building on these initiatives, *Resilient Families* staff members consult with school staff to review existing policies and practices for parent engagement at the school. Schools are encouraged to investigate opportunities for parents with Year 7 children to exchange contact details with other parents. The rationale for this is that parents are then able to inform other parents of parenting activities and social events at the school through a telephone or email tree system. Such an initiative needs to be carefully planned to ensure it is in accordance with National Privacy Legislation.

The final component of *Resilient Families* is a handbook for parents and carers that combines evidence-based information and practical strategies to help them to prepare their adolescents to achieve success in school and life (Jenkin & Toumbourou 2005). The topics covered include nurturing adolescent development, effective communication between parents and adolescents, understanding and working through conflict, recognising family strengths, building resilience,

dealing with alcohol and drug use, facing adolescent sexuality, and parent health and wellbeing. Material was presented in an easy-to-read format at about a Year 8 reading level. A randomised controlled trial to evaluate the efficacy of *Resilient Families* as a preventative program is currently underway in 24 secondary schools in Melbourne. In a forthcoming issue of *Youth Studies Australia*, you will find a paper describing the experience of implementing the program and rates of program uptake by parents/carers in the intervention schools.

References

- Jenkin, C. & Bretherton, D. 1994, *PACE Parenting adolescents: A creative experience*, The Australian Council for Educational Research, Camberwell, Victoria.
- Jenkin, C. & Toumbourou, J. 2005, *Preparing adolescents for success in school and life*, Australian Council for Educational Research, Camberwell, Victoria.
- Resnick, M.D., Bearman, P.S., Blum, R.W., Bauman, K.E., Harris, K.M., Jones, J., Tabor, J., Beuhring, T., Sieving, R.E., Shew, M., Ireland, M., Bearinger, L.H. & Udry J.R. 1997, Protecting adolescents from harm: Findings from the National Longitudinal Study on Adolescent Health', *JAMA*, v.278, n.10, pp.823-32.

UNIVERSITY OF TASMANIA

2 Support networks promoting e-health in youth: the yshareit model

Caroline J. Mobsby, Kenneth C. Kirkby, Brett A. Daniels, Caroline A. Spiranovic & Jennifer M. O'Connor

Purpose

Internet-based mental health services have expanded considerably over the past six years. This is particularly true in Australia with sites such as beyondblue having received over 1.7 million visits (J. Fulcher pers. comm. 12 Jan. 2006). Reportedly, Australians search for information on depression more than for any other health condition (Lissman & Boehnlein 2001). Thus, the Internet is a powerful medium for the distribution of mental health information and it is fast becoming an important adjunct to traditional mental health services.

There has, however, been little systematic promotion at a grassroots local level of the range of reputable Australian sites that offer information about mental health. Our *yshareit* study evaluates a model for promoting reputable Australian web sites to youth aged 15 to 25. *yshareit* stands for young people sharing information about e-mental health services. There are two components, a youth ambassador development program, and a study web site, *yshareit.com*. The web site is designed to triage visitors to a choice of five Australian web sites selected by the investigators for their relevance to the youth audience and/or their focus on common mental health and emotional wellbeing issues in that target group.

Encouraging youth participation with e-mental health services is likely to be fruitful

WEB SITE	REFERRALS
Reachout! www.reachout.com.au	236
MoodGYM www.moodgym.anu.edu.au	162
Ybblue www.beyondblue.org.au/ybblue	141
BluePages! www.bluepages.anu.edu.au	73
Kids Help Line www.kidshelp.com.au	93
TOTAL	705

TABLE 1 Referrals from the study web site from 12 October 2005–10 January 2006 (statcounter.com, 2006)

as young people have high rates of internet access and use. In addition, they often have limited experience of the health care system, are living through a challenging stage of the life cycle and have dynamic peer networks.

Methods

150–200 volunteers aged 15–25 years, from across Tasmania, are being recruited into the program as 'yshareit youth ambassadors'. Participants attend an e-mental health oriented workshop in their region with up to 20 other participants where they explore five reputable Australian mental health sites via links on the study web site, www.yshareit.com. They are encouraged to exchange information and tips about mental health Internet sites with each other, their peers, family and community using the study web site as a shared resource.

The main outcome measures include a written questionnaire regarding use and awareness of e-mental health resources as well as the extent and means by which people are sharing tips or support for mental health issues. Participants attend a follow up workshop six months later. An online forum and monthly e-newsletter with contributions by youth ambassadors fosters the engagement of peer and community networks.

Results

This is a work in progress due for completion in mid-2006. However, 117 young Tasmanians have registered to participate and 59 have attended workshops to date. Approximately one in five participants are male.

The study web site has received over 1500 visits since its inception on 29 September 2005 to 10 January 2006 (StatCounter.com 2006). Approximately one in five are returning visitors to the site and the remaining represent people who are either first-time visitors or who do not accept cookies in their browser (cookies are necessary for the web statistics software to detect a returning user). There have been 705 referrals to e-mental health sites listed on the study web site (see Table 1).

Conclusions

E-mental health services complement traditional services and are a growing tool with great potential to promote attitudinal change, education, health promotion and triage to treatment services where indicated. The yshareit model offers a systematic way of promoting reputable e-mental health web sites and supportive peer networks that individuals or organisations can reproduce with minimal resources.

References

Lissman, T. L. & Boehnlein, J.K. 2001, 'A critical review of internet information about

depression', *Psychiatric Services*; v.52, pp.1046-50.
StatCounter.com 2006, *Web hit statistics*, <http://www.statcounter.com/> [Accessed 10 Jan 2006]

BEYONDBLUE

COPMI program

The Children of Parents with a Mental Illness (COPMI) project is supported through a partnership between beyondblue, VicHealth and the Mental Health Branch of the Victorian Department of Human Services. Its aims include increasing the evidence base about effective interventions for children and young people whose parents have a mental illness, and contributing to State and national policy development in this area.

The program's two main projects are Paying Attention to Self (PATS) and VicChamps.

3 PATS

PATS is a peer-support program for young Victorians 13–18 years who have a parent with a mental illness. Coordinated by the Centre for Adolescent Health, the program works to:

- increase participants' knowledge of mental health and illness;
- improve their help-seeking behaviour and coping strategies; and
- enhance their sense of connection to peers, family and community.

In this way PATS aims to prevent the development of mental health difficulties in the young people themselves. From 2002 to 2005 the program gained funding to pilot and evaluate the program at five sites across the State.

Pre-program data showed young people attending the program rated high for indicators of depression, risk of homelessness and perceived stigma. Post-program and follow-up data revealed significant decreases in these three areas. Information gathered will help identify the best settings and elements to ensure the program is successful and sustainable.

4 VicChamps

The VicChamps program is designed to improve outcomes for children of parents with a mental illness. Now entering its final year, the program brings together mental health and community agencies to connect children with after-school and holiday programs that use a fun environment to help them understand the issues faced by themselves and their parents.

VicChamps is a partnership between metropolitan mental health service Eastern Health, Supporting Kids-Upper Murray Family Care and Charles Sturt University.

Evaluations so far have suggested children of parents with a mental illness have more difficulties, including emotional problems, fewer social connections and friends available to help solve problems. Group interventions appear to be assisting the children reduce the number of overall difficulties they are experiencing. However, there also appears to be a group of severely affected children requiring more individualised assistance than the group approaches can provide.

Training programs have been developed to help workers identify and assist the children of their adult clients. These appear to be increasing both knowledge of children's needs and the regularity with which a client's needs as a parent are discussed.

Charles Sturt University is conducting the evaluation, which is expected to be completed by late 2006.

5 beyondblue schools research initiative

Overview:

The beyondblue schools research initiative is a five-year study (2003–2007) examining the effectiveness of an intervention primarily aimed at reducing depression among high school students. The initiative is funded by beyondblue: the national depression initiative and is being conducted in 50 schools with high school enrolments across Queensland, Victoria and South Australia (16 schools in Victoria and South Australia; 18 in Queensland). Participating schools represent a broad cross-section of government, catholic and independent schools (both metropolitan and non-metropolitan).

Intervention components

Intervention components were developed through multi-site collaborations involving beyondblue, the Victorian Centre for Adolescent Health, University of Queensland, South Australian Department of Education and Children's Services and government and non-government schooling systems in South Australia, Victoria and Queensland. The intervention phase of the study was completed in 2005. The specific intervention components were:

'The Classroom'

The 'Classroom Component' was delivered sequentially to the same student group, starting in 2003 for Year 8 students and following them through Years 9 and 10.

It aims to promote adolescents' emotional wellbeing and positive school outcomes by facilitating the learning of core skills for resilience. These core skills include:

- emotional education and stress reduction;
- social skills and building social supports;
- life problem-solving skills, conflict management and assertiveness;
- the development of positive expectations and views of self, the world and the future; and
- awareness and understanding of mental health issues.

'Supportive environments' and 'Pathways'

These were whole-school strategies aimed at:

- increasing opportunities for students to participate meaningfully across all aspects of school life;
- improving the quality of relationships among all members of the school community; and
- exploring how best to enable young people to access support and professional services through the school and wider community.

A number of steps were put in place to assist schools to achieve these aims. These included:

- gathering information about current policies, programs, structures and processes that impact on relationships and participation, and identify any strengths, weaknesses and areas that might be addressed;
- creating an action plan, outlining goals, objectives and strategies, including evidence to support the choice of those particular strategies; and
- identifying and facilitating relevant training to support the implementation of the identified strategies.

Community forums

This component was aimed at improving school-community awareness of mental health issues facing young Australians and the various local services that could be accessed.

Evaluation

The intervention is being evaluated over five years (2003 to 2007). Annual data is being collected from students and staff from the 50 participating schools as well as from project staff working with schools. The evaluation is aimed at assessing the degree to which the program is successful in producing the intended changes in: a) mental health and emotional wellbeing, and b) the social and individual factors targeted by the intervention.

6 The prevention of depressive relapse in young people using Mindfulness Based Cognitive Therapy

Assoc. Prof. Nicholas Allen, Orygen, 2004–2006

http://www.beyondblue.org.au/vcoe/index.aspx?link_id=39.263

To investigate whether:

- Mindfulness Based Cognitive Therapy, when compared to standard CBT, is an effective intervention to prevent depressive relapse in young people (15–25 years) who have suffered a depressive disorder;
- MBCT is an appropriate treatment for young people in terms of attendance and participation;
- MBCT produces a shift in brain function when a formally depressed young person employs formal mindfulness practice or practices.

Project update June 2005

In our study MBCT is implemented as a relapse prevention intervention that is offered to participants upon the completion of their initial course of treatment. Participants are randomised into MBCT and a treatment as usual condition. Based on extensive piloting, we have adapted the MBCT manual for use with young people.

The trial has now commenced and 18 young people have thus far been enrolled into the study. Although no formal outcome data are available at this point, we have observed that MBCT is a treatment approach that is acceptable and engaging for young people during the residual phase of a depressive episode.

7 An integrated approach to young people presenting with depression and substance use – a longitudinal study

Dr Yvonne Bonomo, Turning Point, 2003–

2004 – main contact: Nich Rogers,

http://www.beyondblue.org.au/vcoe/index.aspx?link_id=39.186

This project brings together in partnership a specialist youth mental health service (ORYGEN Youth Health, formerly MH-SKY Youth Program), a specialist drug treatment service (DASWest), and a statewide specialist drug treatment service for adolescents aged 12–21 (YSAS). Each service has well-established expertise in research and practice development.

This study will test whether a model of care that provides an integrated approach to young people, with the simultaneous provision of specialist mental health services and substance use services for adolescent clients influences health outcomes, in particular substance use

and improved mental health. The project will pilot new methods of engaging these clients, assisting them to access specialist mental health services, and to remain in treatment.

If the integrated model of care tested in this study has a positive impact on the health outcomes of young people, it would inform current practice regarding the approach to young people with dual diagnosis. The project findings will result in knowledge that can contribute to service reform both statewide and nationally, providing a replicable model that could be used elsewhere as the basis for successful interventions with this client group.

8 Attitudes towards and pathways to and from Young People's Health Service mental health service

Mr Craig Hodges, Centre for Adolescent Health, 2003–2004

http://www.beyondblue.org.au/vcoe/index.aspx?link_id=39.192

Project goals

- Improve mental health outcomes of young people accessing Young People's Health Service mental health service.
- Collect data to enable improvements to the Young People's Health Service mental health service.
- Build an evidence base to assist other services working with young people who are marginalised to improve service provision around depression and related disorders.

Project objectives

- Complete a qualitative study involving clients of the service, exploring a set of qualitative themes.
- Achieve a set of recommendations to Young People's Health Service as to ways to improve accessibility and acceptability of its mental health service.
- Document the Young People's Health Service model of practice around mental health service provision with a view to refining and disseminating this model to government and service providers. This will be a way forward regarding community-based mental health service provision to marginalised young people.

9 Novel ways of capturing adolescent depression: Development of an innovative youth-friendly monitoring tool

Dr Sophie Reid, Centre for Adolescent Health, 2005–2006

http://www.beyondblue.org.au/vcoe/index.aspx?link_id=39.472

Project objectives

- To understand how young people respond to emotional distress.
- To develop and pilot a novel youth-friendly research tool to prospectively capture young people's everyday experiences of mood, stress and coping behaviours as they occur.

The program

We have developed the first interactive monitoring program to be run on young people's mobile phones. The programs work by:

- Randomly signalling young people 3–4 times a day to complete a 1–3 minute diary on the phone.
- The diary contains closed- and open-ended questions concerning activities, mood, stressful events and coping behaviours.

10 Mental health care for young people: toward a consumer produced quality of care instrument and universal intervention to improve help-seeking behaviour

This was a scoping study for the 'Novel ways' project (Reid 2005)

Dr Lena Sanci, Centre for Adolescent Mental Health, 2003–2004

http://www.beyondblue.org.au/vcoe/index.aspx?link_id=39.222

The primary goal of this project is to obtain new information from young people about their responses to emotional distress, pathways to care for unresolved distress and their evaluation of care received. Young people will be involved in the development of tools using this information to ultimately improve mental health services and access to other resources.

The specific objectives are to:

- examine young people's responses to, and methods used to relieve, their emotional distress;
- identify barriers young people face in accessing primary mental health services and their views on the quality and relevance of the help that they receive.

Project update (May 2004)

Objectives:

- To design a prospective study of young people's responses to emotional distress.
- To describe young people's understanding of emotional distress and the impact of this on general practitioner consultation outcome.

Progress to date

- In-depth review of the help-seeking, coping, mental health literacy and emotion regula-

tion literature and refinement of prospective study design.

- Design and pilot of a questionnaire assessing young peoples' beliefs about their symptoms, level of emotional distress, disability and pathways to care in two general practices with 56 youth.

Where to next

A longitudinal study examining responses to emotional distress in 200 depressed and non-depressed young people will be conducted using the Experience Sampling Method, which randomly samples mood, thoughts and behaviours throughout the day.

480 young patients will be randomly selected and interviewed from practices throughout Victoria. Results will inform future interventions to improve the mental health care youth receive in general practice.

11 Re-orientating general practice towards preventative mental health care for adolescents, utilising the practice nurse: A pilot study

2005–2006

http://www.beyondblue.org.au/vcoe/index.aspx?link_id=39.473

The objectives of this study are to design and pilot:

- a general practice nurse (PN)-led intervention for improving the pathways to care for youth at high-risk of depression and related disorders, and
- a continuous quality improvement cycle for achieving the organisational change necessary to support preventive mental health care for youth in the general practice setting. This project is a pilot study for a larger proposed project to trial a health risk screening and follow-up intervention to detect and manage or refer young people with depression or related disorders and health risk in primary care.

12 Time for a future: effective treatment of depressed youth in urban and rural primary-care settings

Prof. Bruce Tonge, Monash Medical Centre, 2003–2006

http://www.beyondblue.org.au/vcoe/index.aspx?link_id=39.224

Project goals/objectives

- To train and support GPs and other key community youth mental health workers (e.g.

school counsellors), to effectively manage depressed youth in their own rural or metropolitan community. This objective is consistent with the purpose of the Victorian Centre of Excellence in Depression and Related Disorders (VCEDRD) by bringing expertise to the primary care setting thereby enhancing best-practice community management of young people who suffer serious depression and related comorbidity.

- To investigate the relative effectiveness of family-sensitive cognitive behavioural therapy (CBT) compared to antidepressant drugs and the maintenance of therapeutic gains. Treatment will be provided to depressed youth in their own community setting. This objective addresses the VCEDRD aim to research and evaluate best-practice responses to depression in the primary care setting.
- To investigate potential youth and environmental factors that predict a favourable outcome or relapse and non-response to treatment of youth depression. This objective will investigate contextual factors recognised by the VCEDRD as potentially influencing response to community and primary care management of depressed adolescents.

Project update (May 2004)

Currently there is controversy surrounding the efficacy and safety of SSRIs like sertraline in the treatment of adolescent depression.

The Time for a Future project may be able to provide a world-first opportunity to investigate this issue further without conflict of drug-company funding. The project is progressing well in terms of providing training to the community and professionals and in providing treatment for depressed adolescents. Our preliminary findings indicate that the risk of suicidal ideation is not significantly different between the sertraline and the psychotherapy treatment groups. However, statistical power is low and continuation of our data collection will help to provide us with more conclusive results. Preliminary findings also suggest that those with increased suicidal ideation over treatment may comprise a particular subgroup of adolescents that are at risk. These adolescents show overall lower functioning, self-harming behaviours and poor response to treatment.

13 A 3–8 year follow-up of adolescents treated for depression and their families: Predictors of treatment outcome

Prof. Bruce Tonge, Monash Medical Centre, 2005–2006

http://www.beyondblue.org.au/vcoe/index.aspx?link_id=39.475

Project objectives

This long-term follow-up study is designed to assess the relative long-term efficacy (3–8 years follow-up) of psychological treatments (cognitive behaviour therapy, supportive psychotherapy), antidepressant drug therapy, and combined cognitive behaviour therapy and drug therapy treatment for depressed adolescents.

The study involves following up with young people and their parent/carer(s) who have received treatment for a depressive disorder within the programs run through the Centre for Developmental Psychiatry and Psychology at various locations (Clayton, Frankston and Geelong CAMHS). These previous research projects investigated the short-term efficacy of a number of treatments for adolescent depression: adolescent-focused Cognitive Behaviour Therapy (CBT; $n = 23$), adolescent-and-parent-focused CBT ($n = 16 + 22$), Supportive Psychotherapy ($n = 16$), Selective Serotonin Reuptake Inhibitor (SSRI) antidepressant drug therapy (sertraline; $n = 26$), and a combined treatment comprising CBT (adolescent-and-parent-focused) and SSRI antidepressant drug therapy ($n = 25$). In total there will be 128 young people (aged between 18 and 26 years old) and their parent/carer(s) to follow up with.

This research will be significant in evaluating a number of areas. These are: i) to evaluate the long-term efficacy of various treatments used to treat adolescent depression; ii) to explore the key biopsychosocial and family predictors of treatment outcome; iii) to investigate the long-term mental health and adjustment of adolescents treated for depression; and iv) to investigate the association between parent–child relationships and depression in young people over time.

To date, much of our resources have been utilised to locate young people in order to send them information about the study. At this stage we still have 30 young people who we are currently not able to locate and will try the national database at the electoral office in Melbourne. Of the 98 people we have contact details for we have begun the mailout process and have begun assessing young people and their families.

Ed. Many thanks to Craig Hodges, Senior Program Manager: Youth Agenda at beyondblue: the national depression initiative for preparing the beyondblue synopses of current research.

MONASH UNIVERSITY

14 Emotions and their relationship to internalising behaviours in young people

*Monash University, Department of Psychology
http://www.med.monash.edu.au/spppm/research/emot_int_behav/*

Project introduction

In 2003, data collection began on a three-year project investigating the relationships between emotions and internalising behaviours. Our aim is to gain a better understanding of how such processes operate in young people. To this end, we recruited a representative sample of youth from the general population. In this way we will be in a better position to develop strategies to prevent these behaviours before they develop into problems, such as depression, for our young people.

Background

An unfortunate trend of mental health worldwide is that the incidence of depression is increasing, and young people are not immune. Prevalence rates for depression in children range between 2% and 5%, increasing to between 4% and 12% in adolescents and adults. Furthermore, while the prevalence of depression in pre-pubescent boys and girls is roughly equal, by the age of 15, girls are twice as likely to be diagnosed with depression – a trend which continues into adulthood. One major factor that has recently been implicated as a contributing to depression is the regulation of emotions.

According to Carolyn Zahn-Waxler (2000), the emotions that may be central to understanding the different developmental pathways of males and females are the self-conscious emotions (empathy, shame and guilt). These emotions are founded in social relationships and require an understanding of other people, the social world and oneself.

While emotions in themselves are not problematic, variations in how individuals regulate their emotions may result in a level of emotion that is inappropriate for the demands of the situation. Emotion regulation refers to the processes through which we manage our emotions, that is, how we interpret, experience and express them.

Project overview

This three-year longitudinal study examined the links between self-conscious emotions, emotion regulation and depressive symptomatology in a group of 750 children and adolescents aged from 9 to 16, with participants be-

ing selected from a wide variety of geographic and socioeconomic backgrounds. As an individual's generation and regulation of self-conscious emotions cannot be isolated from their environment, parenting and culture were also investigated. A crosscultural comparison was facilitated through the inclusion of 250 participants from a Vietnamese background.

Students were required to complete a number of questionnaires on three separate occasions – once in year 1 (2003), once in year 2 (2004), and once in year 3 (2005). On any one occasion, completion of the questionnaires took less than one hour. They were administered during regular class hours or at a time proposed by the school principal.

Outcomes

The expected outcomes of the investigation will lead to a more sophisticated understanding of the development of depression, particularly in females. Given that depression increases markedly post-adolescence for females and that the past 50 years have seen an increase in the prevalence of depression, learning more about its development is of particular importance. The outcomes are likely to result in practical benefits through the development of more refined prevention and intervention programs.

Investigators

The research is being conducted by Associate Professor Eleonora Gullone, Professor Bruce Tongue, Associate Professor Neville King, and PhD students, Shaun Watson and Sean MacDermott.

Funding

This research is supported by a grant from the Australian Research Council (ARC).

Further details

For more information about this project, please feel free to contact us at:

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ORYGEN RESEARCH CENTRE

15 Mental health literacy

Brief outlines of proposed project areas at ORC are:

- A national survey of mental health literacy in young people. This survey will examine young people's recognition of mental disorders,

their intended actions to help themselves or others if affected, their beliefs about the helpfulness of various interventions, beliefs about early intervention and prevention, and stigmatising attitudes. The survey will also look at the influence of the media and of campaigns to improve mental health literacy.

- Development of Mental Health First Aid standards for crisis situations and first-onset disorders. Conventional first aid courses have standards that are adhered to nationally, e.g. how to do CPR. A project is being carried out to develop international standards for how to provide help to someone experiencing any one of six crisis situations. Standards are also being developed for how to help someone developing a mental disorder for the first time. These standards will be developed using expert consensus from clinicians, consumers and carers, using a similar methodology to that used to develop clinical practice guidelines.
- Adaptation of Mental Health First Aid for work with adolescents: The Mental Health First Aid team are currently working with a range of researchers, educators and writers at ORC to produce an adapted version of Mental Health First Aid training specifically designed for people who work with or have contact with adolescents.
- Patient Self-Management Education. This is a training approach to give people who have a first-onset disorder the knowledge to manage their own health better. It is based on similar approaches to physical disorders like diabetes and asthma, where consumers learn how to manage their illness. The content will be partly based on Mental Health First Aid, but will be aimed directly at consumers as well as their close supporters. The theme will be consumer empowerment and developing a personal management plan and relapse prevention plan.

16 At risk studies

GreyZone

*Head of unit: Assoc. Prof. Alison Yung
Research fellows: Dr Elizabeth Cosgrave, Dr Kathryn Baker*

The Grey Zone is an investigation into the early manifestations of psychiatric illness. In this phase of illness, symptoms are frequently transitory and undifferentiated; it is literally a 'grey zone'. Often these symptoms are hard to distinguish from normal variations in adolescent experience. Accurately identifying young people in this premorbid phase would allow for the administration of preventative interventions and reduce

the secondary disability that results from untreated illness in a sensitive developmental phase.

In order to learn about the Grey Zone one study has been conducted to date, and two more projects are to commence in the near future.

The utility of categorical diagnoses in young help seekers: Predictors of course and outcome

This project was the Grey Zone's first study. 150 young people were recruited who were referred to the non-psychotic clinical services of ORYGEN Youth Health. A unique aspect of the study was that both those accepted (n=82) and those not accepted (n=68) into the clinical service were followed up. Data collection was conducted in three waves: baseline, three and six months post referral. Data collection was completed in April 2004 and analysis commenced as data was collected. Findings have been presented at international (International Federation of Psychoanalytic Education, UK; International Early Psychosis Association, Canada) and national (Australasian Society for Psychiatric Research, 2003 and 2004 and papers accepted for presentation at the 2005 World Psychiatric Association: Section of Epidemiology and Public Health Meeting – July 2005, and the International Association for Suicide Prevention World congress – September 2005) conferences.

Broadly, results showed that the group accepted into the clinical service was worse in terms of psychopathology and functioning. However, the group not accepted was not much better, and one-fifth had attempted suicide at least once in the 12 months preceding referral (Yung et al. 2005).

The utility of categorical diagnoses in young help seekers: Follow-up study

Through the NHMRC Program Grant, funding has been made available to follow up the cohort described in project one at two years post referral. These follow-up interviews commenced in April 2005. This will be a unique study allowing an exploration of the medium-term outcomes for people referred to a mental health service for treatment of a non-psychotic disorder. Findings from this project will benefit service planning and development. Additionally, they will cast light on the longitudinal course of illness in young people.

Psychotic-like experiences in a community sample of adolescents: Predictors of course and outcome

This project extends the focus of the Grey Zone into the community. The study commenced collecting data in February 2005. Approximately

1000 Year 10 students from the region covered by ORYGEN Youth Health have been screened with a number of scales, measuring symptoms and functioning. From this group 400 students will be selected, representing a range of scores on the screening instruments. These 400 participants will be followed up with detailed assessment of psychopathology and functioning. Assessments will occur annually for two years and may be extended pending the availability of additional funding. This study will potentially lead to an ability to better differentiate young people at risk of mental illness from those who are experiencing difficulties but will not develop illness. Initial screening commenced in February 2005, and was completed in July 2005. The next stage of assessment commenced in July 2005 and will take approximately two years to complete. These assessments will include measures of psychopathology as well as neurocognitive functioning. In July 2005 Frank Muscara joined the team to assist with the collection of the neurocognitive data.

Further information on ORC research programs

These projects are only a sample of research being undertaken in two program areas at the ORC. Other research program areas are: First Episode Studies; Neuropsychology; Substance Use; and Suicide and Self Harm.

For details of all ORC research programs, see: <<http://www.orygen.org.au/content-Page.asp?pageCode=PROJECTS>>.

An extensive list of Australian mental health organisations that provide services for young people, and examples of their programs, are available online for YSA readers at: <www.acys.utas.edu.au/journal/supplements>.

Contact details for government and non-government youth affairs peak organisations, previously listed on page 64, are now available at: <www.acys.utas.edu.au/organisations>.