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Information and Support for youth mental health and well-being

WEBSITES
www.youthbeyondblue.com
www.lifeline.org.au
www.sane.org
www.reachout.com
www.headspace.org.au
www.somazone.com.au
www.inspire.org.au

HELPLINES
Youthbeyondblue: 1300 22 4636
Kids Helpline: 1800 55 1800
Lifeline: 13 11 14
Sane Australia: 1800 18 7263

ONLINE COUNSELLING
www.kidshelp.com.au

schools research initiative classroom program
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Key to manual icons

웅 Hint  teaching tips
웅POINTS TO NOTE
웅 key messages for students
Framework for the classroom component

The program will be delivered over three years, and the content of each year will build hierarchically on the previous year. Consistent with developmental considerations, the primary focus will change across the three years of the program. Skills which contribute to building a strong sense of self will be the major emphasis in Year 8, with sense of control and sense of purpose also considered. Year 8 topics will include self-image, building self-esteem, an introduction to emotions, emotional regulation and stress reduction. The major emphasis in Year 9 is on sense of belonging with further emphasis on sense of control. Skills to be taught as part of the Year 9 curriculum will include social skills and social problem solving. Thinking and planning skills (including more advanced cognitive skills) will be taught in Year 10, in order to focus on building strong senses of purpose and of future.

How the classroom component links with the other components of the Research Initiative

The classroom component works primarily at the individual level to build skills and competencies to increase resilience and promote emotional well-being in students. However, the classroom experience itself also has the capacity to improve student participation and build positive relationships, and the classroom component where possible reinforces the aims of the supportive environments component by focusing on social processes and connectedness within the classroom. Similarly, the program encourages the identification of sources of support within and outside of school, thus linking with the aims of the pathways component. The classroom component also aims to raise awareness about mental health issues and depression in particular, thus linking with the aims of the community forum component, to raise awareness, and to establish closer links between school communities and local service providers and resources. In addition, as part of the classroom component, students may become involved in planning the community forum, thus linking the two components. For a more detailed explanation of the other components in the initiative, their relationships, and their implementation, please refer to the beyondblue Resource Pack that has been provided to your school action team members.

Strengths of the classroom component and its relationship to other programs

Unlike many curriculum-based prevention of depression programs, the classroom program is not a short one-off program, but is delivered to the same students in Year 8, then again in Years 9 and 10, as outlined previously. It is delivered sequentially; building on the skills and knowledge taught the previous year. The content of the program was developed partly in response to focus groups with teachers and students to enhance the relevance of the contexts and situations used as examples for students at different stages. The program uses an integrated approach and aims to facilitate learning through application, reflection, group activities, home tasks and an assessment task designed to embed learning.
The classroom program complements other capacity building programs and can be integrated with a variety of school-based activities and programs. MindMatters is a national resource that is being implemented in a number of schools around Australia. Both MindMatters and the beyondblue Schools Research Initiative are committed to improving the social and emotional well-being of Australian secondary school students. As these programs are complementary, schools enrolled in MindMatters may also participate in the beyondblue Schools Research Initiative and vice versa.

**How the classroom component meets learning outcomes**

The most important influences in shaping young people’s attitudes and behaviours towards health are their families and the communities, including the school community, to which they belong. Consequently, the issues addressed in the beyondblue program are approached from a whole-school perspective, where the curriculum activities, the school environment, and partnerships with the community support the promotion of mental health. However, for the purpose of the beyondblue intervention, outcomes from the learning area of Health and Physical Education have been selected as the basis for planning the beyondblue classroom sessions and activities. It is hoped that teachers of other learning areas will recognise the important role they have in supporting the promotion of mental health, for example, through the study of classic and contemporary literature, and the investigation of cultural, economic, equity and discriminatory issues.

**Health and Physical Education and mental health**

The learning area of Health and Physical Education addresses the dynamic and multidimensional nature of health, and recognises the significance of physical activity in the lives of individuals and groups in contemporary Australian society. The relationship between good physical health and learning has been well established and accepted; however, recent research has shown the strong link between mental health and learning and performance at school. The importance of this link is recognised in the inclusion, in all the state and territory Health and Physical Education Syllabuses, of outcomes that provide opportunities for young people to develop the knowledge, skills and attitudes to: cope with challenges and changes in their lives; develop feelings of self-worth; interact effectively with others; and form fulfilling relationships. These outcomes have been used as the focus for planning the beyondblue classroom activities.

It is intended that the classroom program will contribute to, and be complementary to, the school’s curriculum programs, particularly the Health and Physical Education curriculum program. The beyondblue sessions are designed to give students the opportunity to work towards the achievement of some of the outcomes outlined in the Health and Physical Education syllabus documents. These learning outcomes have been modified to reflect what is expected that students will know, achieve and be able to demonstrate after taking part in a range of activities over the 10 sessions.
The following learning outcomes are intended for Year 8.

Students will:

- evaluate the influences on self-concept, self-esteem and resilience
- describe ways people define their own and others’ identity
- analyse changes associated with growth, development and significant transitions
- recommend and demonstrate skills that promote a positive self-concept and resilience.

At the beginning of each session, the relevant outcomes and more specific suggestions are included to indicate what students are expected to know and do by the end of the session.

**Assessment tasks**

The students will also be asked to complete a culminating Assessment Task that gives them the opportunity to implement the knowledge and skills, gained throughout the program, in lifelike situations, and that also allows the students to demonstrate the achievement of the outcomes. The students’ achievements will be measured by their response to the learning experiences, tasks and assessments that make up the classroom activities and programs. Due to time constraints, only one session has been set aside for the completion of the task, therefore there will be a limit to the depth to which students can explore the task.

To allow for individual differences in learning styles and preferences, the final product may take one of several forms: pamphlet, poster, song, mural, play, poem, Web page, magazine, or report. The final product needs to be designed with an authentic audience in mind, e.g. parents, teachers, other adolescents.

**Program format and resources**

**Materials**

The three-year program consists of:

- Teacher manuals (for each of Years 8, 9, and 10)
- Student workbooks (for each of Years 8, 9, and 10)

Teacher manuals and resources are provided to all teachers who will deliver the program. Year 8 materials are provided currently and Year 9 and Year 10 materials will be provided after feedback on the Year 8 program. Materials are designed to be easy to read and user-friendly.
Format

- Overall learning outcomes for the whole Year 8 program are provided, and the specific learning outcomes that contribute to those overall outcomes are provided for each session.
- There are 10 sessions in the program each year. Each session is self-contained, but also builds on previous sessions.
- Concise background information is given at the start of each session to provide some context for the session.
- Session outlines are provided at the start of each session, with required preparation/resources listed as appropriate.
- Sessions are activity-based with activities conducted as a whole class, in small groups or individually. Although suggestions for groups are provided, decisions as to how to best deliver activities are left to individual teachers.
- Brief information on the purpose of each activity is also provided in each session.
- Sessions are displayed with the session plan in a column on the left and relevant notes, key messages, and troubleshooting information in a column on the right.
- Sample answers or key points to be covered are provided for each activity.
- Resource materials (or master copies that can be used for handouts or OHTs) are provided at the end of each session.

Home tasks

Simple home tasks are provided at the end of each session. These are designed to consolidate learning without being too arduous for the students.

Feedback from teachers

Teachers will be asked to provide feedback on their reactions to the program before the program commences. They will also be asked for feedback on the process of delivering the program at two further times during the course of the program (in the middle of the program and upon completion of the program). This feedback will provide valuable information for the researchers in evaluating and modifying the program.

Survey of students

Students will be surveyed on a range of factors related to emotional and social functioning before they undertake the classroom program and again after they complete the program in 2003. The survey will take the form of a self-report questionnaire package. They will also be asked to provide qualitative feedback on the program and its content to assist in modifying the program as necessary.
Teaching strategies

Research into the effectiveness of school-based programs indicates that experiential learning that involves students in active participation in structured learning experiences or activities is seen to be significantly more effective than non-interactive programs in helping students to achieve and demonstrate specific learning outcomes.

Experiential learning incorporates a combination of learning styles and includes:

- active participation in learning — being engaged fully in the process of learning
- the use of concrete experiences — doing rather than being told or learning from texts
- observation and reflection — watching, listening, thinking, reflecting and learning from others
- abstraction and generalisation of concepts — understanding the purpose behind the activities and applying these understandings in lifelike situations
- forming and testing hypotheses — using a safe learning environment to explore and test new ideas.

Experiential learning provides the opportunity for all students to participate in and contribute to classroom activities, to share understandings and feelings about the activities, and to apply their newly acquired understandings and skills to their personal life experiences.

Working in groups

There are several advantages to having the students work in groups throughout the program. Group work develops a variety of social skills including: active listening, sharing ideas, affirming others, decision making, problem solving, and conflict resolution. Students working in small groups on a shared goal tend to be more self-directed and responsible. They seek help and clarification from each other, a process which itself reinforces learning. Positive interaction with peers gives students a sense of belonging, vital to a positive classroom environment. Working successfully in groups increases students’ understanding and appreciation of each other and the positive contributions they can make to each other’s learning.

The teacher’s role

Many of the activities and strategies suggested in the beyondblue classroom program are based on the sharing of experiences, thoughts and feelings. One of a teacher’s most important roles is developing a classroom environment that is based on trust, between students and their classmates, and between students and their teacher. This atmosphere of trust will generate a climate of respect for different values, views, feelings, knowledge and skills. Students will feel secure in an environment where individuals are valued and are free to express opinions and make suggestions.
The teacher acts as a facilitator in this learning process, where students are guided through a sequence of learning experiences, are encouraged to reflect on the experiences, and are provided with opportunities to lead and be led by their peers through the learning process. The teacher needs to:

- create a supportive learning environment — to allow students to feel safe and to have a voice
- set a climate of openness, acceptance and support
- be sensitive to the needs and different learning styles of the student
- model the skills that are being taught
- acknowledge the students’ personal experiences as worthwhile learning resources
- find other opportunities within the school for creating and maintaining supportive environments.

**Personal questions and disclosure**

Classroom discussions are an integral part of the *beyondblue* sessions, and will often focus on feelings of emotional well-being, and on exploring strategies to cope with changes and challenges that predictably occur in students’ lives. It is important that teachers emphasise that, although some of the activities may be about personal issues, they will be explored in an objective way, and students do not have to talk about their personal experiences.

Even if this is explained clearly, students may reveal or disclose personal information. It is essential for all staff to be aware of the appropriate responses to the disclosure of personal information, and, where there is a serious concern, to be aware of school policies and procedures for referring concerns about a student. In a safe and supportive school and classroom environment, students will feel able to seek help and advice.

One way to avoid personal issues being discussed in the classroom is to ensure that a group rule about personal issues and disclosure is incorporated into the general classroom rules established at the beginning of the sessions. However, it is important that teachers provide opportunities for students to develop well-thought-out responses to their personal questions and challenges, and to provide avenues of support for students who ask for help. The pathways for care component of the research initiative provides a framework for assisting students who experience difficulties and for supporting teachers in the process.

**Diversity**

Students bring with them a variety of cultural, social and personal experiences that create diversity in the classroom. The classroom program acknowledges this diversity; however, it is not able to address the full range of diverse student backgrounds and experiences. Therefore, teachers need to be aware of and sensitive to the diversity that exists in their classroom, and they may need to tailor some of the activities to suit the individual needs of the students. The classroom program may also provide opportunities to draw upon and celebrate the diverse experiences and backgrounds that students contribute to their learning experiences.
Contribution to *beyondblue* Schools Research Initiative

Teachers and students have a considerable and important role to play in the implementation and evaluation of this exciting national research initiative. Participation in the research provides an opportunity for all members of the school community to play an active role in informing the research initiative about the current situation and in guiding the direction of future school-based enterprises.
References


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Lois Kennedy has had considerable experience in curriculum development with Education Queensland. She has made a significant contribution to the development of the materials and has ensured that the materials are consistent with current educational practice. Lois has also used her vast educational experience to assist with producing the professional development materials for teachers.

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There are undoubtedly many other people who have helped us in the design and development of this classroom program. If we have forgotten to mention you by name, please forgive us.

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beyondblue
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Introduction to the *beyondblue* Schools Research Initiative classroom component

Purpose/aims of the *beyondblue* Schools Research Initiative

About one in five Australian children between the ages of 4 and 17 suffer from a significant mental health problem (Sawyer et al., 2000; Zubrick et al., 1995). Attempts to reduce the prevalence of distress have traditionally focused on clinical interventions, however, not all children who need help access services. Consequently, there have been calls for a greater emphasis on promotion, prevention and early intervention for mental health (e.g. Commonwealth Department of Health and Aged Care, 2000a, 2000b; Australian Health Ministers, 1998; World Health Organisation, 1987; Raphael, 1993).

The *beyondblue* Schools Research Initiative is part of the *beyondblue* National Depression Initiative that aims to reduce the level of depression in our society. The schools initiative focuses specifically on young people, and involves school communities as its central focus. Schools have been identified as a key setting for the delivery of preventive mental health interventions, since in Western society, schools are a key force, second only to the family, in shaping the child’s early mental health and development (Dodge, 1993). School is experienced by almost all young people and, in addition, represents an important social setting for young people. Research has shown that the quality of relationships between teachers and students in classrooms, opportunities for student participation and responsibility, and the level of support provided by teachers are all strongly related to students’ academic progress, and emotional and social development. The schools initiative also recognises the importance of the emotional well-being of school staff.

For any mental health problem there are risk factors that increase the probability that a person will develop the problem, and protective factors that protect the person from developing the problem. We know that adverse life circumstances, such as a death in the family, parental separation and divorce, serious illness, or living with a parent with a serious mental illness act as risk factors for depression. That is, they all increase the risk of developing depression during adolescence. However, we also know that many young people who are exposed to adversity do not develop depression. Resilience is one quality that protects people from negative outcomes, such as depression, despite the experience of adversity.

Research suggests that there are a range of protective factors that may buffer adolescents against the impact of stressful life events and early adversity; in other words, that may contribute to resilience. Individual characteristics such as good social skills, problem-solving skills, and a resilient attitude have been identified as protective factors in the prevention of depression. Social, school and family protective factors have also been found, such as strong social support, a high level of connectedness and participation in school and positive relationships with family members, peers and teachers. Increasing individual and social protective factors may contribute to resilience, and therefore may promote individual emotional health and well-being, thereby reducing the development of adolescent depression.
The *beyondblue* Schools Research Initiative has drawn on a body of research to develop a school-based intervention designed to increase protective factors within individuals and the social environment of schools. The broad aim of the initiative, therefore, is to reduce adolescent depression within schools. More specifically, the aims of the *beyondblue* Schools Research Initiative can be summarised as follows:

- To reduce levels of depression experienced by young people
- To engage whole-school communities to promote emotional well-being and social connectedness
- To increase awareness and understanding of adolescent depression and its impact
- To increase the capacity of school communities to adapt, implement, and evaluate interventions relevant to the prevention of depression.

**Rationale for the *beyondblue* Schools Research Initiative**

**The problem of adolescent depression**

At any point in time, between 2–5% of adolescents experience depression that is of sufficient severity to warrant treatment, and around 20% of young people will have experienced depression by the time they reach adulthood (National Health and Medical Research Council, 1997). Depression is characterised by a range of symptoms reflecting changes in mood, thoughts, physiology, and behaviour. A diagnosis of depression is made on the basis of the following symptoms:

**During a two-week period**

Either depressed mood most of the day nearly every day (in adolescents can be irritable mood)

Or loss of interest or pleasure in all or nearly all activities

Plus four or more of the following symptoms nearly every day:

- Significant weight loss or weight gain or changes in appetite
- Insomnia or hypersomnia (unable to sleep or sleeping too much)
- Psychomotor agitation or retardation (being physically restless or slowed down)
- Fatigue or loss of energy
- Feelings of worthlessness or guilt
- Reduced concentration or indecisiveness
- Recurrent thoughts of death or suicide.
The diagnosis takes into account the frequency and severity of symptoms, over and above what would be normal adolescent behaviour. Symptoms can take the form of behaviours, thoughts, feelings or physical symptoms. The pattern of symptoms of depression may vary for different individuals. Some of the common symptoms in each category are outlined in the table below:

<table>
<thead>
<tr>
<th>Behaviours</th>
<th>Thoughts</th>
<th>Feelings</th>
<th>Physical</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stop going out</td>
<td>I'm a failure</td>
<td>Overwhelmed</td>
<td>Tired all the time</td>
</tr>
<tr>
<td>Not getting schoolwork done</td>
<td>It's all my fault</td>
<td>Guilty</td>
<td>Sick and run down</td>
</tr>
<tr>
<td>Withdraw from close family and</td>
<td>Nothing good ever happens to me</td>
<td>Indecisive</td>
<td>Headaches and muscle pains</td>
</tr>
<tr>
<td>friends</td>
<td>I'm worthless</td>
<td>Irritable</td>
<td>Churning gut</td>
</tr>
<tr>
<td>Use alcohol and drugs</td>
<td>Life is not worth living</td>
<td>Disappointed</td>
<td>Can't sleep</td>
</tr>
<tr>
<td>Stop doing things they enjoy</td>
<td>I am a bad person</td>
<td>Frustrated</td>
<td>Poor appetite/weight loss</td>
</tr>
<tr>
<td>Staying in bed too much</td>
<td>I can't cope</td>
<td>Miserable</td>
<td>Eating too much/weight gain</td>
</tr>
<tr>
<td>Upset over minor things</td>
<td>Things are hopeless</td>
<td>No confidence</td>
<td>No energy</td>
</tr>
<tr>
<td>Self-harm attempts (in extreme</td>
<td>There is no point in trying</td>
<td>Sad</td>
<td>Sleeping too much</td>
</tr>
<tr>
<td>cases)</td>
<td></td>
<td>Ashamed</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Angry</td>
<td></td>
</tr>
</tbody>
</table>

Depression in young people has a range of negative consequences if left untreated. It can impair their capacity for learning and performing at school, interpersonal relationships, and community participation. Depression in young people is also a risk factor for adult depression and is associated with long-term problems in social adjustment, substance use, and increased risk for suicidal behaviour and suicide. However, less than one in three children and adolescents with depression receive any professional help for their problems (Australian National Survey of Mental Health and Well-Being; Sawyer et al, 2000). Depression in the majority of young people therefore goes unnoticed and untreated, thus strengthening the case for prevention and early intervention.
Structure and components of the beyondblue Schools Research Initiative

As outlined, the beyondblue Schools Research Initiative aims to implement a school-based intervention designed to increase protective factors and reduce risk factors for depression. The initiative recognises that risk and protective factors operate within individuals and also within the broader social environment of schools and communities. For this reason the initiative aims to operate at a number of levels within schools, and has four components:

- supportive environments
- pathways
- community forums
- classroom component.

Supportive environments

This is a whole-school strategy based on strengthening relationships and participation through:

- improving the quality of relationships amongst all members of the school community including students, teachers, leadership, administration and families. This may be developed through improving consultative and decision-making practices, increasing opportunities for social engagement, developing communication skills, or setting up supportive relationships through mentoring or peer programs.
- increasing opportunities for meaningful participation across all aspects of school life. Schools determine their preferred areas of action which may be the classroom (e.g. negotiated curriculum), school organisation (e.g. modelling democracy) or community (e.g. students as researchers).

Pathways for care and education

Pathways will explore how best to enable young people to access support and professional services through school and within the wider community. The initiative will work with an emphasis on student community participation. Students will develop the knowledge, skills and capabilities to access inclusive pathways for care and education. School communities will ensure that effective pathways exist to support the well-being and learning of all students. This will involve a partnership between families, school staff, education support/welfare personnel and community-based health professionals.

Community forums

This component will promote the well-being of the whole school community by improving the knowledge and awareness of mental health, and challenging the stigma associated with depression.
Classroom component

This component aims to promote adolescents’ emotional well-being and positive emotional and learning 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
- building positive expectations and views of self, the world and the future
- awareness and understanding of mental health issues.

Rationale for the classroom component

The classroom component is based upon cognitive behavioural theories of depression. Cognitive approaches regard thoughts as playing a central role in influencing our feelings and consequent behaviours and they utilise a variety of cognitive and behavioural techniques to address issues related to unhelpful thoughts or behaviours. In particular, Beck’s cognitive triad (Beck, 1964, 1976) is used as the basis for understanding the development and maintenance of depression. The key elements of the cognitive triad are a negative view of self, the world and the future. This model suggests that adolescents with negative cognitions about the self, the world, or the future are more vulnerable to depression (Jaycox et al, 1994). The classroom program takes a positive skills-building approach and proposes that children with positive views about the self, the world, or the future are less likely to develop depression. Elaborating upon this model, the current program aims to enhance in young people five ‘senses’ that are believed to be particularly important protective factors against depression: (1) sense of self-worth, (2) sense of belonging, (3) sense of control, (4) sense of meaning or purpose, and (5) sense of future. Each of these senses and how they might reduce the risk for depression are explored briefly below.

First, sense of self-worth is an important protective factor. Self-worth can be defined as an individual’s knowledge of his/her strengths, skills, and abilities, and his/her valuing of self. High self-worth has been associated with a successful transition during high school (Lord et al, 1994) and decreased vulnerability to life stress (Weist et al, 1995) during adolescence. Self-esteem is dynamic and is constantly being built and maintained in the face of life experiences and challenges. Clearly, adolescents need to develop a positive sense of self as well as having others who recognise who they are and support them.

Second, sense of belonging has been proposed to be a basic human need (Maslow, 1962). Sense of belonging has been described as the feeling of being valued, needed, and accepted within a social system (Hagerty et al, 1992). There is a vast body of research evidence supporting the link between interpersonal relatedness and subjective well-being (see Ryan & Deci, 2001, for a review). Interventions aimed at improving connectedness in schools, in neighbourhoods and other communities, and within the family through building cohesion and positive relationships may help to increase a child’s sense of belonging in the world and, as such, help to prevent depression.
A third protective factor is sense of control. It comes from the belief that one has the skills and ability to cope with life challenges in order to obtain successful outcomes. Sense of control can be defined as a sense of mastery, or feeling of being in charge of one's own life. Interventions that target students' thinking styles and which help students to recognise what is within and outside of their control may help to promote a positive sense of control.

Fourth, a sense of meaning or purpose in life may act as a protective factor against the development of depression. Researchers have struggled to define sense of meaning, but it likely has affective and cognitive components (Scannell et al, 2002) and suggests a sense of purpose. Strong relationships have been found between a sense of meaning in life and a number of different measures of psychological well-being (Zika & Chamberlain, 1987, 1992). Purpose in life and the capacity to make sense of experiences may serve to sustain hope for the future (Frankl, 1974). A sense of ongoing purpose requires a focus on life endeavours that offer mastery and/or pleasure in the present and/or in the future. Interventions that focus on manipulating these variables may enhance a student's sense of meaning or purpose.

Finally, sense of future is another important protective factor. It refers to a sense of hopefulness with regard to one's future and engenders a positive motivational state in which the individual sets goals for the future and makes plans to meet those goals (Snyder et al, 2000). A positive sense of the future includes the following components:

- **cognitive** — positive expectations about what one will do and what goals will be attained
- **affective** — positive affect or mild anxiety that serves to activate behaviour
- **behavioural** — setting goals for the present and the future, identifying pathways to achieve those goals, and problem-solving around obstacles.

Sense of future is influenced by prior experiences with success and failure, although the experience of success alone may not be sufficient to ensure hope for the future. However, the cognitive component of sense of future (optimism) can be learned (Seligman, 1992). Individuals who are optimistic tend to attribute positive events to internal (personal), stable (permanent) and global (pervasive) causes and negative experiences to external, unstable and specific causes. Cognitive behavioural interventions that focus on addressing these attributions and teaching problem-solving skills to overcome obstacles may help students attain a more optimistic sense of future.

In summary, individuals who do not exhibit the negative cognitive triad, but instead display positive functioning within the areas of the five senses, are more likely to be resilient. Although there is no single definition of resilience, in essence, individuals who are resilient display strong mental health and emotional well-being and are able to cope effectively with adverse life experiences. Therefore, the classroom component aims to prevent depression by teaching skills and competencies to enhance the five senses outlined, and thereby build resilience.