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Mental Health in High School: Teach Students Link between Thinking Patterns, Emotions & Behavior

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Reviewed by John M. Grohol, Psy.D. on September 11, 2013

Adding a mental health component to school-based health education programs could enhance health behaviors, reduce [depression](#) and improve grades.

Researchers from The Ohio State University College of Nursing found that a program called COPE: (Creating Opportunities for Personal Empowerment) Healthy Lifestyles TEEN (Thinking, Emotions, Exercise, Nutrition) had a beneficial outcome for several health and behavioral factors.

The high school health classes used an intervention that emphasized building [cognitive behavioral](#) skills in addition to nutrition and physical activity.

Participants had a lower average body mass index, better social behaviors, higher health class grades and drank less alcohol than did teenagers in a class with standard health lessons.

Symptoms in teens who were severely depressed also dropped to normal levels at the end of the semester compared to the control group, whose symptoms remained elevated.

Researchers say most of the positive outcomes of the program were sustained for six months.

Experts say the intervention is welcomed as thirty-two percent of youths in the United States are overweight or obese, and suicide is the third leading cause of death among young people age 14 to 24.

Despite the fact that teens have significant mental health issues, most school-based interventions don't take on both public health problems simultaneously or measure the effects of programs on multiple outcomes, said Bernadette Melnyk, lead author of the study.

"This is what has been missing from prior healthy lifestyle programs with teens – getting to the thinking piece. We teach the adolescents that how they think directly relates to how they feel and how they behave," said Melnyk.

"This program dropped scores of severely depressed teens almost in half. Less than 25 percent of adolescents who have mental health problems get any help, and here we have an intervention that addresses that suffering and also can prevent or reduce obesity."

The study is published in the *American Journal of Preventive Medicine*.

For the study, researcher's recruited 779 high-school students age 14 to 16 from the Southwestern United States. Half attended a control class that covered standard health topics such as road safety, dental care and immunizations. The others were enrolled in the COPE: Healthy Lifestyles TEEN program.

The COPE program is based on the concepts of cognitive behavioral [therapy](#), with an emphasis on skills building.

It's not counseling in the classroom, however: The entire COPE curriculum, a blend of weekly 50-minute behavioral skills sessions, nutrition information and physical activity over the course of 15 weeks, is spelled out for instructors in manuals and PowerPoints.

This study was the first to test COPE's effectiveness when taught by trained teachers in a health classroom setting. In pilot studies, Melnyk and her team have taught the curriculum themselves.

"These are skills that I can teach a variety of professionals how to deliver, and they don't have to be certified therapists," said Melnyk.

At its core, the COPE program emphasizes the link between thinking patterns, emotions and behavior as well as the ABCs of cognitive behavioral skills building.

This training acknowledges that activator events can trigger negative thoughts, the negative beliefs teens may have about themselves based on the triggering event, and the consequences of feeling bad and engaging in negative behavior as a result.

"We teach kids how to monitor for activator events and show them that instead of embracing a negative belief, they can turn that around to a positive belief about themselves," Melnyk said.

"Schools are great at teaching math and social studies, but we aren't giving teens the life skills they need to successfully deal with stress, how to problem-solve, how to set goals, and those are key elements in this healthy lifestyle intervention."

COPE also includes nutrition lessons on such topics as portion sizes and social eating and 20 minutes of movement — dance, dodge ball, taking a walk, anything to keep the students out of their seats.

Among the participating teens, 68.3 percent self-identified as Hispanic and 51.5 percent were female. More than half began at a healthy weight, with 19 percent considered overweight and 23.4 percent in the obese category for their age. Almost 10 percent of the adolescents reported having [anxiety](#) and depression symptoms.

Immediately after the programs ended, COPE students' outcomes exceeded the control group's, on average, in several areas: 4,061 more steps per day; a significantly lower average body mass index (BMI); better scores in cooperation, assertion and academic competence — all social skills that are rated by teachers; and lower alcohol use — 12.96 percent of COPE teens compared to 19.94 percent of adolescents in the control class.

The BMI improvements in COPE teens held for six months, and a trend toward lower alcohol use among COPE teens was maintained. In addition, 97.3 percent of COPE teens who started at a healthy weight remained in that category six months later, while only 2.7 percent moved to the overweight category.

In comparison, of teens in the control group who started at a healthy weight, 91.2 percent remained in that category, with 7.3 percent progressing to overweight and 1.5 percent moving to the obese category.

Melnyk noted that it's not possible to tease out exactly which component of the program has the most profound effect on teens, but it is

likely to be the combination of all of them together.

"I believe it has to be the combination," she said.

"You've got to have a nutrition piece to teach them how to eat healthier and resist unhealthy eating to make themselves feel better. And they've got to be more active. But a very key piece is the mental health and cognitive piece."

Source: [Ohio State University](#)

[Happy high school student photo by shutterstock.](#)

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