

Arts of Living and Occupational Therapy for Depressed Youths Living Away from Home in Chiang Mai, Thailand

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Abstract

This qualitative research carried out the following objectives: 1) to study depression of youth living away from home in Chiang Mai 2) to create an occupational therapy for depressed youths living away from home in Chiang Mai, and 3) to propose a guideline for the empowerment of depressed youth living away from home in Chiang Mai. The participants were 15 depressed youths who studied for a bachelor's degree in higher education institutions in Chiang Mai. Purposive sampling was applied in this study. The quantitative data was analyzed by descriptive statistics whereas a qualitative data was evaluated by content analysis. The research results found that 1) Living away from family and close friends was one of factors that caused depression in youths because they would have to make a physical and social adjustment 2) Occupational therapy for depressed youths living away from home consisted of five principles (valuing inner experience, learning together with compassion, respecting youths' experiences and needs, providing a sense of safety and support, and learning to change) and six processes (Clarification of processes, opening of learning areas, self-assessment and life goals, life planning, support for the implementation of the life plan, and evaluation of the learning outcomes). 3) There are guidelines for empowering depressed youths who lived away from home: intention to improve themselves, time-allocation to participate in the process, a variety of simple-to-understand learning techniques, a welcoming learning environment, attentive and compassionate event organizers, friends who encourage one another, and learning from experienced individuals.

Keywords: Art of Living, Occupational Therapy, Youths living far away from home, Depression.

I. INTRODUCTION

Amid the tide of change in today's world, young people face external changes both socioeconomically and culturally, as well as their own physical, psychological and emotional changes, according to World Health Organization statistics, and depression is a major cause of illness and disability of the global population, and more than 300 million people worldwide suffer from depression, with an 18 percent increase between 2005 and 2015 (World Health Organisation, 2017). Depression can cause negative effects such as health problems, decreased work efficiency and functioning and

lead to suicide, etc. This is consistent with the statistics of the Department of Mental Health, Ministry of Public Health that Thai people are suffering from depression. Sadly, the number of 1.5 million people in 2017 increased from the statistics in 2014 to four hundred thousand (Phaicharoen, 2017). Also, data from the Ministry of Public Health revealed that Thai people commit suicide due to depression which makes the nation ranked third in the world after Japan and Sweden (Manager Newspaper, 2016). When considering depression among students, it was found that third-year and fifth-year students at the undergraduate level were the ones facing more depression than other student groups.

According to the research done by Chuemongkon, Rungrattanapongporn, & Chantathamma (2017), they found that the 3rd and 5th year undergraduate students from the Faculty of Pharmacy had a much higher depression than any other level of students. Also, the 3rd year students who have a higher feeling of stress than other group of students tend to deal with their problems by staying close to their close friends. A study by Samaksawee & Saeng-on (2015) found that third-year nursing students were more likely to get depressed, followed by the 2nd, 1st and 4th year nursing students. The data reflects that youth groups are at risk for depression, especially youth who are beginning to study in Thailand at the university level, because some young people have to transfer to a university that is far away from their home country; recent research has found that young people need a lot of social support. In adapting to higher education and moving to places far from home (Wilcox, Winn, & Fyvie-Gauld, 2005), as well as a Study by Crocker & Canevello (2008), which found that some first-year youth had to move to places far from home for the first time and may lack the social support they had received before, in addition, research in recent stages on depression mainly focused on tackling depression that occurs to groups such as the elderly, patients, etc., but few studies have been done to develop occupational therapy for young people with depression.

The government has set out a 20-year national strategy as a framework for the development of a stable, prosperous and sustainable country with a third-side strategy in developing and empowering people throughout their lives. Furthermore, a 20-year national research and innovation strategy has been created containing the key part of building on the desirable characteristics of Thai people in the 21st century, which reflects on the development of manpower that is still important and necessary to drive the policies toward achieving specific goals. Developing youth into graduates, practitioners with important lifestyle skills, both work skills, learning and morality, as well as being able to adapt and live amid changes in today's world are essential, as this generation will become a force for future national development. However, if these youth experience academic difficulties, financial hardships, negative relationships with others, or suffer mental illnesses such as depression, this

would inevitably affect their lifestyle, academic performance, working behavior, and future development.

Occupational therapy is a popular approach for solving mental illnesses, but in recent times, occupational therapy has been applied to different groups of people such as the elderly, and victims suffering from floods. However, there are still few activities that create occupational therapy for depressed youths. Therefore, the development of occupational therapy for depressed youths in Chiang Mai during this moment of time will help reduce the feeling of depression amongst the young students studying in Chiang Mai and strengthen their resistance to cope with any changes or problems that could have an immediate impact on them. This research has the following objectives: 1) to study the depressive condition of youths far from home in Chiang Mai, 2) to create occupational therapy for depressive youth living away from home in Chiang Mai, and 3) to empower youth away from home with depression in Chiang Mai, this finding will contribute to the development of the ability of young people to cope with depression so that this group of youths behave benevolently and being able to live happily with others in the further development of Thailand.

2. Literature Review

Depression is a condition that affects a person emotionally, thoughtfully, behaviorally and mentally, such as having mood swings, negative thoughts about yourself and others, irritability, loss of appetite, thoughts or plans to kill yourself, for which the condition is consistent with the DSM-5 diagnostic criteria (Diagnostic and Statistical Manual of Mental Disorder). In psychology, psychoanalytic theory describes depression as a state of despair, helplessness, which arises after a failed or isolated illness from birth to the life of a person, including the manifestation of the effects on feelings, emotions, and conflicts, which is the cause of the unrequited (Boonrattanaprapha, & Buathong, 2007) McLeod (2015) explains that according to the theory of the classical placement of behavioral groups, depression is caused by learning by linking stimuli and negative emotions, while the theory of laying down action-based conditions explains that

depression is caused by a decrease in positive reinforcements such as being close to our favorite person, for example, while Beck offers mechanisms associated with depression, including negative cognitive triad. With regards to negative self schemas and errors in logic, Martin Seligman stated that depression occurs when a person learns that he or she is unsuccessful in avoiding unpleasant situations. He also explained humanistic theory that parents determine their children's values if they love their children. Conditionally paying attention to only desirable behavior, children may be blamed for inappropriate behavior at school, develop a negative self-image and feel sad for failing to meet their parent's standards. (McLeod, 2015)

Academics and psychologists have long been researching to understand and explain depression. Watthanasin (2016) explains that adolescent depression is an important problem that should be prevented early by reducing factors. It is also possible to reduce the risk and increase the protective factors that cognitive behavior modification or interpersonal therapy programs are developed for reducing depression in general adolescents, those at risk, and adolescents with depressive symptoms. It was found that adolescents at risk of suicide were 9.8 times more likely to develop depression than adolescents without risk of suicide; the findings highlight the importance of the problem of depression and suicide amongst adolescents studying in schools that need urgent attention and care (Panyawong, Santhadaku, & Phawasuthipaisit, 2020).

As for the factors associated with depression, the research done by Techapoonpon, Phianchanachai, Seesodai, Ngampayungpong, Surattanawanich, & Thumarat (2018) found that the nature of events that triggered first depression in the top three with teenagers included family problems, academic problems and problems with lovers. Mungmee, Van Es, Pisitsungkagarn, & Jarukasemthawee (2020) explained that college students were at risk of stressful experiences which would lead to depression. Also, their work found that those with low peer support and those who perceive low performance were associated with high levels of stress and depression. Meanwhile, the research by Chidchang, Kingminghae, Thurisut, & Suparatanakul (2017) reported that factors that caused student depression in Loei were

based on their family relationship and social environment. However, after participating in the trial of a developed student depression rehabilitation program the score associated with negative family status and depression decreased.

For the study in Thailand, there are several types of screening measures for people with depression, such as: Depression Screening Form with 2 questions (Bureau of Mental Health Promotion and Development, Department of Mental Health, Ministry of Public Health, 2015); Depression Assessment Form 9 Questions (9Q) (Division of Mental Health, Department of Mental Health, Ministry of Public Health, 2015) For this research, the researcher applied the youth depression screening form (Center for Epidemiological Studies-Depression : CES-D). The Thai version was used in screening young people aged 15 to 18 who had been experiencing depression before participating in the Buddhist therapy activities: participants could answer questions in person, and screening for depression in youth. (CES-D) was created by Laurie Radloff in 1977 (American Psychological Association, 2018) Subsequently, Umaporn Trangkasombat and colleagues translated the aforementioned depression screening form into Thai and used it in the study of depression among youth and found that CES-D was highly accurate (Cronbach's alpha = 0.86) (Department of Psychiatry, Faculty of Medicine, Chulalongkorn University, 2011).

In recent stages, several antidepressant treatment guidelines have also been studied. Joomprabutra & Pavasutthipaisit (2020) conducted a study that found that clinical practices for caring for adolescents with depression can be applied to community-level work, but the content or procedures should be adjusted according to the context of each community. Jeerasup, Sukhawaha, Saganrum, Kenbubpha, & Dit-ung (2020) studied the development and effectiveness test of group cognitive and behavioral therapy programs for teenagers with depression in secondary school, and discovered that the average score for depression of the sample decreased after the end of therapy immediately after attending 1 month and 3 months of training. Moreover, the research done by Wongthongmana & Nansunanon (2018) found that the sample group had lower mean depression scores and increased

mean self-esteem scores. In addition, Songprakhun & Thongseaw (2009) suggested book reading therapy for people with depression, which is the use of books to modify negative auto-thinking that is more rational and consistent with reality. Developing Cognitive–Behavioral Therapy (CBT) is the modification of a person's misconceptions and beliefs by using learning processes and techniques to enable the person to behave appropriately and to adapt to different situations because they believe that their thoughts affect their behavior, emotions, and behavior. The person's body, especially the autonomic thoughts in recent years, has been studied for the effectiveness of cognitive-behavioral therapy. In helping adolescents battered by depression worldwide, for example, research has found that child and adolescent depression symptoms are still lower than before upon receiving acceptance and commitment therapy, which has the basis of cognitive and behavioral therapy (Boals & Murrell, 2016). Also, depression symptoms among US students participating in the program declined after the program ended (Allison & Ferreira, 2017). Based on the literature review in Thailand, there is relatively little research on the issue among youth, such as the study by Ngamsri, Takviriyanan, & Chaopricha (2014) on the effect of a cognitive behavioral therapy program on depressive symptoms of adolescents aged 15-18 years at a child and youth training center in the Northeastern District's Juvenile Training Center: their study found that the average scores of depression of trial groups after the immediate end of the trial and week 4 after

the trial were lower than before the trial and lower than the control group. Also, it was found that those who worked in the field of mental and psychiatric health, such as psychiatrists, psychologists, psychiatric nurses, psychiatric nurses, social-workers who received training, cognitive therapy and behavioral adjustments, were able to format the therapy individually or individually because it was effective in reducing depression symptoms no differently, including research that found that thought and behavioral therapy programs helped reduce depression and impulsive behavior of adolescents (Makewilai, Takviriyanan, & Vuthiarpa, 2018). This is to be clear on the selection of samples in this research, which focused solely on people with depression but not those diagnosed by psychiatrists as having depression based on the diagnostic criteria of DSM-5 and with other psychotic or psychiatric disorders.

It can be concluded that the cognitive behavioral therapy program developed by the researcher has three major processes: identifying negative automatic thought, evaluating the validity of thought, and transforming ideas into new perspectives, combined with didactic technique, cognitive therapy technique, and behavioral therapy technique. This leads to designing an activity that is likely to be helpful and assist in reducing symptoms of depression in adolescents.

3. Conceptual Framework

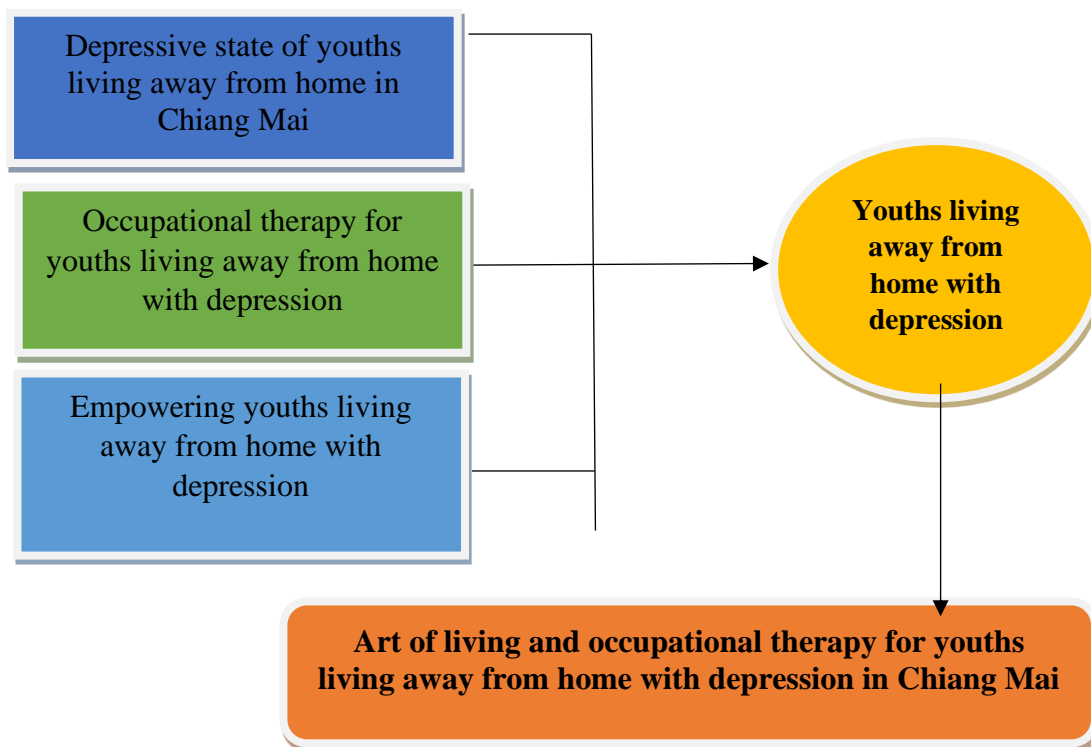


Table 1 *Conceptual Research Framework*

4. Research Methodology

This qualitative research applied the methods of documenting research, interviewing, observing, and holding group discussions to gather the data. The research sample consisted of fifteen selected youths pursuing a bachelor's degree at a higher education institution in Chiang Mai and with depression. The research team used a voluntary selection of samples and those who sought life advice from the guidance department of higher education institutions in Chiang Mai.

The tools used in this research were the following: 1) Data Analysis Form for analyzing documentary data, research papers, and creating arts of life and occupational therapy patterns for the youths living away from home with depression in Chiang Mai. 2) Both formal and informal interview forms were used to interview information about arts of life and occupational therapy for the youths living away from home with depression in Chiang Mai. 3) The observational form was participant and non-participant observation to find issues and additional research data used to develop a manual on arts of life and occupational therapy for the youths living away from home with

depression in Chiang Mai. 4) Group discussion form to synthesize the development of arts of life and occupational therapy manuals for the youths living away from home with depression in Chiang Mai from relevant stakeholders including multidisciplinary experts.

The researchers examined the data throughout the research process for the reliability of the findings using a method logical triangulation method, starting with the collection of observational interviews and then recording them, as well as various atmospheric behavioral gesture verbs associated with informants, to interpret them together with tape transcriptions and field recordings in a variety of ways, and to verify the reliability of the data by reverting them to read the data or re-asking the informant to obtain information that matched the reality. For the procedure, the information received each time underwent the process of a preliminary analysis and synthesis; data was taken through the procedures to consult the qualified person to make the information more reliable.

Protecting human rights and research ethics

This research was approved by the Subcommittee on Research Ethics in person, and granted as Rajamangala University of Technology Lanna Certificate Number 053/2021. In addition, the research participants signed in writing as evidence of participation in voluntary research and were clarified that they could be terminated or withdrawn from the research at any time, as well as reporting the findings.

5. Results

5.1 Depressive situation of youths living away from home in Chiang Mai

According to a synthesis of research on adolescent depression, it is found that it is more common to be caused by distance from family and loved ones that is one of the contributing factors to depression. In addition, adolescence is an age that is adjusting physically, socially, and in heterosexual relationships. Effective prevention of depression for adolescents away from home should begin at an early stage before symptoms occur by engaging in activities that reduce symptoms. Risk factors increase protective factors by adjusting thinking, behavior and motivation through group activities or enhancing the interpersonal relationship among adolescents. Past research has shown that depression is the most common mental health problem for university students, as adolescents are at an age that faces relatively severe and easily altered emotional periods. Adolescent emotional tension is associated with adaptation of both physical, psychological and social changes, so it is an age that is important for the development of self-directedness in both emotional and behavioral aspects, and is also at risk of psychopathological problems, as well as inappropriate mental health problems that can have an impact on their adult lifestyle (Pepping, Duvenage, Cronin, & Lyons, 2016). In past research, depression was the most common mental health problem among university students. According to research done by Rakkhajeekul (2013), it was found that 24 percent of undergraduate students had depression. Also, a research done by Watthanasin, Hengudomsub, Vatanasin, Asarath, Chupan, & Srisopa (2015) found that 49 percent of health science students had depression, 30.75% classified as mild to moderate, and 18.25 percent severe depression.

In addition, if considering the prevalence of depression among undergraduate students in Chiang Mai by year level, it was found that third year undergraduate students were the group most exposed to depression. Chuemongkon et. al. (2017) studied the effects of depression, stress and problem management among 414 undergraduate students in the Faculty of Pharmacy students in the academic year 2015. The results of the study revealed that 23.2% of undergraduate students in Year 1-6 had depression, while Year 3 and 5 students had a higher prevalence of depression than other year students. It was also found that third-year students had higher levels of stress than other years and had a method for managing the problems, such as being close to close friends. Also, a research by Samarksavee & Sangon (2015) examined factors associated with depression among a sample of 812 nursing students from a nursing institution in Bangkok. It was found that 12.19% of nursing students had depression, with 24.50% of the 3rd year nursing students, followed by the 2nd, 1st and 4th year nursing students, accounting for 9.8, 8.9 and 5.5 percent. In addition, a study by Tuyen, Dat, & Nhung (2019) on prevalence and factors associated with depression among undergraduate students at universities in Vietnam in 2019 showed that 39.90 percent of first-year undergraduate students had depression, 39.90 percent of second-year depression had 42.50 percent depression, 3rd grade had 55.40 percent depression, and 47.10 percent of year 4 had depression. Furthermore, the work by Asante and Arthur (2015) that looked at the prevalence and factors associated with depression of undergraduate students in a sample of 270 psychology students in Ghana showed that undergraduate students had a mild to moderate depression, were 41.30 percent of the first year, 30 percent of the second year, 38.50% of the third year, and 30.20 percent of the fourth year. Severe depression was 10.80%, 2nd year 10%, 3rd year 10.80%, and 3.80%.

The above-mentioned research shows that undergraduates face a lot of depression, especially in undergraduate students, who have been found to have a higher prevalence of depression than other undergraduate students. Therefore, the researcher was interested in bringing occupational therapy for adolescents living away from home with depression in Chiang Mai. The factors affecting depression

consisted of 1) thought 2) behavioral factors, 3) relationship and social factors, and 4) biological factors. In addition, the severity of depression was divided into 3 levels (Rodpipat, 2004) as follows:

1) Mild Depression is a moody state of unreflection, sadness, with or without cause, for example, when comparing yourself to others, tending to have negative thoughts about a situation. One begins to be dissatisfied with their appearance, the intention to work has decreased, the sleep state changes, etc.

2) Moderate Depression is so severe that it affects family life and work, but can still carry out daily life such as unhappiness, boredom, exhaustion, feeling worthless, self-blame, irritability, crying easily, anxiety about the body and self-health, increasingly wanting to get away from society, possibly thinking about dying, etc.

3) Severe Depression is the state of being emotionally depressed all the time, despairing, looking negatively at oneself, having suicidal thoughts, getting away from society, disregarding yourself or the environment, exhaustion, and having delusional symptoms.

5.2 Creating occupational therapy for youths living away from home with depression in Chiang Mai

The 5 principles in creating occupational therapy for youths living away from home with depression are as follows:

1. Focusing on the inner experience

Focusing on the inner experience is a fundamental principle that helps students understand themselves and know ways to improve themselves. Listening to music or using imagination before entering into activities and practicing mindfulness to recognize the current feelings of thought, interwoven in activities, makes students feel calm and ready to learn, as students say, "We have really looked at who we are in us, that we have good things in, but we do not use it, we neglect the good things in our lives, but now that we have understood ourselves more, made more time with ourselves, thought positively and encouraged ourselves" (B, group interview).

2. Learning together with compassion

Compassionate collaborative learning is an adult learning principle that encourages interaction between learners in an informal atmosphere and creates a sense of belonging. Non-judgmental listening is another principle. The students reflected that it helped them to open their perspectives and develop their confidence, thus making the students dare to speak up, express their sympathy and support each other. Like the students who said, "I feel that I am more assertive, I feel like myself. I got more from talking about myself to my peers throughout the process, and the peers tell us the good things we have" (H, group interview). "What crystallized this afternoon is knowing about my friends' stories that there are people who have had more difficult situations than us, but they have made the effort to get to this point. Friend" (D, group interview)

3. Respecting the experiences and needs of adolescents

Respecting the needs and experiences of adolescents emphasizes the importance of setting goals in life that are based on an understanding of the learners' own life experiences and needs, enabling learners to independently determine their learning needs. As the students said, "Students should be able to experiment with things they like, but if they don't know what they like or like many things, they should try a variety of things and see how they feel while doing it. I know what I like." (C, group interview)

4. Creating a sense of security and support

Researchers create a sense of security and support by informing learners about the goals and sequence of training content at the beginning of the activity, creating a mutual learning agreement, giving learners the opportunity to help each other through group work and the students were not obligated to make accomment if they didn't feel prepared to do so.

5. Learning to change

Through the research process, students have changed their views on themselves and others of interest, such as being more aware of their potential and having greater self-confidence, changing their perspective on life

goals, developing ideas to practice, learning and developing themselves one step at a time, and resolving conflicts in their own minds and mitigating conflicts with others.

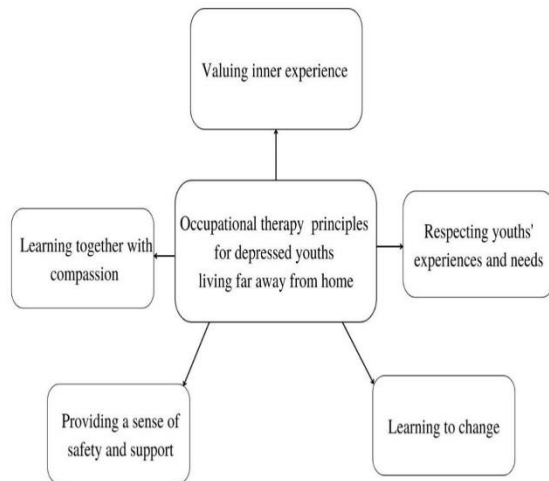


Figure 1 Occupational therapy principles for depressed youths living far away from home

In addition, from the research, it can be concluded that the process of creating occupational therapy for youths away from home with depression in Chiang Mai has 6 steps as follows:

1. Process clarification

At this stage, the researcher publicizes the recruitment of students to participate in the activities and makes an appointment to clarify the details and process of the activities, as well as giving students the opportunity to discuss and ask questions before deciding to participate in the activities by providing introduction to general information.

2. Open learning space

The process of creating a learning atmosphere is for students to feel safe, trusting, having activities, getting to know each other, gradually exposing themselves and making new friends in a friendly atmosphere, and using group activities where students exchange. It is a place for learning and listening to each other to create a common understanding by allowing students to analyze the benefits they can gain from learning and create mutual learning agreements.

3. Self-exploration and life goals

This is a stage where students practice meditation and observe their own thoughts and feelings, both while writing, speaking and listening to friends, as well as learning new ideas for self-exploration, including a review of the origins of life, happiness, past and future suffering, inspiration, existing life costs, caring for life balance, recognizing their own potential and values, appreciating the learning atmosphere, having moments with other students to have quality contemplative time with themselves, interchanging with friends to create a shared learning space, and encouraging each other to have confidence.

4. Life planning

At this stage, it is a learning contract whereby students choose a topic of self-improvement to begin doing what is in line with their own goals in life. They can define practical learning methods for a specified period of time and encourage students to apply self-care (mindfulness, wellness and relationship health, relaxation, etc.) to their life for the long term. Students have the opportunity to talk and exchange useful perspectives and information, and make plans to support the smaller groups based on their interests.

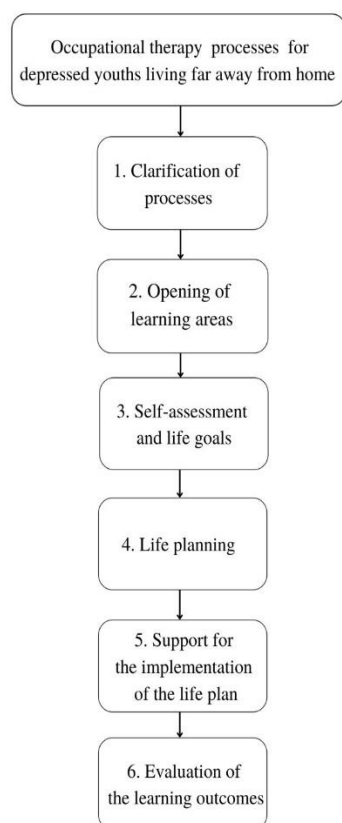


Figure 2 Occupational therapy processes for depressed youths living far away from home

5. Supporting the implementation of life plans

This is a step that encourages students to fulfill their learning promises successfully by helping guide learning resources, support the necessary resources, and periodically monitor progress, as well as having students write notes in self-reports, whose topics include life plans, practical outcomes, increased learning, feelings made, and what will continue to train students to have planning skills, harvesting learning issues and self-assessment for self-development.

6. Learning evaluation

The process of presenting educational outcomes based on learning contracts is a group activity so that students can listen to their peers' results and have the opportunity to appreciate each other, presenting learning outcomes, focusing on both the knowledge or experiences students receive during the implementation of the learning contract and changing the way they think and how they think about themselves and their views on others and their views on life.

5.3 Guidelines for empowering youths living away from home with depression in Chiang Mai

The researchers synthesized the processes that are important in empowering youths living away from home with depression in Chiang Mai, which is based on the reflection of student learning and from taking the researcher's notes to seven steps: 1) having the intention of improving themselves, 2) being able to allocate time for themselves to participate in the process, 3) a variety of and easy-to-understand learning methods, 4) a comfortable learning atmosphere, 5) understanding and attentive event organizers, 6) encouraging each other between friends, and 7) learning from experienced people. Each step of the discussion are as follows:

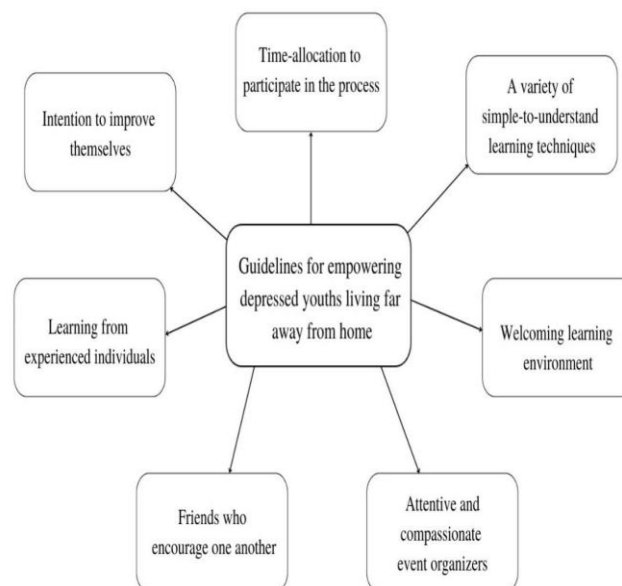


Figure 3 Guidelines for empowering depressed youths living far away from home

1. Students are willing to develop themselves. Self-improvement is driven by students who want to learn and develop themselves. Students will be able to fulfill their learning contracts because this activity is not compulsory.

2. Students can allocate time to participate in the process. Students have many activities to do, including adapting to new environments, studying work, returning to home, so students need to allocate their own time, the conditions are consistent with that Guglielmino (1977) mentioned the elements of self-learning readiness. Having a tolerance for doubts, having responsibility for learning and having their own

manoeuvre as an effective learner, including confidence to learn for yourself, the ability to divide time into learning, discipline and the view that you are an enthusiast for learning, etc.

3. A variety of simple-to-understand learning techniques In this research, a wide range of activities were applied to get students to know each other. In addition, mindfulness training to recognize both physical and mental feelings, learning new concepts for self-exploration, practicing the use of imagination, learning through gaming and physical movements, watching videos, contemplation, self-reflection, self-reflection through writing and drawing and talking and listening deeply, etc., as well as studying contracts of learning, with methods of studying from the media, interviewing individuals and self-practice, and presenting shared learning outcomes, gave students a chance to reflect on using such diverse activities which caused them to be alert and interested in learning something new while not feeling bored.

4. Comfortable learning atmosphere Students reflect on the euphoric learning atmosphere for various reasons, such as practicing meditation on breath and music, reflecting on peace with writing and drawing, and chatting with friends to learn from each other. While in everyday life, be with yourself while getting to know more about others and get to know adaptations with others, learning to understand the inside of oneself should have a time when each person has been alone to reflect themselves in a variety of ways, interspersed with other members with deep conversations and listening without worrying about external judgments.

5. A learning manager who understands and cares about students The identity of the learning manager is also part of the reason that students feel comfortable and want to join the process with care, listening and sociability, allowing students to be assertive and self-centered. Although the event sometimes may require adjustments because students are partly attached to their missions, students are able to talk to the organizers for reasons, create a learning atmosphere, have a sense of trust, relax, pay attention to the mind, feelings and basics of humanity, have the desire to develop a complete humanity, focus on teaching their minds rather than teach them knowledge, design and lead learning processes that allow participants to reach their intelligence and inner strength by

creating a safe space, asking questions, inviting participants to share their experiences and helping to restore the internal power of participants.

6. Encouragement between students The students reflected on the encouragement between themselves. The self-exploration event allowed each person to review their past life paths and share their experiences with each other, so that they could get to know each other's problems. They felt that their problems were resolved during the aptitude survey. Students' personalities help to reflect each other's perspectives by allowing each other to see themselves in a positive way. Also, the person doing the interview helps on advising each other on the merits, exchanging ideas, sharing and comparing techniques with each other, thus making that person feel that there are people who can fully understand them and encourage self-development.

7. Learning from experience From the learning stories of many students, it is evident that the person who asks for observations and interviews plays a huge role in helping students open up new worldviews and experiences. It provided them confidence and exemplifying students to develop themselves on being successful. As well as in some cases the interviewee is an example of doing good things for others and society, by giving students the idea of doing it for others. Finding exemplars that are individuals who students want to respect as examples in both their job, personal life, and giving advice can help students develop clarity on their goals in life.

6. Discussion and Summary of Research Results

This research includes three important findings: firstly, depression in adolescence is easily occurring. Being away from loving and familiar families is one factor contributing to depression in adolescents because it is an age that is adjusting both physically and socially. Effective prevention of depression for adolescents away from home should begin at an early stage before symptoms by organizing activities that reduce risk factors, increasing protective factors by adjusting their thinking, behavior and motivation through group activities or

enhancing interpersonal relationships for adolescents. In accordance with Watthanasin (2016) it is suggested that depression should be prevented in adolescents at an early stage by reducing risk factors and increasing protective factors, in which developed mind and behavioral or interpersonal therapy programs can reduce the depression of ordinary adolescents, those at risk and adolescents with depression. Furthermore, research suggesting that depression and suicide among adolescents should receive urgent support care (Panyawong et al., 2020). The findings also support the findings that adolescents with depression are knowledgeable about preventing mental health problems, seeking help, treatment, and early self-help methods when faced with problems. Mental health and skills in helping people with mental health problems are less than in adolescents without depression (Chidmongkol, Mueannadon, Kaewma, & Riabporn 2020). The top three factors influencing depression among adolescents were family problems, school problems, and problems with loved ones (Techapoonpon et al., 2018). Associated with depression included school problems, financial problems, health problems, family problems, housing problems, classmates' problems, sleep problems, and love problems (Chaisawang, Ong-art, Pengcham, Weluwanarak, & Inthakul, 2020). This is because some students are at risk of experiencing stressful situations, thus being prone to developing an early depression (Mungmee et al., 2020)

Second, there are five principles of occupational therapy for youths living away from home with depression: 1) focusing on inner experiences 2) compassionate learning 3) respecting adolescent experiences and needs 4) creating a sense of security and support; 5) learning to change. The process consisted of 6 steps: 1) Explanation of the process 2) Opening learning space 3) Self-exploration and setting life goals 4) Life planning 5) Supporting the implementation of life plans, and 6) Evaluation of the learning methods. This is consistent with the research by Phimpakarn (2019) who suggested that the process of helping depressed people is to provide them a mental strength that motivates them into looking at obstacles in a positive way through a dialogue and allowing patients to think independently. It is comforting to tell uncomfortable stories afterwards, thereby strengthening the mind, which will help people

with depression achieve emotional and mental stability, appreciate themselves and be ready to live happily with their families and communities, and research suggests that the predictive factors of patient depression are negative automatic thinking and quality of life. (Salasawat, Kunarak, & Ritphanmuang, 2016).

Third, the approaches to empowering youths living away from home with depression in Chiang Mai are: 1) Willingness to develop themselves; 2) Being able to allocate time to participate in the process; 3) Diverse learning methods that is easy to understand 4) Comfortable learning atmosphere 5) Understandable and caring event organizers 6) Encouragement among friends 7) Learning from experienced people. The findings of this study are consistent with the research by Jeerasup et. al. (2020) who developed a group concept and behavioral therapy program for adolescents with depression that consisted of 6 steps: understanding depression, activities that are manageable and providing joy, be aware, be emotionally aware, deal with problems, and set life goals, in which the adolescents' depression scores dropped immediately after the therapy was completed. Also, it continued to decline after 1 month and 3 months of therapy, and is consistent with research that has found that the use of reading therapy helps to modify negative thoughts and behaviors of people with depression and helps to manage stress and build good relationships with others (Songprakhun, & Thongseaw, 2019), as well as in line with the research reporting that art activity programs can be used in therapy to reduce depression and increase self-esteem levels in middle school students (Wongthongmana & Nansunanon, 2018).

Knowledge and benefits from research

This research has developed a new body of knowledge, a process of non-formal education management based on the concept of cognitive education to enhance life goals for undergraduate students that has been developed, which is a process of enhancing goals in life that can lead students to explore. self until able to set goals in life and analyze needs.

In learning to design learning related to their goals in life to taking action and evaluating learning, based on concepts and theories including non-school education management, approaches to

enhancing life goals, mental intelligence education and workshop research, this research not only develops students to know their goals in life, but also designs and follows their own learning plans so that they can start experiences related to life goals using the hallmarks of mental learning. It is to develop students to understand their inner dimensions by nurturing awareness, concentration and intelligence to integrate with the hallmarks of adult learning: learning to be practical and for learners to guide their own learning.

The process of organizing non-school education with the use of activities and media that provides students with contemplation processes, exchanging views with others, as well as having practiced self-improvement towards goals with activities. It promises valuable and meaningful learning that is like a self-determined life project through a non-formal education process based on the concept of cognitive education to enhance life goals for undergraduate students. There is a concluding element that adolescent depression is prone to being away from family and loved ones. It is one factor that contributes to depression in adolescents because it is the age of adaptation, both physically, socially and in relation to the opposite sex, effective prevention of depression for teenagers away from home should begin at the initial stage before symptoms by organizing activities that reduce risk factors, increase protective factors by adjusting thinking, behavior and motivation. Through group activities or enhancing interpersonal relationships for adolescents, there are five principles of therapy for distant youth away from home with depression: 1) focusing on inner experiences, 2) learning together with kindness, 3) respecting adolescent experiences and needs, 4) creating a sense of security and supporting 5) learning to change. And there are six stages of the process: 1) clarification of the process, 2) opening up learning spaces, 3) self-exploration and life goals, 4) life planning, 5) support for implementation of life plans, 6) learning evaluations. In addition to that, the empowerment approach of youth away from home with depression in Chiang Mai includes 1) having the intention of improving yourself, 2) being able to allocate time for me to participate in the process, 3) a variety of and easy-to-understand learning methods, 4) a comfortable learning atmosphere, 5) an understanding and attentive event organizer, 6) encouragement

between friends, 7) learning from experienced people.

Research Limitations

This research has created knowledge about youth depression away from home and therapeutic activities for youths living away from home with depression in Chiang Mai, as well as presenting ways to empower youth away from home with depression in Chiang Mai. However, there are some limitations in this research: firstly, the organization of activity therapy, data analysis and report writing were delayed than planned research plans due to the COVID-19 epidemic situation. The samples in this research were youths living away from home with depression and living in Chiang Mai. Therefore, the research findings should be applied with caution in the analysis of depression among youth living elsewhere.

Suggestions for applying the research results

This research has recommendations for the application of the findings in the following areas: First, psychologists and teachers can apply knowledge about depression among youths living away from home, occupational therapy, and guidelines. Empowering youths living away from home with depression can be applied with teaching and learning so that the youths have a better understanding and know how in dealing with their depression. Second, agencies working with adolescents with depression can use the findings as a guideline for organizing therapeutic activities for youths living away from home with depression. Methods that are appropriate, practical, and empowering the youth can provide the potential for self-improvement as they are able to adjust their mood, lifestyle, and being able to support changes in society. Also, they can learn how to be self-reliant and live in a social environment with friends that is healthy and full of happiness. Thirdly, educational institutions can adopt guidelines and models to formulate teaching and learning policies to enhance the potential of youth to have a positive mental health while reducing depression.

Suggestions for the next research study

This research contains recommendations for the next research as follows: First of all, a proactive

program should be developed to prevent depression for youths living away from home, especially first-year and third-year students who are at risk of developing depression. Also, the research should be conducted to analyze the factors that affect the depression of the population of the age, and other groups that need to study or work abroad in a comprehensive and complete way.

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