

---

**Adolescent Depression Awareness and Guidance Advocacy  
Project  
(ADAGAP)**

**An Advocacy Project**

**Presented to:**

**Ms. Liliveth Gustilo**

**Christian Living and Values Education Department**

**St. Joseph School – La Salle**

**In Partial Fulfillment of the Requirements in**

**CLE 9**

**By Group 6:**

**Garcia, Aerielle Jazmine**

**Grandia, Maria Yna Athena**

**Lo, Rachelle Ray**

**Mangilog, Matthew Deshawn**

**Palmes, Ariana P.**

**Class 9A**

**February 2022**

---

### **Mangilog, Matthew Deshawn A.**

Stated the Background of the study, Root Causes and the Stand of the Church

Despite the fact that I have not personally suffered severe depression, this advocacy initiative assists me in recognizing and broadening my understanding of depression in teenagers and adolescents. I was able to observe its impact on how people think, feel, and act. I can also somehow relate to the mindset of people with depression.

### **Palmes, Ariana P.**

Compiled the ideas and decided on the title.

Contributed the rationale of the project, stated the root causes and some on pages 2 and 3. Edited the outline of the paper and proofread the proposal.

This advocacy project proposal taught me about the Depression, especially in our age, in more ways than I could ever imagine. I was able to understand and grasp the idea of this disorder, and it dawned on me that there are individuals aged like me who are suffering from this condition, mostly in silence. It made me decide to be more appreciative and sensitive when interacting with people, for I don't know what they're experiencing or suffering in life.

## **Grandia, Maria Yna Athena T.**

Stated the objectives and specified its beneficiaries. Also did the significance of the study.

I always believe that we should be kind to others, for everyone is fighting a battle. I am blessed that I already know depression; nonetheless, this advocacy proposal allows me to broaden my understanding of depression among teenagers and adolescents. I was able to recognize its impact on how a person thinks, feels, and behaves, and it has the potential to produce emotional, functional, and physical issues. Furthermore, the proposal made me aware of several prevalent problems, such as peer pressure, impressions of worthlessness, and inconsistent grades, which can evolve into an alarming health issue.

## **Lo, Rachelle Ray C.**

Provided and researched the solutions for the chosen issues.

Making this advocacy project proposal further enlightened me on the topic of depression. I haven't experienced suffering from one, but making this proposal made me realize how hard it is to struggle and live with this mental illness. I've learned that it isn't a visible battle we can see, it is one that you can suffer only within yourself. This somehow improved my perspective on how I view people with mental health illness, that they should be listened to always, and not invalidate their feelings. This project proposal also taught me how society responded to this issue, how they handle this one, and it isn't good. We put an effort in making this, in the hopes that this could bring awareness to what mental illnesses really are, depression in particular.

**Garcia, Aerielle Jazmine M.**

Contributed to the whole prayer and acknowledgment parts.

Our advocacy about depression made my knowledge about this topic broader. I myself also experienced the pit of depression and it is something silent yet very scary. People who are on the verge of depression right now should be guided and are most likely the ones who needed help. Through our research it made me realize how sensitive and risky this situation is. It made me open my eyes that there are more individuals like me who experience/experienced depression. The cause of depression can almost be from anyone or anything so I think we should never judge an individual's situation especially we don't know how hard it is to be in their shoes. We should always pray, be kind to everyone and stand as a helping hand.

---

## **INTRODUCTION**

### **Background of the Study**

Depression is a leading cause of morbidity and incapacity in all age ranges, as well as a bigger risk for self-harm and suicide, drug and alcohol abuse, and major social and academic cognitive problems. Even though adolescents have often been assumed to be a healthy population, they appear to be especially susceptible to have depressive disorders. Incidence rates are low at a young age but increase substantially in adolescence, with gender differences emerging.

Depression in adolescents has increased dramatically in recent generational groups. Although it is ambiguous if this is due to the rise in the occurrence of the disorder or if it can be at least partially traced back to methodological challenges, the World Health Organization has estimated an increase in the global toll of depression. The World Health Assembly resolution in May 2012 termed for a coherent approach to mental pathologies at the national level. A further common finding in adolescent depression is the negligible use of health care services. Amidst the disorder's increased proportion and disability, healthcare implementation appears to be even lower in non-comorbid depression.

## The Root Causes

A multitude of causes, as with most other mental diseases, different factors may be at work. As perceived and reported by the adolescents, the family's financial troubles were used to conceptualize the socio-demographic risk factor. Lower social-class rank is related to higher levels of extreme stress due to financial constraints, family issues, and unfavorable living environment on the one hand, and lower sense of personal resource base including such coping skills, self-esteem, expertise in specific things, and self-efficacy on the other, according to the stress theory.

Researchers are looking for genetics that may be linked to the development of depression. Bodily, psychological, or interpersonal abuse may also be used to make an individual more susceptible to depression. Aged persons are also more prone to depression. Other circumstances, just like living alone and social isolation can exacerbate this. Although natural, melancholy or grief following the death or death of a loved one might cause anxiety and depression. Depression can occur alongside a serious illness or precipitate another health condition. Furthermore, approximately 30% of those who use drugs or alcohol also suffer from significant or clinical depression. Even though drugs or alcohol make you feel better briefly, they will inevitably aggravate your depression.

## The Stand of the Church

The church has frequently thought that churchgoers are exempt from the difficulties of anything outside its gates. This is especially true in the case of depression. Finally, the shell is flaking off, as it should. Christians experience depression. The truth of such an individual predicament forces us to speak openly about its existence in the church community.

Churches are in a special role in unlocking the passages of the Scriptures and speaking up about other individuals. Elijah, David, Jonah, and the beaten apostles shortly following Christ's crucifixion allude to the relationship between depression throughout people's daily lives. This has been remarked that the Bible tackles two major issues: the human situation and God's nature. Instead of dismissing sadness, speaking honestly about its reality allows audiences to feel the empathy of people "in that great cloud of witnesses." Since depression is still a "de-pressing" of a person's decision to thrive, the church has to be a responsible voice in dealing with the problem. Pastors and church people should also accept their limits and be open to directing persons suffering from depression to talented and equipped to assist them. Just as a person who suffers from a heart attack requires more than a family doctor, persons struggling with depression can benefit from the experience of skilled specialists, along with potential treatments through therapy. Although it is critical to tackling the disease directly, it is also necessary to keep in mind that depression "lies on the chest" of somebody who is depressed. They require breathing space. It can be accomplished simply by being in the company of another compassionate person.

## The Root Causes

A multitude of causes, as with most other mental diseases, different factors may be at work. As perceived and reported by the adolescents, the family's financial troubles were used to conceptualize the socio-demographic risk factor. Lower social-class rank is related to higher levels of extreme stress due to financial constraints, family issues, and unfavorable living environment on the one hand, and lower sense of personal resource base including such coping skills, self-esteem, expertise in specific things, and self-efficacy on the other, according to the stress theory.

Researchers are looking for genetics that may be linked to the development of depression. Bodily, psychological, or interpersonal abuse may also be used to make an individual more susceptible to depression. Aged persons are also more prone to depression. Other circumstances, just like living alone and social isolation can exacerbate this. Although natural, melancholy or grief following the death or death of a loved one might cause anxiety and depression. Depression can occur alongside a serious illness or precipitate another health condition. Furthermore, approximately 30% of those who use drugs or alcohol also suffer from significant or clinical depression. Even though drugs or alcohol make you feel better briefly, they will inevitably aggravate your depression.

## The Stand of the Church

The church has frequently thought that churchgoers are exempt from the difficulties of anything outside its gates. This is especially true in the case of depression. Finally, the shell is flaking off, as it should. Christians experience depression. The truth of such an individual predicament forces us to speak openly about its existence in the church community.

Churches are in a special role in unlocking the passages of the Scriptures and speaking up about other individuals. Elijah, David, Jonah, and the beaten apostles shortly following Christ's crucifixion allude to the relationship between depression throughout people's daily lives. This has been remarked that the Bible tackles two major issues: the human situation and God's nature. Instead of dismissing sadness, speaking honestly about its reality allows audiences to feel the empathy of people "in that great cloud of witnesses." Since depression is still a "de-pressing" of a person's decision to thrive, the church has to be a responsible voice in dealing with the problem. Pastors and church people should also accept their limits and be open to directing persons suffering from depression to talented and equipped to assist them. Just as a person who suffers from a heart attack requires more than a family doctor, persons struggling with depression can benefit from the experience of skilled specialists, along with potential treatments through therapy. Although it is critical to tackling the disease directly, it is also necessary to keep in mind that depression "lies on the chest" of somebody who is depressed. They require breathing space. It can be accomplished simply by being in the company of another compassionate person. A method proposed was the creation of significant companionship built around Jesus' approach. Social or religious boundaries do not impede this kind of friendship. This form of connection is essential for offering depressed people hope, the ability to heal, and a feeling of identification, direction, and significance.

## **THE RATIONALE OF THE PROJECT**

### **Significances of the Study**

Despite effective medications, most depressed adolescents have insufficient access to the appropriate mental healthcare provision despite effective medications. The majority of those receiving care are only treated in primary care, making these ideal setups venues for initiatives to enhance healthcare access and success for depressed youth. Unfortunately, there are considerable gaps inside the research foundation to corroborate such operations. Usually, we learn what we know about the impacts of depression and how to manage it from studying adults but not from our range of age. The repercussions of this disorder on youth structure and behavior and family hardships are poorly understood; there is even a lack of comprehension of adolescents' and family members' knowledge and perceptions regarding depression, how these and many other aspects and considerations affect preparedness and willingness for treatment, as well as the hurdles for us to value which teenagers and one's parents encounter.

Our Parish/Church, Youth Council team implemented the Adolescent Depression Awareness and Guidance Advocacy Project (ADAGAP) to fill these knowledge gaps. The study's purpose is to provide an analytical foundation for building efforts to enhance depression treatments for adolescents receiving care in healthcare settings.

### **This research addresses these major issues:**

1. How depression impairs adolescents' intellectual, psychological, and physical functioning.
2. Lack of mental Health Services and the unaffordable cost of mental health care through out-of-pocket payments.
3. The need for services to facilitate active community participation.
4. The stigma associated with mental disorders, resulting in exclusion.
5. The insufficient implementation of mental health policy, plans, programs, and legislation.

# SOLUTIONS TO THE CHOSEN ISSUES

## Solutions

### 1. How depression impairs the intellectual, psychological, and physical functioning of adolescents.

Depression impairs the intellectual, psychological, and physical functioning of adolescents, in a way that it hinders their growth as a person. It affects how they think especially about themselves, about how they act, and how they feel about people.

A solution we can provide to address this problem is through medication and Psychotherapy. Particularly the intaking of antidepressants. When one teen or adolescent is diagnosed with depression, they are prescribed and are advised to take antidepressants, depending on the category or kind of depression they are suffering from. According to research, these drugs work by balancing chemicals in your brain called neurotransmitters that affect mood and emotions. Anyone taking an antidepressant should be watched closely for worsening depression or unusual behavior, especially when first beginning a new medication or with a change in dosage.

On the other hand, Psychotherapy also called psychological counseling or talk therapy, is a general term for treating depression by talking about it and related issues with a mental health professional. Different types of psychotherapy can be effective for depression, such as cognitive-behavioral therapy or interpersonal therapy. Through this, the adolescents diagnosed with depression can; learn about the causes of depression, find better ways to cope and solve problems, regain a sense of happiness and control, Set realistic goals, help ease depression symptoms such as hopelessness and anger, adjust to a crisis or other current difficulty, explore relationships and experiences, and learn how to identify and make changes in unhealthy behaviors or thoughts.

Overall, for most teens and adolescents, the benefits of taking an antidepressant likely outweigh any risks. Antidepressants are more likely to reduce suicide risk in the long run by improving mood. And Psychotherapy helps in boosting one's drive to live by making them feel they're not alone with the battles of life they face.



## **2. Lack of mental Health Services and the unaffordable cost of mental health care through out-of-pocket payments.**

Mental Health problems arose over the years, however, despite the obvious threat this poses to our well-being and future, the lack of mental Health Services and the unaffordable cost of mental health care through out-of-pocket payments, still remain. Depression may be treated much more effectively through medications and other mental health services, but then not all people suffering from one are privileged to avail the said treatment. It is said that mental health care is expensive because it is through out-of-pocket payments, it is not covered by the services the government provides for the country. Accordingly, the majority of mental healthcare is provided in hospital settings and there are underdeveloped community mental health services.

As of now, many volunteers and advocates of mental health are helping people who cannot have access to these services. There are also a lot of government services, however, it isn't enough. One solution the government along with the WHO had taken is the passing of the Philippine Mental Health Act. Depression alone accounts for 5.73% of the regional burden of disease. Mental health problems hit the population across age groups, even children and adolescents. The World Health Organization (WHO) calls for legislative action as a means to advance the issue of mental health. This much-needed intervention is seen as an important element for a successful mental health policy to prevent and alleviate the suffering of people with mental health issues, including inhumane treatment in or outside of facilities. The bill, the first in the country's history, provides rights-based mental health legislation. It mandates the provision of psychiatric, psychosocial, and neurological services in all hospitals and basic mental health services in community settings. Compulsory treatment is limited to hospital settings, and the Act does not provide compulsory community treatment.

Through the Mental health legislation: the Philippine Mental Health Act (Republic Act no. 11036), made a little progress in our country's facilities and mental health services, it managed to recognize the effort and roles of our mental health professionals, as well as the existence of mental health problems.

### **3. The need for services to facilitate active community participation.**

Due to the fact that we are lacking accessibility and affordability in our mental health service here in our country, this affects the participation of the citizens in our community. There is no solid or one ground we all can stand to or go to when we need help, so a lot of people with mental health illnesses choose to ignore the severity of the illness, and people in the community tend to neglect the existence of the prevalent mental health illnesses. Mental healthcare in the Philippines faces continued challenges including underinvestment, lack of mental health professionals, and underdeveloped community mental health services. Although the recent Mental Health Act legislation has – for the first time – provided a legal framework for the delivery of comprehensive mental healthcare, economic restrictions preventing people from accessing mental healthcare should be considered to enable the population to equitably access appropriate care when required.

One solution made to address this issue was to further raise this concern and awareness with our government sector. As mentioned above, although the Mental Health Act legislation was implemented and along with it are various programs, there are still economic restrictions preventing the citizens to access the services they need. In raising this issue to further be noticed by the government, they can lift these restrictions and mobilize work to provide this mental healthcare service to the citizens of our country. With that, the whole community can participate and be included in the program of the government, they will have enough knowledge regarding the issue. Thus, can somehow solve the need for services to facilitate active community participation.

#### **4. The stigma associated with mental disorders, resulting in exclusion.**

A lot of misconceptions are around mental health illnesses, the stigma goes on and is resulting in neglect and exclusion of this problem in the things we need to pay attention to. Including in these mental health illnesses associated with the stigma is this depression. A lot would say that "It's all in the mind", "You just lack faith, that's why you're depressed", "You just want attention", and many more. Thrown are remarks like, "Drama Queen", "Crazy people", "Attention Seekers", "sadboi and sadgirls", and many others. Depression is even taken lightly, to the point that it was often used in-jokes, and as a word to describe an emotion, like when you're sad. Depression is an illness, and sad to say it is not taken seriously by people.

The most effective solution that we could think of is by educating. The lack of information and knowledge about mental health makes it hard for a lot of people to understand and know what it is all about. The ones diagnosed with one are directly affected, and as a result, they lose become self-conscious and shameful, which leads to exclusion and distancing themselves. That is why, through educating we can reach other people's ears to listen to what is these mental health conditions and how they affect one's being. We can do this by organizing talks and seminars, and imposing these teachings in schools, to raise awareness and reach out to the community, in changing the views of society towards this issue. In this way, we only not can provide information but also we can share ways on how to handle and cope with depression, and where they can go if they need help. And also through this, hopefully, the stigmatization of mental illnesses can be lessened, with less discrimination and prejudice.

Education can reduce stigma and improve the environment surrounding mental illness. Education is the most powerful tool you can use to counter any shame you may feel about your mental illness and to make sure others know what mental illness is (and isn't).

## 5. The insufficient implementation of mental health policy, plans, programs, and legislation.

Despite the concern of a lot of professionals and citizens in the Philippines to provide accessible and free mental health services, it still is not enough to provide for a lot of people who are suffering from one. There is an insufficient implementation of mental health policy, plans, programs, and legislation. As we know, most of the budget for the health department of our country falls down on in-hospital care and only a little portion is allotted to mental health.

The government along with the WHO implemented the Philippine Mental Health Act (Republic Act no. 11036) as a solution, as mentioned above. This first mental health act legislation in the history of the Philippines has been officially signed into law and was enacted as the Republic Act no. 11036 on 21 June 2018. It provides a rights-based mental health bill and a comprehensive framework for the implementation of optimal mental healthcare in the Philippines. Prior to this bill, the Philippines were one of a minority of countries with no mental health legislation. Clinicians lacked guidance on legal and ethical aspects of their practice, and patients' rights were not clearly defined – for example, the usual practice was for patients who lacked the capacity to be 'signed in' by a next of kin. The passing of this bill is a major milestone in the history of psychiatry in the Philippines.

It further recognizes the role and effort of mental health professionals. They have protection on their right to participate in mental health planning and development of services and ensure that they have a safe working environment, access to continuing education, and autonomy in their own practice. Additionally, and with some foresight, the Act seeks to integrate mental health into the educational system by promoting mental health programs in schools and other organizations.

This legislation implemented became a solution to somehow address the mental health problem of our country. Because of this, mental health care in our country has somehow been recognized and is being noticed.

# OBJECTIVES AND THE SIGNIFICANCE TO ITS BENEFICIARIES

## Objectives

- Inform the public and spread awareness about depression.
- The community will develop their vocabulary to describe depression and identify cues, triggers, and symptoms.
- Address the issues that are at the root of depression.
- People will identify the issues contributing to the depression and harmful coping behaviors (e.g., self-harm, alcohol, and other drug abuse).
- Improve the coping techniques to deal with the severity of the depressive symptoms.
- As people grow in their recovery, expressing their emotions more openly is normal. However, they must learn how to deal with depression properly, such as consulting a psychiatrist to learn appropriate responses and relaxation techniques to reduce depression.
- Help reconnect to God to those who are in a state of depression.
- This proposal also aims to apply the objectives to the mentally unstable to help them and bring their path of life to Christ.

## Significances of the Study

Students. Having depression builds up the amount of stress of a student. As depression deeply affects the students' lives, it will affect them physically, mentally, and emotionally. It has been hard for them to focus on their academics and daily lives. Thus, this proposal will help and guide the students who tend to be dealing with this issue, which will be essential for dealing with depression.

Community. People will have a comfortable way to prevent and avoid depression. It can also help them avoid the issue that can have harmful and adverse effects on a person and community.

Future Advocates. The advocacy proposal will help and motivate future advocates. This proposal will enable them to develop new advocacies, campaigns, and awareness and will serve as their guide in generating a similar proposition.

## PRAYER AND ACKNOWLEDGEMENTS

### Prayer

Let us all remember that We are in the most Holy presence of God. In the name of the Father, the Son, the Holy Spirit. Amen.

Dear God, we humbly bow down before you today to ask for your comfort. Please keep us safe in your most holy presence and gracious embrace for some of us are dealing with discomfort, pain, and anxiety. Be with us as we continue our journey in facing these challenges. Give us the strength and will to fight off the heavy feeling we are carrying on our backs. Fill us with your light, words, and love for we know that we can get through this with your divine guidance. Please be with our brothers and sisters who are in deep sorrow and pain, hold their hands, and shield them Oh Lord. We believe in your power and protection, so we thank you for always sticking by our sides, especially through the times that we have no one to hold unto, but you alone. This is all we ask and pray in your most mighty name.

Live Jesus in our hearts, Forever. Amen.

### Acknowledgments

First of all, we would like to thank and express our heartfelt gratitude to our Almighty God. His gift of insight and understanding gave each of us the drive to advocate for constructive change. We would also like to thank him for the guidance and peace of mind that helped us to complete our project

Second, we'd like to express our appreciation to ourselves, our peers, and our advocates. Because of our tenacity and teamwork, we were able to achieve a better result. With good cooperation and combined knowledge, we created a good informative project/research.

Lastly, we'd want to convey our gratitude to Miss Liliveth Gustillo, our CLE teacher. She is the reason why we stayed motivated with our advocacy. With her help and guidance, we were able to accomplish it on time and on track.

## Sources:

[https://www.mayoclinic.org/diseases-conditions/depression/symptoms-causes/syc-20356007?fbclid=IwAR1HCli6W8rTIYpgyiPtl0bOJ2Br32UyO-5z5psUe9BmHEJaol3Uuq3\\_grA](https://www.mayoclinic.org/diseases-conditions/depression/symptoms-causes/syc-20356007?fbclid=IwAR1HCli6W8rTIYpgyiPtl0bOJ2Br32UyO-5z5psUe9BmHEJaol3Uuq3_grA)

[https://bmcpsy psychiatry.biomedcentral.com/articles/10.1186/s12888-015-0584-9?fbclid=IwAR1HCli6W8rTIYpgyiPtl0bOJ2Br32UyO-5z5psUe9BmHEJaol3Uuq3\\_grA](https://bmcpsy psychiatry.biomedcentral.com/articles/10.1186/s12888-015-0584-9?fbclid=IwAR1HCli6W8rTIYpgyiPtl0bOJ2Br32UyO-5z5psUe9BmHEJaol3Uuq3_grA)

[https://www.who.int/mental\\_health/policy/services/1\\_advocacy\\_WEB\\_07.pdf](https://www.who.int/mental_health/policy/services/1_advocacy_WEB_07.pdf)

[https://www.rand.org/pubs/research\\_briefs/RB9495.html](https://www.rand.org/pubs/research_briefs/RB9495.html)

<https://www.webmd.com/depression/guide/causes-depression>

<https://digitalshowcase.oru.edu/cgi/viewcontent.cgi?article=1225&context=spiritus>

[https://www.lifeway.com/en/articles/how-can-the-church-respond-to-depression?fbclid=IwAR2rE\\_bb\\_W1E9l-mOoRtdvmbBySx7d16sKZgQ81O8Ow3behK\\_qYYYEZ8laU](https://www.lifeway.com/en/articles/how-can-the-church-respond-to-depression?fbclid=IwAR2rE_bb_W1E9l-mOoRtdvmbBySx7d16sKZgQ81O8Ow3behK_qYYYEZ8laU)

<https://www.google.com/amp/s/www.castcenters.com/blog/5-most-common-solutions-for-depression%3fformat=amp>

<http://www.insightandoutlook.com/tp-depression.php>

<https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health>

<https://www.mayoclinic.org/diseases-conditions/teen-depression/diagnosis-treatment/drc-20350991>

[https://cpbrd.congress.gov.ph/cpbrd.congress.gov.ph/index.php?option=com\\_content&view=article&layout=edit&id=790](https://cpbrd.congress.gov.ph/cpbrd.congress.gov.ph/index.php?option=com_content&view=article&layout=edit&id=790)

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6646847/>

<https://www.depressioncenter.org/toolkit/i-want-be-mental-health-advocate/fight-stigma-and-support-mental-health>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6646847/>



# PICTURES FOR THE SOLUTIONS OF THE CHOSEN ISSUE

1.



2.



3.



4.



5.

