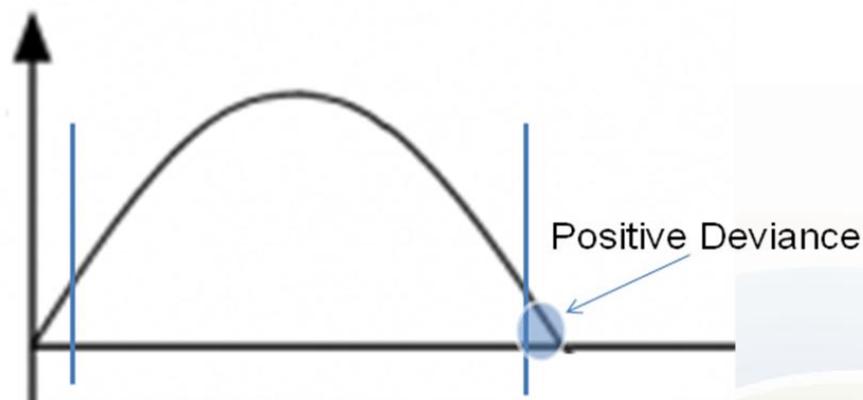


Positive Deviance Approach

Identifying and amplifying existing wisdom: Utilizing the Positive Deviance Approach to enhance psychological resilience amongst adolescents vulnerable to depression and anxiety

In the Netherlands each year 114.000 adolescents (ages 13-17) suffer from anxiety disorders and 37.000 suffer from a depression (Hollander et al, 2006). Increasing psychological resilience can enable young adolescents to better deal with the stresses and anxiety that are (a normal) part of life. Psychological resilience refers to an individual's capacity to withstand stressors and not manifest psychological dysfunction, such as mental illness or persistent negative mood. Although various depression treatment and prevention programs have been developed for adolescents, those with a lower socioeconomic background and from minority immigrant groups are not adequately reached (Hamer, 2010).

This proposal employs the Positive Deviance (PD) approach to social change, an innovative method that enables communities to discover the health wisdom they already have and to act on it. The premise of PD is that in every community there are certain individuals or institutions whose uncommon behaviors or practices enable them to find better solutions to problems than their peers who have access to the same resources. The behaviors and practices of these individuals or institutions are 'positive' because they are doing things right, and 'deviant' because they engage in behaviors and practices that most others do not.



In this research project we employ the PD approach to identify the individual behaviors and institutional school-based practices of VMBO schools in Rotterdam that lead to better mental health among adolescents from minority immigrant groups and low socio-economic status. The way a Positive Deviance project is designed differs from a traditional randomized control research design

with a pre-post control group. A PD project is an action-based research and interventional undertaking which is deeply based in data-gathering, sifting, and decision-making.

In Rotterdam there are 52 VMBO schools, with 17.807 students (Ministry of Health, 2009). We select VMBO schools in Rotterdam, that meet the following inclusion criteria: (1) schools with VMBO-B and VMBO-T level; (2) VMBO locations with more than 150 students; (3) VMBO schools located in a deprived urban neighborhood setting (4) minimal 50% of students come from a minority immigrant group. The Municipal Health Service of Rotterdam Rijnmond annually collects data to measure the mental health of enrolled students of VMBO schools. They use a validated behavioral screening questionnaire with 25 items (Strengths and Difficulties Questionnaire (SDQ) (Goodman, 2005). We make an in-depth analysis of the SDQ data during first stage of this project. These data helps us to determine the identity of Positive Deviance (PD) schools that deliver better aggregate, mental health outcome without access to any special resources while facing the same challenges. The data from 2009/10 and 2010/11 show the SDQ-scores for schools ranged from 8-26, with a mean score of 12,5. We will work with app. 3 VMBO schools that are most Positive Deviant schools (with an SDQ below 10,5).

In this PD project approach, we will train PD facilitators to help the VMBO school community (managers, teachers, parents, counselors, case managers) to identify the uncommon but effective institutional and individual practices, and make them visible and actionable. In this sense, PD is led by internal change agents who present the social proof to their peers that better outcomes are possible. VMBO schools in Rotterdam with a worse score at the SDQ test will be invited to learn more about the effective practices and behaviors of the PD schools and students. By sharing the PD practices openly and invitationally, a door opens for low performing schools to self discover what they may possibly do. The present research is thus couched in a new paradigm that instead of focusing on what is not working (the deficits) focuses on what is working (the assets). In so doing, it capitalizes on the existing knowledge of positive deviants within a community.

As indicated above PD offers an innovative paradigm for mental health interventions. Health professionals are trained to be problem-solvers who ask questions such as 'what is the problem?' The PD intervention, in contrast, asks: 'what is working? And working against all odds?' Earlier PD intervention projects worldwide have led to significant reductions in hospital-acquired infections in certain U.S. hospitals, a decrease in child malnutrition in Vietnam, an increase in primary school retention rates in Argentina, and a reduction of HIV transmission among those at high-risk in Vietnam, Myanmar, and Indonesia (Singhal, Buscell, and Lindberg, 2010).

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