

CHAPTER 4

Findings and Discussions

This chapter presents the critical components of the participatory depression prevention model for Thai adolescents, the feasibility of the model, the participatory depression prevention model for Thai adolescents, as well as discussions. Towards the end of the chapter the lesson learned shall also be presented.

Findings

The Critical Components of Depression Prevention Model for Thai Adolescents

The critical components of depression prevention model for Thai adolescents comprise of three components namely early detection of depression risks, self-worth enhancement, and effective communication. The detailed of three critical components were described as follows and show in Table 4-1.

Table 4-1

Critical Components of Depression Prevention for Thai Adolescents

| <i>Critical components</i> | <i>Subcomponents</i> |
|---|---|
| 1. Early detection of adolescent depression risks | <i>1.1 Detection of unusual emotion and behaviors related to depression</i> |
| | <i>1.2 Detection of stressful life events related to depression</i> |
| 2. Self-worth enhancement | <i>2.1 Self-esteem enhancement</i> |
| | <i>2.2 Problem solving based on Buddhism and the Sufficiency Economy Philosophy Principle</i> |
| | <i>2.3 Relaxation for emotional balancing</i> |
| 3. Effective communication regarding depression prevention | <i>3.1 Social networking communication</i> |
| | <i>3.2 Face-to-face communication</i> |

Early detection of adolescent depression risks

Early detection of adolescent depression risks refers to the monitoring of unusual emotions and behavior related to depression as well as to appraise stressful life events related to depression by the adolescent themselves along with their parents, teachers, and friends. This detection highlights the early signs of adolescent depression and helps to identify cause of emotional imbalance which makes the adolescents susceptible to depression for prompt interventions prior to the development of depression.

Detection of unusual emotion and behaviors related to depression

The adolescents, parents, and teachers must closely observe and investigate the behavior of the adolescents which indicates depression, such as less talking, low-tone speaking, and loneliness, not playing with friends, and sitting alone with emotional pain, sadness, or crying. The participants explained how to detect signs for depression prevention:

I observed my friend not playing with friends, talking less, speaking with a low-pitch, and sitting alone while looking so sad. (Female adolescent 2: 10 years old)

When I find my children sitting in silence, not playing as usual, I will initiate a small talk or encourage them to talk about their problems. My children have the courage to say what they have on their mind. I can then provide them support and help reduce their risk of depression. (Mother 1: 50 years old)

When I find students in blue I can promptly give them my attention, helping them to alleviate their sadness and providing them support to solve problems in order to prevent them from developing depression. (Female teacher 4: 45 years old)

Detection of stressful life events related to depression

The adolescents, parents, and teachers have to observe the events that induce stress among the adolescents in order to identify stressful life events related to depression. Such stressful events include family problems, peer problems, and educational problems create the experience of shame, inferiority, low self-esteem, and triggering depression. The participants' remarks were quoted as follows:

My mother said that I'm a bad girl. It seems that everyone is better than me. I feel upset and it often gets me depressed. (Female adolescent 4: 14 years old)

I have to observe the signs of depression in the adolescents coping with educational problems such as difficult assignments or low scores, as well as parental problems, such as separation, remarriage, and arguments. It makes them feel weak, inferiority, and ultimately depressed. If we can detect the signs, we will be able to make timely assistance. (Female teacher 3: 53 years old)

When bullied by friends about my buck teeth. I feel embarrassed. It makes me feel sad. (Male adolescent 8: 11 years old)

When I find Facebook comments causing misunderstanding and misperception about me, I feel sad and inferior to my friends. Cyber bullying makes me vulnerable to depression. (Female adolescent 6: 13 years old)

Self-worth enhancements

Self-worth enhancements refers to the ability of adolescents, parents, and teachers to enhance the adolescent's self-esteem, problem solving skill, and relaxation in order to enrich the adolescent's self-worth for depression prevention.

Self-esteem enhancements

The self-esteem of adolescents is improved through developing the courage and ability to admire themselves as well as their parents, teachers, and friends. Self-confidence and pride with sentimental value are fostered, giving ones courage to do the right and good things. The participants shared opinion about the issue on how to enhance self-esteem through courage and admiration as found below:

Courage makes us feel proud and so confident. We dare to do. We are brave enough to do both the right and good thing. (Female adolescent 7: 10 years old)

Admiration can increase self-worth; such as I'm honest...I'm responsible...I'm kind...I'm so great at playing traditional music...I've got beautiful Thai handwriting. (Adolescents FGD: 10-11 years old)

My sons feel proud after completing assigned tasks. After my sons complete the chores I assigned, I will give positive comments, such as "You are great." We should get ourselves familiar with admiring our children. (Mother 1: 50 years old)

Positive reinforcement makes the adolescents feel worthy and less likely to develop depression later on in life. (Female teacher 6: 53 years old)

Problem solving based on Buddhism and Sufficiency Economy Philosophy Principle

The adolescents, parents and teachers should essentially incorporate understanding nature of life and truly accept the depression problem. They should also collaborate on developing solutions for the adolescent depression problem using sufficiency, reasonableness, and self-immunity under the principles of Buddhism and the Sufficiency Economy Philosophy. The participants described their experience as follows:

When I feel sad, I try to let it go of the negativity to calm myself down.
(Male adolescent 7:11 years old)

The adolescents need to be trained on how to solve problems with rational thoughts. We may prepare exercises for them to practice solving problems, weighting between pros and cons to achieve positive outcomes and become immune against depression. (Male teacher: 52 years old)

I rely on the Sufficiency Economy Philosophy to cope with problems and teach my son and daughter to understand living with sufficiency. (Mother 2: 44 years old)

Training on problem solving should be carried out under the principles of Buddhism, such as mindfulness practice, self-awareness training, sharing of experience on overcoming depression. The adolescents should learn and practice on how to deal with sadness during crisis. (Female teacher 5: 48 years old)

Relaxation for emotional balancing

The adolescents, parents, and teachers are able to relax by joining preferable activities to promote positive feelings and reduce risks to depression. The participants expressed their experience as follows.

The school should arrange entertaining activities for students like sports, games, and field trips. (Female adolescent 12: 14 years old)

When I feel sad, I try to cheer myself up by exercising and engaging in such activities, as games and football. (Male adolescent 8: 11 years old)

Parents can support by setting fun activities for family members, spending quality time with the family, and creating a good atmosphere in the house to promote positive emotions. (Father 2: 47 years old)

Extracurricular activities in school and community are needed to promote depression prevention. The school should provide activities that trigger emotion balance, such as sports day and field trips. (Female teacher 5: 48 years old)

Effective communication regarding depression prevention in adolescents

Effective communication regarding depression prevention refers to the exchange of information or sharing of feelings among the adolescents, parents, and teachers using social networking applications by chatting and texting as well as face-to-face communication, such as talking and doing activities together. These lead to mutual understanding, promoting acceptance among them, reach of encourage collaboration to balance emotion and prevent depression for adolescents.

Social networking communication

Depression prevention in adolescent by adolescents, parents, and teachers learn about depression risk assessment, cause of depression, and understanding about depression prevention, as well as giving inspiration that transfer throughout social network application and electronic media application. The participants discussed as follows.

The school should provide self-access learning media about knowledge depression prevention for students. They can learn by themselves. For example, the students should have access to documentaries related to adolescent depression and how to cope with emotional negativity.
(Female teacher 1: 48 years old)

Social networking can be very practical and help enhancing learning experience regarding depression prevention. We should share knowledge of depression prevention, including sharing inspirational quotes on social network application, which can be easily accessed.
(Female teacher 5: 48 years old)

We have to electronic media application, which can be practical investigate depression risks in adolescents. (Female teacher 6: 53 years old)

Face-to-face communication

Adolescents, parents, and teachers share and transferred the knowledge about promoting acceptance, understanding, caring, and balancing emotion to support and encourage adolescents for depression prevention through face to face communication. The participants expressed their experience as follows.

Teachers have to mutual communicate with the adolescents, giving support and encouraging adolescents to use positive attitudes in living and accept things that happen in life. Workshop on emotion management training to overcome depression should also be held. (Male teacher: 52 years old)

I don't like any program. I try to get closed to my children and solve any problems together. If we accept our children's mistakes, give them understanding and chances, they will open up to their parents and discuss their problems. (Mother 2: 44 years old)

Therefore, depression prevention in adolescents should establishing effective communication with understanding and acceptance. Providing the media could easily be accessed online and practical usage for adolescents, could be a suitable way for depression prevention in adolescence. Adolescents can self-directed learn on how to cope with problems related to depressed mood and practical assessment tools on depression.

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Essential Media and Materials Production based on Critical Components

The researcher and co-researchers facilitated and empowered participants for collaborative planning and organizing training workshop to produce essential media, materials, and contribute the activities based on three critical components of participatory depression prevention model: early detection of depression risks, self-worth enhancement for depression prevention, and effective communication regarding depression prevention in adolescents (Table 4-2).

Table 4-2

The Essential Media and Materials Production based on Critical Components of Participatory Depression Prevention Model

| Critical components | Media and materials |
|---|--|
| 1. Early detection of adolescent depression risks | The depression risk assessment card |
| 2. Self-worth enhancements for depression prevention in adolescents | Self-worth enhancements: 1) Housework assignment for enhancing self-esteem 2) Problem solving 3) Relaxation |
| 3. Effective communication regarding depression prevention in adolescents | 1) Thai adolescent handbook on depression prevention 2) Parent handbook on depression prevention for Thai adolescents 3) Teacher handbook on depression prevention for Thai adolescents 4) The Friend Pages: www.facebook.com/mewenosad 5) The handbook for PDP training |

The essential media and materials production based on critical components of participatory depression prevention model are presented as follows:

Components 1: Early detection of adolescent depression risks

Depression risk assessment card was brought into all the series of depression prevention handbooks. The adolescents, parents, and teachers can using the card (Figure 4-1) guide for depression risks detection by observe unusual emotion, behaviors, and stressful life events related to depression in adolescents (Table 4-3).



Figure 4-1. The depression risk assessment card (cartoon version)

Table 4-3

Depression Risk Factors and Early Signs for Depression Risk Assessment in Adolescents

| Depression risk factors | | Early signs for depression risk assessment in adolescent |
|--------------------------------|--|--|
| Stress | <i>refers to exposure to a stressful situation, such as relationship problems with a loved one, or friend, as well as family, economics and financial problems</i> | <i>complain about stressful stories or difficulty that they cannot manage or solve on their own, express boredom, irritated mood or anger, difficulty sleeping</i> |
| Sadness | <i>refers to adolescent expressive characteristics of depression such as sorrow, grief, sadness, and unhappiness</i> | <i>express sad face, blue, no smile, disappointed, Facebook profile picture looks sad / write sad words on the status, bad mood, sorrow, or feel like crying</i> |
| Loneliness | <i>refers to being by themselves, abandoned by friends, or detached with no-one around</i> | <i>Spend time without friends, no-one to play with, no-one loves them, no-one nearby, talk less or silence, sit alone with a worried look</i> |
| Ability deficit | <i>refers to self-care deficit, decreasing in learning ability, low self-confidence, and low self-esteem</i> | <i>self-care deficit, no personal hygiene, unclean hair, bad smell, dirty school uniform, decrease in learning ability, low self-confidence, low tone when speaking, low self-esteem</i> |

Components 2: Self-worth enhancement for depression prevention

Self-worth enhancement for depression prevention include: 1) self-esteem enhancement, 2) problem solving, and 3) relaxation.

Self-esteem enhancement. Adolescents, parents, and teachers practiced admiration, courage, and learned housework assignment for enhance self-esteem (Figure 4-2). These lead to self-worth increasing and prevent depression.



Figure 4-2. Self-worth enhancement:
Housework assignment for enhancing self-esteem

Problem solving. Family atmosphere and taking quality time together is very important. Talking or staying with someone who loves you such as close friend, mother lead to experience sharing and problem solving together. Therefore, family members should co-create variety activities, such as have a dinner, talking and be open minded in order to collaborative problem solving.

Relaxation. Parents and teachers could encourage adolescents have co-creation and participation to assist in depression prevention throughout several school activities, such as sports day, learning activities and recreation on national Thai language day, Science day, mother's, and father's day, as well as activities for expression love and provide hug, stay in a peaceful place, and relax. These activities resulted in balancing emotion, a feeling of happy and calm, and lead to reduce depression risks.

In addition, making a merit and going to a temple to learn Dhamma on Buddhist holy day still has continuously operating for family activities (Figure 4-3). They are able to learn to deal with problems based on Buddhism and sufficiency economy philosophy principles as letting's go, think, act, and communicating in a good way.



Figure 4-3. Family activities for problem solving

The content of depression prevention for adolescents include: 1) enhancing self-esteem, 2) problem solving, and 3) relaxation was brought into all the series of depression prevention handbooks in order to self-worth enhancement for depression prevention in adolescence.

Components 3: Effective communication regarding depression prevention.

Effective face-to-face communication. Face to face positive communication transfer practiced throughout training workshop or group activities in order to promote and enhance self-esteem, problem solving skill, and relaxation skill.

Effective communication through media. Effective communication through media transfer practice by using depression prevention electronic-books were collaboratively created based on the participants' opinion, which has modern designs and easy to understand: 1) Thai adolescent handbook on depression prevention, 2) Parent handbook on depression prevention for Thai adolescents, 3) Teacher handbook on depression prevention for Thai adolescents (Figure 4-4).

The significant contents comprising cause of depression or depression risk assessment, problem solving skill enhancement, promoting self-worth, and, self-encouragement, and self-relaxation guides. The contents were summarized as show in Table 4-4.

1) Thai adolescent handbook on depression prevention



Figure 4-4. The handbook on depression prevention for Thai adolescents

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2) Parents handbook on depression prevention for Thai adolescents



3) Teacher handbook on depression prevention for Thai adolescents



Table 4-4

The Contents of Depression Prevention Handbooks

| Thai adolescent handbook | Parents and teachers handbook |
|---|---|
| 1. the depression risk assessment guide to observation 2. enhancing self-esteem with admiration 3. living and balancing with sufficiency economy 4. mindfulness training 5. problem solving with awareness & reasonableness 6. enhancing self-esteem with admiration and courage | 1. awareness of one's own responsibility that enhance sense of fostering children in parents and teacher 2. the depression risk assessment guide to observation 3. how to approach adolescents for depression prevention: 3.1 understanding of the nature of adolescence 3.2 accepting individual different and limitation of children 3.3 talking for mental support and helping each other 4. enhancing adolescent's self-esteem with admiration 5. mindfulness training 6. living and balancing with sufficiency economy 7. problem solving with awareness and reasonableness |

Facebook Pages for distribute information regarding depression prevention. The aims of Friend Pages are to raise people's awareness by distributing the information regarding depression prevention media; coordinate work and advertising the depression prevention activities or campaign. Adolescents participate and co-operative in order to design the Friend Pages (<https://www.facebook.com/mewenosad/>). Two adolescents take responsible as the Page administrator (admin) (Figure 4-5).



Figure 4-5. The development of Friend Page for depression prevention

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A Participatory Depression Prevention Model for Thai Adolescents

The participatory depression prevention (PDP) model for Thai adolescents is illustrated in Figure 4-6.

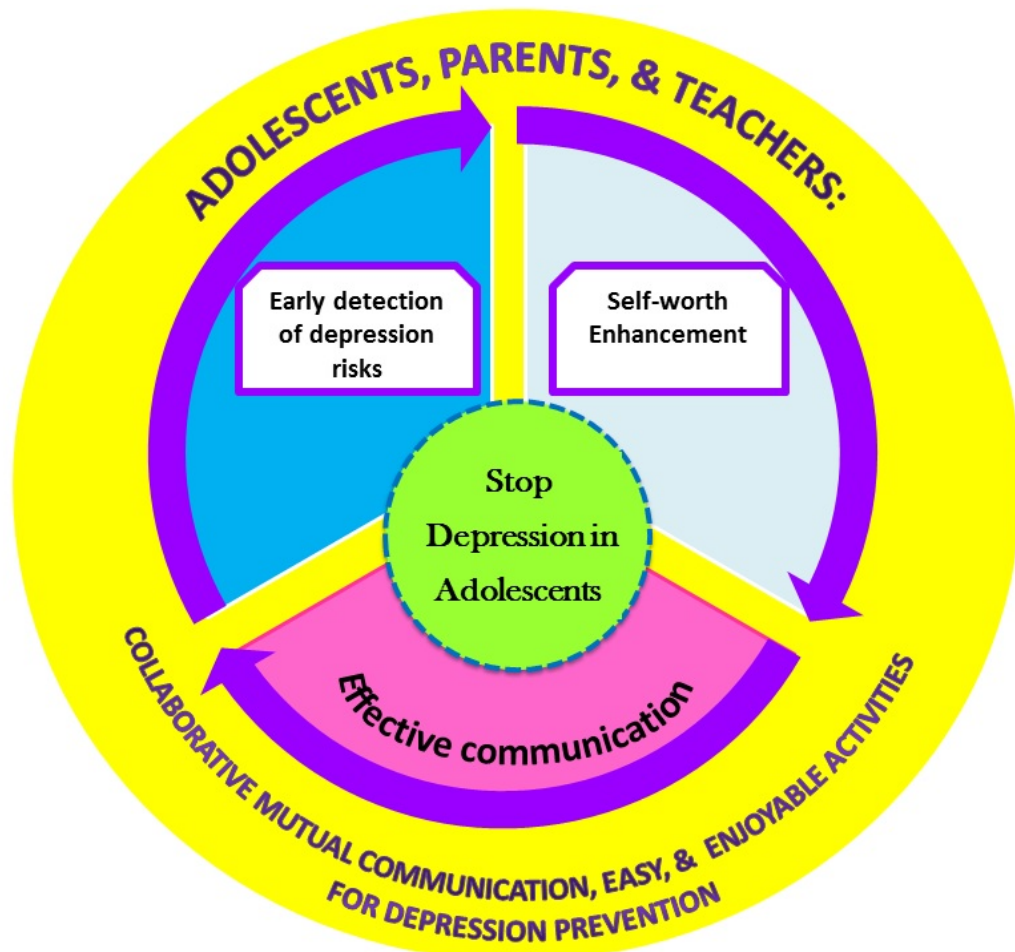


Figure 4-6. A participatory depression prevention (PDP) model for Thai adolescents

The researcher and the research team propose a participatory depression prevention model for Thai adolescent consist of three critical components: early detection of adolescent depression risks, self-worth enhancement for depression prevention, and effective communication regarding depression prevention. Depression prevention intervention need to provide early detection of depression risks and self-worth enhancements implementation throughout effective communication regarding depression prevention, such as online social network medias, and face-to-face training workshop or group activities in order to enhance self-esteem, problem solving skill, and

relaxation skill. Based on three critical components of depression prevention model with strategies, which are collaborative mutual communication, such understanding and accepting, as well as easy and enjoyable activities. These can enhance adolescent's ability to minimize the risks of developing depression, which is resulted to adolescents with emotional balancing in real life.

The Feasibility of the PDP Model for Thai adolescents

The adolescent who participated in the workshop on participatory depression prevention model implementation (Appendix E) in order to model feasibility evaluation included six girl participants aged between 11 and 13 years old, average age was 11.83 years old. They were studying in primary and secondary school. Half of the participants had to be raised by their grandparents or families of close relatives and lived with their single parent or one step parent due to the separation and remarriage of their parents. The participant's general characteristics are presented in Table 4-5.

Table 4-5

General Characteristics of Adolescents Participating in the PDP Model Feasibility Evaluation

| Characteristics | Number (N=6) |
|--|--------------|
| Gender | |
| Females | 6 |
| Age and education level | |
| 11 years old (primary school) | 2 |
| 12-13 years old (secondary school) | 4 |
| Living situation | |
| <i>Relatives:</i> parental divorce /separation /remarriage, and working in another province | 3 |
| <i>Single parent:</i> parental divorce/ separation | 3 |

The finding of pre-post PDP model implementation indicated that adolescents learned and practiced in order to enhance their self-esteem and problem solving skills throughout following of variety activities. The PDP model implementation had higher mean scores of self-esteem in compare to baseline information (27.83 vs. 32.00), resilience (109.67 vs. 113.00), problem solving (92.83 vs. 97.33). In addition, there was a decreasing trend in depressive experience mean scores in compare to baseline information (9.33 vs. 7.17). Thus the PDP model is feasible to using for depression prevention. The findings see in Table 4-6 and Figure 4-7.

Table 4-6

The Pre-Post PDP Model Implementation Comparison in Adolescent Participants' Resilience, Problem Solving, Self-Esteem, and Depressive Experience, as Classified by Scoring in Mean, Std. Deviation

| Depression risk | | Mean | SD |
|--|-----------------|--------|-------|
| <i>Resilience (R):</i> | Before training | 109.67 | 5.20 |
| | After training | 113.00 | 10.47 |
| <i>Problem solving (PS):</i> | Before training | 92.83 | 10.93 |
| | After training | 97.33 | 11.40 |
| <i>Self-esteem (SE):</i> | Before training | 27.83 | 1.84 |
| | After training | 32.00 | 2.83 |
| <i>Depressive (Dep.): experience</i> | Before training | 9.33 | 4.08 |
| | After training | 7.17 | 5.00 |

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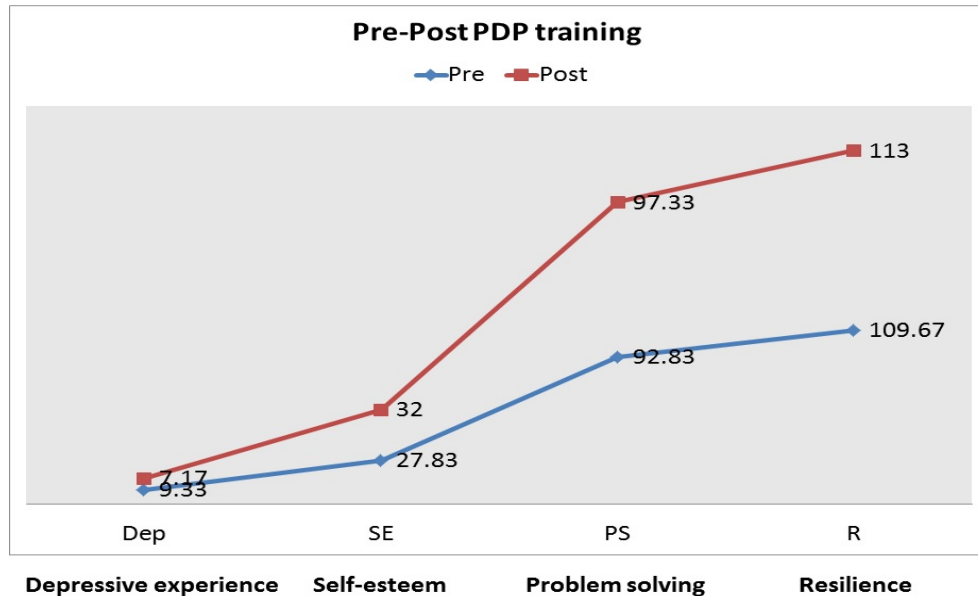


Figure 4-7. The pre-post PDP model implementation comparison of mean scores in adolescent' resilience, problem solving, self-esteem, and depressive experience, as classified by scoring in mean.

The adolescents who were cooperative developed the PDP model showed a decrease in depression mean scores in compare to baseline information (13.42 vs. 9.26). The mean scores of self-esteem (29.53 vs. 29.05), resilience (117.37 vs.114.00), problem solving (92.79 vs. 90.63) of the adolescents had a higher tendency than the PDP model development in the beginning. Especially adolescents who had a higher risk to depression found that the scores decrease after they collaborative developed the PDP model, as findings are illustrated in Table 4-7.

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Table 4-7

The Pre-Post Assessment in Adolescents Research Team Includes Resilience, Problem Solving, Self-Esteem, and Depressive Experience, as Classified by Scoring in Mean, Std. Deviation

| Depression risk | | Mean | SD |
|--|----------------------------|--------|-------|
| N= 20, Dropout = 1 | | | |
| <i>Resilience (R):</i> | Before a model development | 117.37 | 2.16 |
| | After a model development | 114.00 | 4.09 |
| <i>Problem solving(PS):</i> | Before a model development | 92.79 | 9.54 |
| | After a model development | 90.63 | 12.05 |
| <i>Self-esteem (SE):</i> | Before a model development | 29.53 | 4.82 |
| | After a model development | 29.05 | 4.45 |
| <i>Depression (Dep.):</i> <i>experience</i> | Before a model development | 13.42 | 8.36 |
| | After a model development | 9.26 | 4.66 |

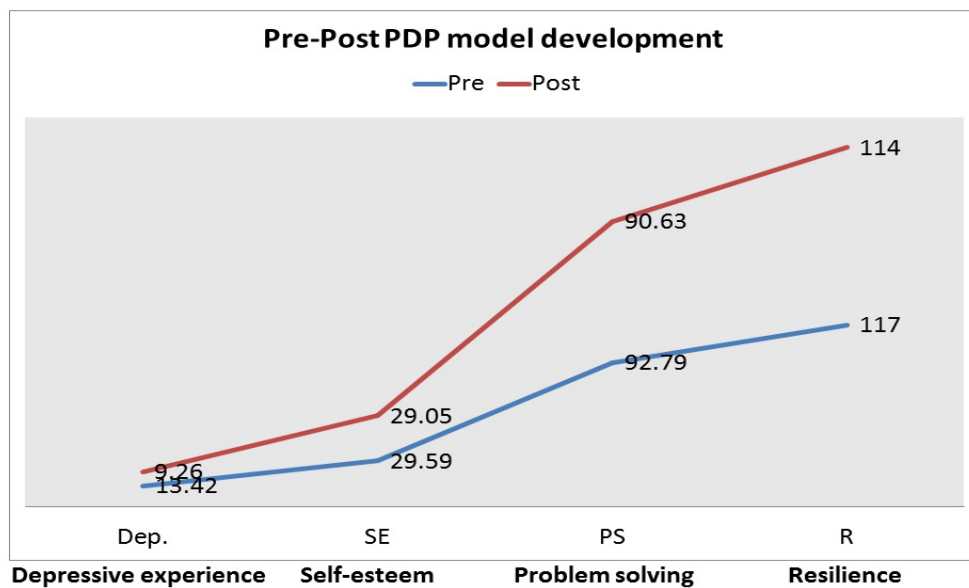


Figure 4-8. The pre-post PDP model development comparison of mean scores in adolescents, as classified by scoring in mean of resilience, problem solving, self-esteem, and depressive experience.

Reflection and Evaluation on the PDP Model Implementation

The evaluation of the PDP model implementation included the knowledge of adolescent depression, depression risk assessment and depression prevention in adolescence, PDP handbooks, feasibility of applying the PDP model, and satisfaction after participation in the PDP model implementation. The details are described as follows:

The knowledge and skills regarding adolescent depression, depression risk assessment, and depression prevention in adolescence: Six adolescent participants responded through evaluation form, to the questions *What is adolescent depression?*, *What are the warning signs?* and *How can one prevent depression?* They described the symptoms or warning signs and risk factors as follows:

Heartbroken, family and academic problems, bullying may lead to depression in adolescence. We can observe emotional expressions as loneliness, sadness, stress, feeling failure, and low self-worth. (Adolescents)

Six adolescents reflected the lessons learned regarding adolescent depression prevention, as well as the skills learned from self-worth enhancement activities, particularly admiration, courage, and problem solving. They described how to solve problem or prevent depression, as follows:

The PDP training helps me have skills to cope with depression...I think that every problem can be solved...Let it go...Be happier...enjoy activities to relax on my own. (Adolescents)

The depression prevention handbooks. The participants agreed that the handbooks provided knowledge and identified problematic situations. The handbooks were also attractive and interesting. Six mothers took part and evaluated the parents' handbook on depression prevention in adolescents. Three teachers evaluated the teachers' handbook on depression prevention in adolescents. They expressed their opinions as follows:

This handbook is very interesting in designs and was colorful...It could be used appropriately for depression prevention ...I gain better understanding regarding depression and adolescents...This handbook is useful for depression prevention among adolescents. (Teacher participant)

We suggest it for adolescents...The handbook should be distributed to others as it guides on how to make a good idea, and also has benefits for minimizing depression risks and several social problems. (Mother participant)

Feasibility of applying the PDP model. Adolescent expressed their opinions regarding the feasibility of using the PDP model as follows:

I have fun...I feel relaxed and happier with a variety of activities...I feel self-confident and my self-esteem increased... I am proud of this work...I know how to solve problems ...I feel like I have self-esteem. (Adolescents)

I'm able to prevent myself and others from depression...I am happier...I can manage time much better...I have better emotional control...I can calm myself down...My self-confidence has increased...I have courage to do the right things...I feel loved and have better friendship now...We are stronger through team work with unity and harmony. (Adolescents)

I could understand and assess my child's emotion better...PDP project can provide people with a useful depression prevention model...Perhaps this could benefit people in terms of minimizing several social problems...This could lead to the reduction in depression and further decrease suicide risks. (Parents and teachers)

The results of collaborative evaluation on participatory depression prevention model for Thai adolescents reflected that the model was feasible to be used for depression prevention.

Suggestions for improvement in PDP model implementation. The participants collaborated to evaluate all activities of the PDP model implementation whether they were suitably designed and feasible to enhance their ability to prevent depression. The participants expressed that they enjoyed all activities and felt proud. Concerning activity procedures, they would like to encourage their parents to participate in some sessions such as accepting and understanding teen problems, which can enhance understanding. However, some sessions should be conducted separately. The researcher improved the handbook for PDP training following the suggestions from the research team and the participants, as shown in Figure 4-9.

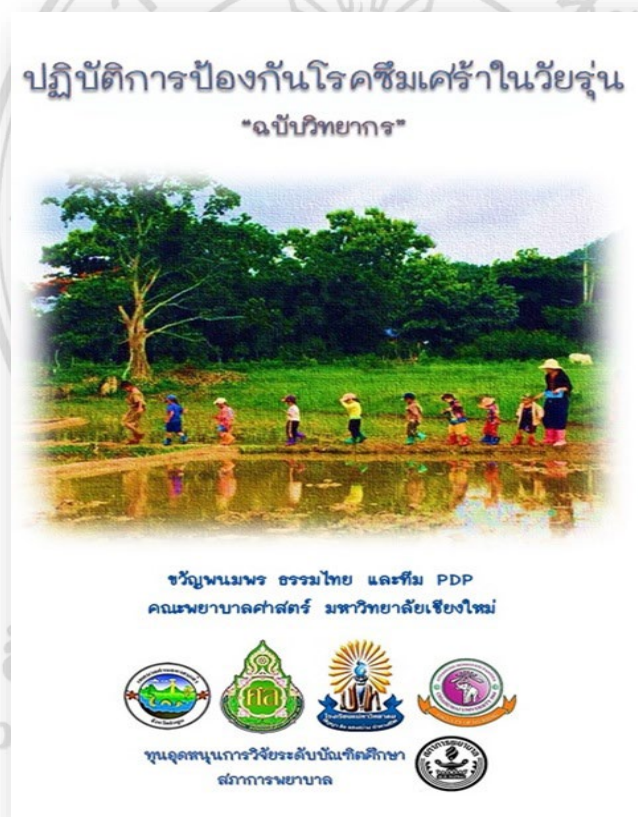


Figure 4-9. The handbook for PDP training (revised)

Discussions

The purpose of this study was to identify the critical components of depression prevention in order to develop a participatory depression prevention model for Thai adolescents and examine the feasibility of the model implementation.

The critical components of depression prevention model for Thai adolescents

The findings of this study illustrated three critical components of depression prevention comprised: early detection of adolescent depression risks, self-worth enhancements, and effective communication regarding depression prevention in adolescents. Whereas, the existing depression interventions still does not emphasize early prevention for young adolescents (Prukkanone et al, 2012), particularly early detection of depression risks, self-worth enhancement, and effective communication.

Early detection of depression risks in adolescents is the first critical components of depression prevention. Based on the findings the researcher and the research participant team collaborated and developed the depression risk assessment card for adolescents, parents and teachers can early detect depression risk by themselves. A depression risk assessment card, with a suitable design and practicality for use through online social media, was developed to specifically promote depression risk assessment for Thai adolescents. It is possibility of depression prevention when adolescents, parents, and teachers know early signs of depression and understand the causes of adolescents depression. Particularly, upbringing in Thai social context, adolescents are very close to parents and teachers (Charoenthaweesub, 2011).

Thus, parents and teachers can early detect signs to prevent depression in a timely manner. As the evidence, an investigation the risks to depression, such as adolescents lacking parental support, family conflict, and unachieved education (Hughes, 2016; Sood & Hudziak) and find appropriate problem solving, may lead to a possibility of depression prevention. Therefore, a depression risk assessment card serves as an individual's tool used for guidance observation to early detect depression risk factors for depression prevention in adolescents.

Self-worth enhancement for depression prevention. This component is the ability of adolescents, parents, and teachers to enhance the adolescent's self-esteem, problem solving skill, and relaxation in order to enrich the adolescent's self-worth for depression prevention. These are protective factors against the development of depression prevention during adolescence. As a meta-analytical review conducted on the effects of depression prevention programs for youth found that larger effects emerged for programs targeting high-risk individuals. Most depression prevention interventions aim to develop meaningful self-perception and personality such as optimism, self-esteem and self-efficacy (Nauta et al., 2012).

Furthermore, the content of all interventions emphasized on developing the adolescent's skills, such as problem solving and coping skills (Stice et al., 2007). According to studies in Thailand and abroad point out that the effectiveness of program on adolescents' self-esteem; enhancing self-esteem important to develop a healthy, positive sense of self. It could be used for promoting self-esteem and reducing depression in adolescents. As reported by adolescent participants that have low self-esteem which ultimately leads to depression. Based on this view, they suggested that admiration and courage will lead to enhancement of their self-esteem. Enhancement of self-esteem involves adolescents be able to self-admire, seeing to one's own strengths or worthy and courage to do a good thing. Additionally, the participants of this study mentioned how to admiration, problem solving, and preferred relaxation activities, which will lead to enhance the adolescent's self-worth as the immunity to prevent depression.

Particularly, problem solving based on principles of Buddhism and the Sufficiency Economy Philosophy (SEP) that was discussed among the participants. Because, all of participants is Buddhist and the 10th national economic and social development plan implemented which the SEP contributed to all sectors of community in Thailand affected participant's perspectives (Office of the National Economic and Social Development Board Office of the Prime Minister, 2017). The SEP principles are bestowed by His Majesty King Bhumibol Adulyadej, the King Rama IX of Thailand, which has as its underpinning the Buddhist principle of middle path as an intervening principle (Wibulswasdi, Piboolsravut, & Pootrakool, 2012). The parents

and teachers used SEP principles comprising sufficiency, reasonableness, and self-immune to solved their problems and mentioned that can be able to apply for depression prevention in adolescents.

Underpinning Buddhism view the main cause of depression is an underlying self-centered fascination that can be a sense of unwanted worthlessness that can put an individual at risks for depression (Thich Nhat Hanh, 2012; Bhikkhu Payutto, 2007). When people are separated from the love one; frustration of desires; as a result in the unavoidable suffering or mental dysfunction like depression (Thich Nhat Hanh, 2012; Ajahn Jayasaro, 2013). Depression termination are possible through proper knowledge and practice of the Noble Eightfold Path includes right view, right intention, right speech, right action, right livelihood, right effort, right mindfulness, and right concentration (Bhikkhu Payutto, 2007). Additionally, the middle path principle, people establish integrity, learn to see with wisdom, and see the right view to accept the fact that suffering (Ajahn Jayasaro, 2013). This practice can helps people find wakefulness, let go individual's reactions, freedom in the midst of joys and sorrows, neither grasping nor resisting life, freedom from depression; leads to reach peace of mind (Thich Nhat Hanh, 2012).

Therefore, the problem solving based on Buddhism and the SEP principles are the valuable to develop mindfulness, self-awareness, and capability to cope with problem. These are provided the resources for enhancement of self-worth as self-immune to prevent depression in adolescents. Current study try apply the cognitive behavior therapy with combining mindfulness and meditation to prevent depression in high risk adolescents (Manicavasgar, Parker, & Perich, 2011). However, this intervention was developed based on expert's perspectives in a context of western. Furthermore, problem solving skills training for adolescents is needed. Several studies indicated that depression can be accompanied by ineffective problem solving skills, and coping, especially lacking in skills to seek social support (Ruangkanchanasetr et al., 2005; WHO, 2013a). Therefore, enhancement of self-esteem and problem solving can provide the resource to balancing of emotion in order to depression prevention.

In addition, the findings of this study illustrated that both face-to-face communication and social networking communication are crucial elements, which can provide the resources of effective communication regarding depression prevention for adolescents. Effective communication regarding depression prevention include face to face positive communication and communication through media. This component can provide the resource to enhance ability to promote the early detection of depression risk, self-worth enhancements, and effective communication in order to depression prevention for adolescents. Although, hierarchy plays a major role in Thai family communication, with parents determined to keep their power (Charoenthaweesub, 2011). This finding suggested that collaboration among adolescents, parents and teachers based on effective face-to-face communication could reduce the depression risks in adolescents. Adolescent participants agreed that variety activities, such as expressed emotion activities, recreation, enjoy exercise, games or favorite sports, eat out with friends or family could prevent depression in adolescents.

Furthermore, access to depression prevention media such as e-book for depression prevention through Facebook Friend Pages provide knowledge and guides for depression prevention implementation, which can provide the resource regarding early detection of depression risk, enhancement of self-esteem and problem solving in order to depression prevention. According to the current studies suggested that depression preventive intervention should increasingly involve multidisciplinary social agents including parental supporting, implementation across community settings (Nauta et al., 2012; Stice et al., 2007).

Several studies, a mass media campaign to raise awareness by increasing the information related risk. The distribution of essential message through the community-based media such as television, radio, newspapers to promotes responsible alcohol use, includes prevention intervention through education programs and a variety of activities (Bray et al., 2013; Kirby Institute, 2013). Sharing experiences can promote a reduction in stigmatization (Bray, Brown, & Lane, 2013; Kirby Institute. 2013). The social network approach which are learned from mass media that has the ability to increase participant's motivation to prevent depression. It is effective in reducing depressive episodes, low self-esteem and hopelessness (Crutzen et al., 2008; De Los Reyes &

Kazdin, 2006; Hoek et al., 2011; Ritterband Thorndike, Cox, Kovatchev, & Gonder-Frederick, 2009; Van Voorhees et al., 2008). As findings of this study, the media, which could easily be accessed and practical usage to share and transferred the knowledge regarding detection depression risks, and DP interventions for adolescents is need to develop. It may be useful for adolescents, parents, and teachers to prevent depression for adolescents.

The feasibility of the participatory depression prevention model

In this study, the researcher and research team collaborated and developed the participatory depression prevention (PDP) model based on three critical components: early detection of adolescents depression risks, self-worth enhancements, and effective communication regarding depression prevention, which has emerged through investigation from focus group discussions and in-depth interviews among adolescents, parents, and teachers. We collaborated and developed the depression risk assessment card, electronic books, and Facebook Friend Pages based on critical components provide resources for the PDP model feasibility evaluation. The adolescent who attended the PDP model implementation had higher mean scores of self-esteem, resilience, problem solving. There was a decreasing trend in depression mean scores. According to studies in Thailand and abroad point out that the effectiveness of program on adolescents' self-esteem; enhancing self-esteem important to develop a healthy, positive sense of self. It could be used for promoting self-esteem and reducing depression in adolescents (Eisendrath et al., 2011; NIMH, 2007; Ponton, 2015).

In addition, the evidence suggests that effective depression prevention in adolescents should be an early intervention beginning with practice and with continuity by adolescents and their significant person cooperation such as peers, parents, and teachers (National Academy of Sciences et al., 2009; Nauta et al., 2012; Stice et al., 2007). While, depression prevention in Thailand focused on individual and group intervention. In this study, the PDP model demonstrate that effective communication based on collaborative effective mutual communication such as understanding, accepting, and listening together among adolescents, parents, and teachers. In order to self-worth enhancement engaging with easy and enjoyable activities.

Moreover, access to depression prevention media, such as e-books for depression prevention through Facebook Friend Pages provide knowledge and guides for depression prevention implementation. Adolescent participants, their parents, and teachers can learned and practiced regarding depression risk factors, self-worth enhancement, and effective communication.

The PDP implementation may increase their self-worth and effective communication that could prevent depression in adolescents by themselves. While, the current depression prevention programs in Thailand develop based on theory from western country, which require experts for intervention implementation (Min et al., 2013; Vuthiarpa et al., 2013). In this study, the PDP model was developed through a PAR process with the critical components of the PAR, such as flexible methods, transformative purposes, iterative and collaborative processes of communication (Kim, 2016). These strategies can reduce unequal power relationships between adolescent and adult participants. The participants had collaborated with all processes (Thabane et al., 2010). Therefore, the participatory depression prevention model is providing the resource for reducing the risk to depression in Thai adolescents.