

Depression

Depression is a common mental health problem in adolescents worldwide, with an estimated 1-year prevalence of 4-5% in mid to late adolescence. Depression in adolescents is a major risk factor for suicide, the second-to-third leading cause of death in this age group, with more than half of the adolescent suicide victims reported to have a depressive disorder at time of the death. Depression also leads to serious social and educational impairments, and an increased rate of smoking, substance misuse and obesity. Therefore, to recognise and treat this disorder is important.

Depression is associated with high levels of stress, anxiety, and in the worst possible scenarios, suicide. It can also affect a teen's personal life, school life, work life, social life and family life. This can lead to social isolation and other problems. Depression isn't a condition people can "snap out of," or simply "cheer up" from. It's a real medical condition that can affect a person's life in every manner if it's not treated properly.

Psychological Symptoms

- * Continuous low mood or sadness
- * Feeling hopeless and helpless
- * Low self-esteem
- * Feeling tearful
- * Feeling guilt-ridden
- * Feeling irritable and intolerant of others
- * Having not motivation or interest in things
- * Finding it difficult to make decisions
- * Not getting any enjoyment out of life
- * Feeling anxious or worried
- * Having suicidal thoughts or thoughts of self-harm
- * Loss of motivation

Physical Symptoms

- * Speaking or moving more slowly than normal
- * Changes in appetite or weight (increase or decrease)
- * Lack of energy
- * Unexplained aches and pains
- * Disturbed sleep – for example, finding it difficult to fall asleep at nights or waking up very early in the morning
- * Irregular menstrual cycle
- * Chronic fatigue

Social Symptoms

- * Avoiding contact with friends
- * Taking part in fewer activities
- * Neglecting hobbies and interests
- * Having difficulty in home, work and family life

How to help

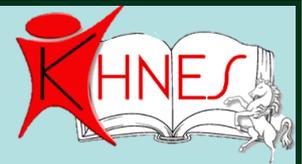


<i>School-Wide Policy</i>	Have a school-wide mental health policy. This might include information such as what to do in an emergency, record keeping, signposting and confidentiality. It's a good idea to review this policy regularly so you know the procedure if you are worried about a young person.
<i>Form time and Assembly</i>	You may want to run an assembly or form period on looking after your mental health, or reducing the stigma surrounding mental illness.
<i>Exam Arrangements</i>	If a young person has a diagnosed mental health condition, they could be entitled to reasonable adjustment and/or special consideration around exams. This could include things like having extra time or sitting their exams in a smaller, quieter room. If you think a young person you're working with could be entitled to this, speak to your schools exam officer.
<i>Do not judge</i>	Start by assuming they have a good reason for doing what they do. Show them you respect their intelligence and are curious about the choices they have made. If you do not pre-judge their behaviours as "stupid" or "wrong", they are more likely to open up and explain why their actions made sense to them.
<i>Try not to assume you know what's wrong</i>	Do not assume that you know what's wrong. Rather than asking "Are you being bullied?", try saying "I've been worried about you. You do not seem your usual self, and I wondered what's going on with you at the moment? Is there anything I can help with?".
<i>Acknowledge their feelings</i>	Don't try to talk the young person out of depression, even if their feelings or concerns appear silly or irrational to you. Well-meaning attempts to explain why "things aren't that bad" will just come across as if you don't take their emotions seriously. Simply acknowledging the pain and sadness they are experiencing can go a long way in making them feel understood and supported.
<i>Be gentle but persistent</i>	Don't give up if they shut you out at first. Talking about depression can be very tough for young people. Even if they want to, they may have a hard time expressing what they're feeling. Be respectful of the young person's comfort level while still emphasizing your concern and willingness to listen.
<i>Focus on listening, not lecturing</i>	Resist any urge to criticize or pass judgment once the young person begins to talk. The important thing is that your child is communicating. You'll do the most good by simply letting your teen know that you're there for them, fully and unconditionally.
<i>Have a point of contact</i>	It can be very confusing for young people if they have lots of different people involved in their care. Having one teacher who they know and trust can be really helpful. As a point of contact, you might check in with a young person regularly, or could just be someone who they can approach if they have a problem.

<p><i>Safety</i></p>	<p>Safety concerns come into play when symptoms are severe. Adolescents with depression may engage in suicidal or other dangerous behaviours. Establishing and maintaining their safety and ensuring a stable school environment should take priority, especially in an acute episode when symptoms are severe.</p>
<p><i>Pupil Support Plan (PSP)</i></p>	<p>Each pupil should have a Pupil Support Plan (PSP) which should identify triggers which school staff should be aware of. If school does not provide a PSP, this then could lead to members of staff working with the student not being aware of their triggers and needs and causing significant stress to the student. The PSP should also include strategies school staff should be using with the child at all times. Risk assessment is another item which should be included in a PSP. The risk assessment should highlight the risks involved around the young person and their diagnosis. This then should be RAG rated – Red, Amber & Green. Red will indicate high risk which will mean that there are current indicators of risk present, suggesting the risk outcome could occur at any time. Amber should be indicating medium level of risk; Current indicators are present but the risk outcome is unlikely to occur unless additional risk factors intervene/arise. Green should be indicating low risk; No current significant indicators of risk.</p>

Practical Strategies for Classroom

- ✚ **Clear Targets:** Small precise targets need to be clearly specified, with prompts and cues to enable the student to achieve these. These prompts and cues, often very visual, are there to help the student work through a given task. Rules need to be clear especially for these students, with positive rewards directed primarily to effort in staying on a task rather than for attainment. It is helpful if teachers try to adopt the viewpoint that they have the responsibility for communicating what the task is about and how to do it. Then, if students do not achieve, it is because the teacher has not been successful in communicating rather than the students' 'fault' for not understanding. This fundamentally non-judgemental response to failure sometimes needs to be expressed quite explicitly by the teacher: 'I'm sorry, I don't think I explained that to you very well'.
- ✚ **Safe Zone:** What is needed in classrooms and schools is a safe place that is free from questioning and exploration of what happened, and why, by authority figures. Quite safe zones, where someone is available to simply 'be there' when students have become very distressed, provide an important whole-school intervention. It is very important that arrangements for withdrawing students from classrooms do not place them in 'confrontational' situations immediately after an outburst or episode of very 'difficult' behaviour. Staff asked to work in such situations need to be selected because they are less likely to adopt confrontational attitudes and behaviour themselves



✚ **Positive self-talk:** For the student who cries easily in the face of failure, it is important not to belittle or 'attack' the crying as childish. Instead, try to emphasise that it is a strength to be able to express feelings and to be sensitive, and then focus on ways of coping with the difficulty. The teacher should encourage positive self-talk: 'I had difficulty with this, but I can do better next time'. Provide scenarios where students have negative thoughts about situations of difficulty and help them to generate alternative more positive ways of coping and what they could say to themselves as coping statements: 'I can see he is trying to wind me up, but I am bug enough to keep calm and not fall into the trap of losing my temper'; 'Even if I didn't do very well on that activity, I am still a decent person'.

The use of cards as self-esteem enhancers with a list of positive self-statements can be useful. In a small group situation, students could be asked to devise such cards for each other. Examples of such self-statements might be: 'I am strong enough to cope with this' and 'If I plan this out, I am more likely to get the right answer'.

✚ **Praise Personal Improvements:** The first task of the teacher is to be aware of those students who are particularly vulnerable to upset and to notice the first signs of anxiety or distress. It is clear that the way feedback is given needs to be carefully considered for such students and the teacher needs to establish an ethos in the classroom whereby targets are set for effort rather than attainment and praise is given for aspects of student behaviour such as listening, effort and carrying out procedures rather than how well the student has completed the task. An inclusive classroom is one that celebrates success in the improvement over the individual's previous performance rather than one that highlights and ranks students according to attainments

✚ **Don't overprotect:** It is important that teachers do not reinforce and reward displays of helplessness. Such displays are a good indication that such students are attempting to defend against their feelings of 'not belonging' by using the strategy of acting in a child-like way and expecting to be 'mothered' so that further demands are not made upon them. It is important that the teacher does not reinforce the strategy by overprotecting the student and 'challenges' the individual. Obviously such challenges require that tasks are just within the student's competence and have been clearly explained, but they need to be accompanied by a firm expectation that the task will be completed.

✚ **Coping strategies:** Encouraging learning together ethos (teacher and child).

✚ **Valuing the child:** Actively seeking the child's opinion at least once a day, Initiating formal and informal progress reviews and academic achievement.

✚ **Positivity and self-esteem:** Crediting effort not 'ability', Sharing golden moments of achievement, humour and creativity.

✚ **Developing reaction:** Recognising the importance of the emotional competence as well as academic attainment, developing the child's skills of reflection and contemplation.



✚ **Providing Management and support:** Ensuring and improving the emotional climate in the classroom, using circle time and other positive self-worth activities. Ensure a good working knowledge of literacy skills develops as early as possible, Using a mentor /TA/ Peer for additional support.

✚ **Use of Language**

Do:

- Reassure
- Empathy not sympathy
- Our own attitudes about emotions and how we respond to them.
- Validation and accepting.
- Naming the emotion, calming.
- Trust - Acceptance of your guidance – modelling.
- Mirroring.
- Positive reinforcement/praise – just as important for when a young person has done something as well as when they haven't (i.e. not had a meltdown).

Don't:

- Shout/show frustration
- Lose patience
- Refraining and dismissing.
- Ignoring
- Isolation
- If they self-harm, do not ask them to stop – this only adds pressure.
- Do not overload the young person with a group of staff – it will only exasperate the situation.

Further Reading

<https://youngminds.org.uk/find-help/conditions/depression/>

<https://www.mind.org.uk/information-support/types-of-mental-health-problems/depression/>

<https://www.nhs.uk/conditions/stress-anxiety-depression/children-depressed-signs/>



Where to get help

YoungMinds Crisis Messenger

- Provides free, 24/7 crisis support across the UK if you are experiencing a mental health crisis
- If you need urgent help text YM to 85258
- All texts are answered by trained volunteers, with support from experienced clinical supervisors
- Texts are free from EE, O2, Vodafone, 3, Virgin Mobile, BT Mobile, GiffGaff, Tesco Mobile and Telecom Plus.

Samaritans

- www.samaritans.org
- If you're in distress and need support, you can ring Samaritans for free at any time of the day or night.
- Freephone (UK and Republic of Ireland): 116 123 (24 hours)
- Email: jo@samaritans.org

Papyrus (Prevention of Young Suicide)

- www.papyrus-uk.org
- Confidential advice and support for young people who feel suicidal.
- HOPELineUK: 0800 068 41 41
- Text: 07786 209 697
- Email: pat@papyrus-uk.org

CALM (Campaign Against Living Miserably)

- www.thecalmzone.net
- Offers support to young men in the UK who are down or in a crisis.
- Helpline: 0800 58 58 58 (Daily 17:00-midnight)
- [Webchat](#)

ChildLine

- www.childline.org.uk
- If you're under 19 you can confidentially call, email, or chat online about any problem big or small
Freephone 24h helpline: 0800 1111
- [Sign up for a childline account](#) on the website to be able to message a counsellor anytime without using your email address
- Chat 1:1 with an [online advisor](#)