DEPRESSION: A PREVENTIVE CARE BETWEEN SCHOOL AND GENERAL POPULATION

Marilisa Amorosi

Mental Health Department Penne- ASL Pescara, Italy

SUMMARY

Introduction: Much importance is given to the prevention of psychiatric disorders with greater social impact. Our interest has been focused for years on the school population in order to inform teachers and parents, and students themselves, of the existence of problems in particular depressive and psychotic illness and to provide them with tools to listen and to accieve effective referal to specialists. In addition it was asked whether it was possible, to do this with simple tools and quick detection of subclinical symptoms of disease predictors.

Subjects and method: Courses have been carried out to train the teachers and parents of about 1000 pupils of age between 15 e 18 years. The pupils have attended a series of formative meetings and were administered a brief questionnaire.

Results: Experience has shown that it is important to educate the adults who work with this age group. Furthermore the evidence of diagnostic entities and at risk subjects encourages us in this form of research.

Key words: *adolescents – depression - preventive care*

* * * * *

Introduction

Community care is synonymous with empowerment of the population who are affected by mental illness; it involves a gradual development of a large network of public bodies and services in many local geographic areas.

As a global strategy, psychiatric community work involves: having services near home (including general hospital for the acute case, and also residential long stay houses), treatments which aim to reduce, not only symptoms but also disability, knowledge of people's needs and prevention of mental illness among the population who are at high risk of falling ill (adolescents),conferences to inform adolescents and teachers, services based on the ability of coordination between psychiatric professionals and other health and social agencies in the local community,mobile,not static services,which are able to provide home care, collaboration and cooperation (partnership) with family members (carers), keeping in mind their needs, and Government directives to support these strategies.

This assistance is not a simple organizational solution, but an overall strategy, which relies on some basic principles:

- the ability to formulate an accurate diagnosis and provide early interventions (to prevent the development of less reversible forms of disability),
- the continuity of care (with the full involvement of family members, users, operators of general medical services) offering a wide and diverse range of services,
- the relationship in collaboration and partnership with patients and their families,
- the ability and active involvement of the local community, including integration with the primary care level.

To avoid the stigma and promote normality.

- A good psychiatric service area is virtually invisible, yet close to all places of everyday life, wherever possible to deal with mental illness;
- Schools, especially in the age group at risk (first and second adolescence) should be observed;
- Teachers and parents must be informed and trained to identify the first signs of trouble properly and refer young persons to mental health services;
- Students must be enabled to understand the signs of discomfort and turn with confidence to adults;
- All persons must be trained to avoid self-stigmatisation;
- Recently many campaigns have been carried out to combat the stigma and prejudice about mental illness. This objective is also high on the agenda of the Ministry of Health. So far, none of these campaigns have worked to explain to people the nature of mental illness and how to involve the media and local assistance;
- We, who promoted and organized the service area, have a duty to facilitate social integration and employment of our patients and make our services more visible. So it is necessary to undertake a serious campaign of communication and information, so that patients, their families and ourselves will not have to deal with more restrictive psychiatric legislation perhaps induced by the need to deal with the consequences of bad public information;
- The Ministry of Health has decided to commit itself in the field of mental health,to an overarching objective of the NDP 2003-05, a major communications campaign for combating exclusion of people with mental disorders. For this year the Ministry has

implemented the communication strategy followed earlier for other themes, which provides a relationship between associations and institutions. In this strategy associations of volunteers and patients who are more representative national index of size and distribution were asked to participate actively.

Objectives

The objectives of the courses which we run are:
- To inform the public about treatment options and access to services;
- To make them provide more effective and consistent efforts on the local territory;
- To combat the stigma of mental illness, exclusion, prejudice and discrimination against the mentally ill;
- The Strasbourg assembly suggests a priority, the assistance of vulnerable groups such as people with serious mental illness, the chronically ill or terminal, the disabled, prisoners, ethnic minorities, the homeless, migrants, temporary workers and the unemployed. MEPs call for employers to introduce mental health policies in the workplace, and that any future strategy gives priority to the struggle to defeat the stigma. One example could be, organizing annual campaigns to combat ignorance and injustice that leads to social exclusion of patients in order to improve their conditions. Finally, the Parliament should ensure that patients basic social and civil rights: the right to housing, economic support to those who can not work, marriage and the management of its assets.

The challenge for the next five to ten years to come, is to develop, implement and test policies and laws that will result in actions in order to improve the welfare of the population, to avoid the problems of mental health and to encourage integration and opportunities for people suffering from such problems. The priorities for the next decade are, therefore summarized as follows:
- I. to better understand the importance of mental well-being;
- II. fight together against stigma, discrimination and inequality, involving and supporting those who are afflicted with mental health problems and their families, so they can participate actively in this process;
- III. planning and implementation of comprehensive mental health systems, integrated and efficient, which include promotion, prevention, treatment and rehabilitation, treatment and social reintegration;
- IV. to respond to the need for competent and effective interventions in all these areas;
- V. recognize the experience and expertise of patients and their carers (family members, friends or any other person acting in a personal and private capacity), in contributing directly ideas for planning and developing services.

Preventing mental disease and fighting stigma and discrimination

Promoting community intervention articulated on different levels (awareness campaigns for the public, mobilizing the personnel involved in primary care and encouraging participation of local trainers and facilitators such as teachers, parents, clergy, media representatives, etc.).
- I. Encourage efforts to fight stigma and discrimination, focusing on the wide dissemination of mental health problems, their generally favorable outcome, the existence of treatments and the fact that these problems are rarely accompanied by violence.
- II. Develop and implement, at national and sectoral level and within companies, policies aimed at ending stigma and discrimination present today in norms and behaviors regarding mental illness.
- III. Encourage the participation of residents in local mental health programs by supporting the initiatives of non-governmental organizations.
- IV. Engage in constructive dialogue with the media, keeping them informed.
- V. Define the rules for the presence of patients, their families and caregivers non-professionals (carers) on committees and groups responsible for planning, implementation, evaluation and control of action on mental health.
- VI. Encourage the creation and development at local and national level of non-governmental organizations run by patients, who represent the sick, their carers and the communities in which these people with mental suffering live.
- VII. Encourage the integration of children and adolescents who manifest Disability caused by mental health problems, in the normal school system and teaching profession.
- VIII. Deliver training to those who have mental health problems and adapt workplaces and professional activities to their needs, in order to ensure their normal entry into the labour market.

- Stigma is a challenge for the psychiatric operator, and not only may cause injury to the patient, but also injury to the psychiatrist.
- Shrink, acchiappamatti are just a few epithets, and among the least severe, which refer to the 'doctor of the insane'.
- With the change of culture many prejudices have fallen and mental barriers have softened, but the burden still falls on atavistic taboos on all those involved in the field of mental health on patients and families. The constraint of the injury is wrapped in a spiral around the participants in our training sessions to model the effects of stigma, sometimes the wrap-around is so narrow as to become nooses. This models the underlying dynamics of stigma and participants are asked to suggest strategies to overcome them.

On our courses we talk about mental disorders: What are; How to recognize them; How to deal with them; What are mental disorders?

They are a group of syndromes characterized by alterations in mental functions.

Table 1. How to recognize depressive syndromes true lifetime

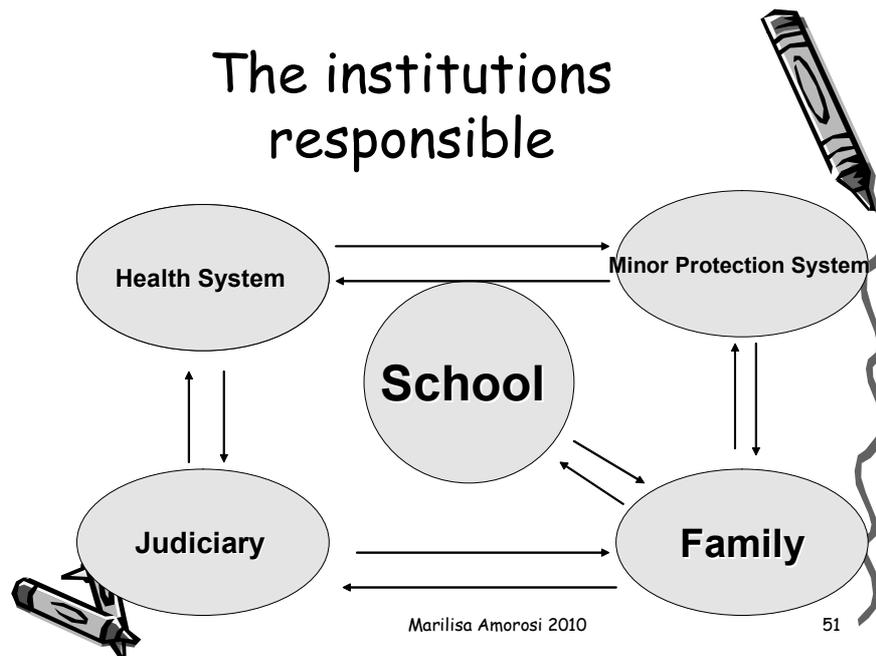| A. Depressive syndromes are characterized by alterations in mood, ideation and psychomotor		
Adolescence (14-16aa.± 2)	Adult	Senior
Dysphoric mood	depressed mood	depressed mood
Social withdrawal	loss of interest	cognitive impairments
Underperforming- school drop		
Suicide	suicide	suicide
Behavioural changes	bipolarity	
Change in habits:		
Food		
Relational		
impulsivity		

Table 2. How to recognize type psychotic syndromes

B. Psychotic syndromes are characterized by greater alterations in mental functions, loss of contact with reality, awareness of disease	
Schizophrenia	
Affective psychosis:	bipolar
	cyclothymia
Other psychoses:	paranoid psychosis
	reactive psychosis

Table 3. How to recognize schizophrenia

Early onset schizophrenia	Adult (>18 aa.)	Senior Elder
Cognitive impairment	hallucinations	residual cognitive symptoms
Changing the behavior	delusion	symptoms residual
Social Withdrawl		
Confusion:	blunted affect	negative symptoms
self-recognition		
recognition		
membership – identity		
Thought:	disorganization of thought	organic psychosis
	doubt	
Psychomotor:	impairment motor alterations and will (catatonic)	alterations behavior
late-onset (45 to 50 aa.):	disorientation	
	delusions	
	hallucinations	
	contact changes reality	

Table 4. How to recognize other disorders that affect adolescents

Eating disorders:	anorexia - bulimia
Impulse control disorders:	substance dependence
	alcohol addiction - internet
	Adonis syndrome (bigorexia)
	compulsive shopping
	emotional dependence
Bullying:	differential diagnosis of premorbid behavioral disturbances
Group dynamics	
Characteristics of leaders	
Characteristics of victim	
Type of conduct disorder	

Figure 1. How to deal with the responsible institutions

- The project which we initiated wasresearch about the student population of Pescara, which has led to a phase of giving information to students and training teachers, a phase of rapid administration of question-naires for the early detection of deviations in mood and psychopathological perceptive sphere-ideica, and a phase of control of the reliability of the questionnaires through referral to see a specialist.

Beyond the identification and validation of an easy screening of the young people, the study showed that a careful awareness of the operators of the school in order to identify subthreshold forms of diseases, avoiding the risk of the explosion unpredictable behaviour.

This is a program for the early detection and early treatment of psychotic and affective disorders.

It was born thanks to funding activities within the of 'Feel Together' Onlus Association of Pescara.

It is stressed the importance that the appropriate period or phase in the initial course of depression. The criticality of the initial period is not only that time is saved and action is taken promptly, but also in the possibility of implementing effective treatments for the maintenance of psychological functioning and social skills that would otherwise be lost with chronic disorders.

The capacity and skills are used for ages, especially youth, for the assessment and early intervention of early-onset depression. In these years (those aged between 13 and 20) symptoms are mild. They are years in which the person grows permanently and even if the symptoms may be described as subthreshold symptoms and not the disease itself, these subclinical symptoms manifest characteristics that interfere with personal development. In these cases one can act with a series of psychosocial interventions that make the person less vulnerable.

Recent research has shown that in more than 73 percent of the patients the first signs occur up to four years before the illness is recognised.

We need to monitor symptoms such as disturbance in attention and concentration, depression and anxiety, social withdrawal upon cessation of activities, school, friendships

The Project functions through:

1. Information and training
2. Questionnaires
3. Identification of risk situations
4. Counseling for families
5. Sending and care for treatment
6. Interventions to prevent stigma

It appeals:to the school, the directors and the school psychologists and the teachers of middle and high schools, and to the parents.

Why work with schools?

- adolescence and early adulthood are the periods most at risk for early depression
- The school is a place of paramount importance for young people
- The school for students can be a powerful stressor, or vice versa an important protective factor
- The school failure is often associated with the onset psychotic symptoms or situations of risk
- Teachers and school staff can witness the changes and behavioral signs of distress before the onset of the disease
- The early depression is a disease about which we are talking about too little
- Social stigma and prejudice increase the risk of isolation and thus exacerbate the impact of the disease.

Information

Through a thorough description of the experience of those who for the first time, becoming depressed, we propose a method that puts teachers, parents and the child himself in a position to help these people to renew the threads of their identity and re-emerge, in the best possible way, by this mysterious, dramatic experience, with listening and refering them to relevant services.

Method

They played three games more of an annual review. The topics are centred on the recognition of symptoms and signs of risk, the role of schools in preventing the disease and how to motivate children and their families.

Objectives

▪ Raising awareness on the issue of depression and psychosis;
▪ Accurate scientifically based information is given on the theme of depression and psychotic onset;
▪ Providing teachers with tools for a better understanding of the difficulties and signs of disaffection among their students;
▪ Puublicizing the activities and offers of care;
▪ Building productive and long lasting partnerships with schools;
▪ Identification of those at risk.

Identification of those at risk
You make a special assessment on the basis of steps that indicate disease and risk

Table 5. Risk evalution

QUESTIONNAIRE for the risk
If you become more than ever before: - anxious;   - tense;   - irritable or angry;   - suspicious;   - depressed;   - socially isolated;   - with serious problems at school or work.   If you've noticed: - Sleep disorders;   - loss of energy and motivation;   - difficulty in focusing;   - thoughts slowed down or accelerated;   - changes in the things around him.   If you've noticed similar changes in you or any other person, we suggest you should trust your observation and request an assessment by a professional.

A combination of the symptoms listed below can point to a risk of disease that requires a more thorough evaluation by an expert service.
▪ decreased concentration and attention;
▪ reduction initiative and motivation;
▪ lack of energy;
▪ depressed mood;
▪ sleep disorders;
▪ Anxiety;
▪ social withdrawal;
▪ work or school problems;
▪ Suspiciousness;
▪ Irritability.

Intervention

Early intervention may help delay the onset of the disease itself, to moderate its severity, and deal with the consequences, and finally to prevent the deterioration of social adaptation.

In most cases, the first full-blown episode is preceded by a period - 2 to 4 years-where you can recognize some signs of discomfort (such as social withdrawal and termination of major activities), before symptoms occur and in this period, in which the situation is still fluid and damage can not be done yet, it is very important to detect early signs of distress and take appropriate therapeutic treatment.

▪ What if we do not intervene? Can not intervening affect a person to the extent of undermining relations with his family, losing him friends and work. The loneliness that comes often makes the patient even more depressed, increases the risk of using drugs and to hurt themselves or someone else.

▪ The disease can ruin adolescence and early adulthood of sufferers, therapy, however, allows young people to live fruitfully in their present and their future.

The general objectives of intervention can be traced to:

¢ attribution of meaning to the experience of illness;
¢ recognition of early signs;
¢ coping symptoms;
¢ maintaining and improving social functioning.

These objectives are realized through:

A. information about depression and medication;
B. modification of the prejudices and negative stereotypes associated with mental illness;
C. management and reducing anxiety;
D. coping skills for stressful events;
E. effective interpersonal communication;
F. stress management;
G. emotion regulation;
H. analysis and modification of irrational ideas;
I. self-esteem and the concept of self;
J. increase in problem-solving skills;
K. support for social integration.

Why ask for help?

Because the earlier this is done the better the chance of a complete recovery. Many recent studies have agreed that the longer you are out of treatment, the more does the severity of the disease increase, with the likelyhood of having relapses and disability-related illness

Because early intervention and targeting allows you to manage the acute phase of illness, and so be able to return quickly to carry out normal daily activities.

Because this stage of the disease represents a "critical period" in a position to influence the outcome of long-term illness

The goal of treatment is to reduce the intensity and severity of symptoms, and try to avoid the manifestation of the first episode

- The first step is an evaluation visit with a specialist at this stage, the specialist will need to speak with the young man and with his family and will make use of tests to verify the possible existence of the disease and reflect on possible therapies.
- The people involved may initially be frightened and confused, but it is important to have patience and work with specialists.
- The intervention to be implemented will be agreed with the person concerned.

Social support assistance in activities such as school, university, work

- Management group anxiety and social skills.
- The disease causes a loss of control of their behavior.
- The groups are taught to manage anxiety and relax, meet new friends and to reorganize daily life.

A bit 'of data

- Currently we have identified 71 patients out of a population of approximately 1000 students examined, including 38 at the onset of illness, the average age is 15-18 years and are more males than females (51 vs. 20).
- Of the 33 subjects at risk, however, over 12 months, only four are in advanced disease, 21 improved their social role, 8 have maintained their role.

Conclusion

In conclusion: The concept of early intervention refers to the early identification of patients with psychosis, and the administration of appropriate bio-psychosocial interventions, in order to limit and prevent any problems associated with these diseases.

Correspondence:

Marilisa Amorosi
Director Mental Health Department Penne
Via Tassoni, 5, 65123 Pescara, Italia
E-mail: marilisaamorosi@virgilio.it