

# Teaching Students with Mental Health Disorders

**Resources for Teachers**



**BRITISH  
COLUMBIA**

**Ministry of Education**



Teaching Students with  
Mental Health Disorders  
Resources for Teachers

**Volume 2 – Depression**



BRITISH  
COLUMBIA

**Ministry of Education**  
Special Programs Branch

2001

**National Library of Canada Cataloguing in Publication  
Data**

Main entry under title:

Teaching students with mental health disorders : resources  
for teachers. Volume 2, Depression

Includes bibliographical references: p.  
ISBN 0-7726-4445-4

1. Depression in children. 2. Depression in  
adolescence. 3. Mentally ill children - Education.  
I. British Columbia. Ministry of Education. Special  
Programs Branch.

RJ506.D4T42 2001

371.94

C2001-960007-0

**To order copies of this Resource Guide**

Additional copies of this resource are available to schools from:

Office Products Centre  
742 Vanalman Avenue  
Box 9455 Stn Prov Govt, Victoria BC V8W 9V7

Phone: (250) 952-4460  
Fax: (250) 952-4442  
Toll-free: 1-800-282-7955  
[www.bcsolutions.qp.gov.bc.ca](http://www.bcsolutions.qp.gov.bc.ca)

**Please quote catalogue number RB0101 when ordering.**

# Acknowledgments

The Ministry of Education gratefully acknowledges Alberta Education for providing the text of their document *Teaching Student with Emotional Disorders and/or Mental Illnesses* as a basis for this resource.

The ministry also gratefully acknowledges the following people for their contributions to the British Columbia revisions for this teacher resource guide:

- ▶ Marian De Jong, School District No. 46 (Sunshine Coast)
- ▶ Bonnie Jeston, School District No. 73 (Kamloops)
- ▶ Steve Naylor, School District No. 83 (North Okanagan-Shuswap)
- ▶ Dr. Graham Sayman, Queen Alexandra Centre for Children's Health, Children and Families Mental Health Services, Capital Health Region
- ▶ Michael Scales, School District No. 35 (Langley)
- ▶ Dr. Richard Stern, Child and Adolescent Psychiatrist
- ▶ Janice Tapp, School District No. 91 (Nechako Lakes)



# Contents

<b>Helping Students with Depression</b>	<b>7</b>
<b>What Is Depression?</b>	<b>9</b>
Types of Depression	9
Causes and Contributing Factors	11
<b>Characteristics of Students with Depression</b>	<b>15</b>
<b>Reflection Check: Attitudes toward Depression</b>	<b>20</b>
<b>Myths about Students and Depression</b>	<b>21</b>
<b>Teaching Students with Depression</b>	<b>23</b>
Identifying and referring at-risk students	23
Creating an inviting classroom	25
Teaching organizational strategies	25
Instructional strategies	26
Teaching problem-solving strategies	27
Building a support network	28
Teaching goal setting	28
Counselling-related strategies	29
Working with parents	31
Understanding medical and clinical treatments	31
<b>In Conclusion</b>	<b>35</b>
<b>Resources</b>	<b>37</b>
Organizations/Web sites	37
Resources for teachers	38
Resources for parents and students	39
<b>Bibliography</b>	<b>40</b>
<b>How Can We Improve This Resource Guide?</b>	<b>43</b>



# Helping Students with Depression

Students with depression present a challenge for teachers. Depression in children and youth is not easy to detect. In British Columbia schools, many hundreds of students with depression participate in school without their teachers or classmates realizing that the students are at serious risk due to a mental illness.

Many people lack an understanding of depression. This resource guide has been developed to help educators:

- ▶ access basic information about students with depression,
- ▶ achieve a realistic awareness about depression in children and youth,
- ▶ learn background information to assist in identifying early warning signs so that appropriate referrals to physicians or mental health professionals can be made, and
- ▶ develop strategies for supporting students with depression.

Depression can be complicated and very serious. Only a fully trained health professional should attempt to counsel someone suffering from depression. Teachers, however, can play an important role supporting a student with depression. Because they see students on a daily basis, they are in a position to observe warning signs of depression. As well, teachers can help create school and classroom environments that are sensitive to the needs of students with depression.



# What Is Depression?

Depression is a mental illness in which a person has feelings of sadness, instability, loneliness, hopelessness, worthlessness, and guilt. Depression is a common mental disorder and can be successfully treated. There are a variety of reliable treatments for depression, including medication and counselling. School staff, particularly school counsellors and school psychologists, can work with parents and mental health professionals to obtain appropriate support for students experiencing depression.

Because depression is often not recognized in children and adolescents, they may not get the help they need. Adults often have difficulty believing children can become depressed, and it is difficult to recognize the symptoms in children, which may not be the same as adult symptoms. Failure to recognize and treat depression can have serious consequences:

- ▶ Depression affects students' academic performance and social relationships.
- ▶ Depression in childhood and adolescence often sets the stage for mental health problems in adult life.
- ▶ There is a close correlation between depression, thinking about suicide, planning suicide, and committing suicide.

## Types of Depression

There are three main types of depression in children: adjustment disorder with depressed mood, major depressive disorder, and bipolar mood disorder.

## **Adjustment disorder with depressed mood**

This type of depression occurs in response to some identifiable experience or stressor. This may include bereavement that occurs in response to a traumatic event, such as the death of a loved one, major illness, or major change in a person's life, such as a divorce or a move to a new community. During that time the person may feel sadness and may not be able to enjoy some aspects of life, but these are transitory effects that settle within six months. Symptoms include depressed mood, fearfulness, instability, or feelings of hopelessness.

## **Major depressive disorder**

Children and youth with a major depressive disorder experience a period of at least two weeks during which there is a depressed or irritable mood and loss of interest or pleasure in nearly all activities. This disorder is associated with the following:

- ▶ difficulty with concentration, short attention span
- ▶ low self-esteem
- ▶ tiredness or low energy
- ▶ overeating or lack of appetite
- ▶ insomnia or sleeping too much
- ▶ feelings of hopelessness

To be considered a major depressive disorder, the symptoms are a significant change from the normal behaviour and feelings for that individual. In addition, some of the following may also appear in major depression:

- ▶ jumpy behaviour, observable agitation
- ▶ clumsy, slow movements
- ▶ recurrent thoughts of death or suicide

## **Bipolar mood disorder**

Sometimes depression co-exists with another mental state called mania. In the past, bipolar mood disorder was referred to as manic depressive disorder. When young people have bipolar disorder, they often experience euphoria,

alternating with hostile anger. The types of behaviours commonly seen in students with euphoria are giddiness, silliness, irritability, rushed speech, or heightened sense of self-power or importance. Youth may deny that they have any problem, while it is obvious that this is not the case. They may engage in inappropriate risk-taking behaviours, including drug and alcohol use and sexualized behaviours.

It is difficult to diagnose classic bipolar mood disorder in children because the symptoms may be confused with normal variations in childhood development and other related disorders, such as attention deficit hyperactivity disorder.

## **Causes and Contributing Factors**

There is no one cause of depression. Research suggests that there is a dynamic and complex interplay between biological, genetic, and psychosocial factors that lead to depression. Psychosocial factors include specific distressing life events or environmental stress (poverty, unemployment) and family functioning.

### **Biochemical Imbalance in the Brain**

Depression in children can be caused by a biochemical imbalance in the brain. Chemicals in the brain play a role in the transmission of nerve impulses. When these brain chemicals are imbalanced, messages are not transmitted effectively, so the brain functions differently. For example, imbalances of the brain chemical serotonin may cause sleep problems, irritability, and anxiety characteristic of depression. An imbalance of norepinephrine, which regulates alertness and arousal, may contribute to the fatigue and the depressed mood that are symptoms of the illness.

Adolescents are already going through significant changes, including growth spurts and hormonal changes, that cause emotional turmoil for some individuals. These normal changes are not solely responsible for depressive illness.

### **Genetic Links**

As depression is much more common in children where one biological parent has depression, a variety of studies have been undertaken to determine whether the incidence of the disorder has genetic links. Evidence to date suggests that genetic factors play a major role in bipolar disorder and to some extent in severe major depressive disorders. However, not all indi-

viduals who are genetically predisposed to depression actually have a depressive episode.

## **Distressing Life Events or Environmental Stress**

A child's sense of security can be negatively affected by family situations such as:

- ▶ marital discord or divorce
- ▶ remarriage or co-habitation
- ▶ serious illness or death of a parent or loved one
- ▶ separation from siblings or close friends
- ▶ unemployment and poverty
- ▶ abuse — physical, emotional or sexual
- ▶ parental psychopathology, including mood disorders and drug or alcohol abuse
- ▶ family violence
- ▶ any change in a child's circumstances that raises insecurity

The dilemma created by these problems is that they can interfere with the parent's ability to interact with and give emotional support to the child. The child in a family experiencing these difficulties often has fewer opportunities to pursue friendships, recreation, and extra-curricular or extended family activities.

Attending school is another distressing life event for some students. For students with depression, school can constitute a significant stressor because their illness affects the ability to learn and relate to others. Children and adolescents with depression often already have low self-esteem, and the difficulty they experience at school adds to this negative feeling. Specialized teaching techniques may be needed to help these students learn and feel successful.

Social difficulties can also make school an unpleasant experience for some students. Social problems can be a contributing factor to depression or, alternatively, a result of depression.

The following seem to act as protective influences against depression:

- ▶ high self-esteem
- ▶ good coping skills
- ▶ school achievement
- ▶ involvement in extra-curricular activities
- ▶ positive relationships with parents, peers and adults outside the family context

## Psychological Factors

Individuals with depression tend to get into a cycle of negative thoughts, feelings and perceptions that serve to perpetuate the low mood. When they make mistakes or are ignored, they think, “I’m stupid. I never get anything right. Nobody likes me.” They tend to ignore times when they do something right or someone is friendly to them. They focus on the negative experience and that becomes the only way they see the world. It is normal for adolescents to have intense and variable feelings. The difference for adolescents with depression is the intensity and persistence of the negative and pessimistic point of view.

The biological changes and psychological and social shifts that occur in adolescence are difficult for some young people to navigate. The rise in rates of depression for adolescent girls compared to boys has some cultural context. For example, current emphasis in fashion celebrates the pre-pubescent female form. As a result, the majority of adolescent girls express dissatisfaction with their bodies as they mature. Research suggests that this may be a key factor in the increase in depression in girls who mature early.

As students move to secondary school, they face increased academic expectations in a school structure where they interact with a greater number of adults and peers on a less personal basis than in elementary school. Most students manage these changes successfully, but those who have difficulty meeting their academic goals and/or need greater social supports can develop a cycle of negative thinking and experiences.

For more information on depression in children, see the Web site of the American Psychiatric Association:  
[www.psych.org/public\\_info/index.cfm](http://www.psych.org/public_info/index.cfm)



# Characteristics of Students with Depression

Depression in children and adolescents is not easy to identify. The U.S. Center for Mental Health describes the behaviour of children and youth with depression:

Some young children with this disorder may pretend to be sick, be over-active, cling to their parents and refuse to go to school, or worry that their parents may die. Older children and adolescents with depression may sulk, refuse to participate in family and social activities, get into trouble at school, use alcohol or other drugs, or stop paying attention to their appearance. They may also become negative, restless, grouchy, aggressive, or feel that no one understands them. Adolescents with major depression are likely to identify themselves as depressed before their parents suspect a problem. The same may be true for children. (Center for Mental Health Services, Washington, DC, 1998).

It is necessary to look at the typical symptoms of depression and see how each symptom may be manifested in a child or adolescent, keeping in mind that students with depression do not necessarily exhibit all these characteristics. Many children experience the following characteristics from time to time. When the following characteristics persist at the same time and constitute a significant change in behaviour of children or adolescents, they should be taken seriously. It is important to remember that one symptom will affect another. For instance, if students have trouble getting to sleep and want to avoid people, it may be difficult for them to summon the energy and motivation to maintain regular school attendance.

## Overwhelming Feelings of Sadness or Grief

Sustained sadness and tearfulness, typically thought of as depression, are seen more frequently in adolescents with depression. They cry easily and

the sadness seems out of proportion to the apparent source of sadness. They are difficult to console. This sadness can be quite frightening to young people with depression, who can not seem to return to equilibrium easily and for whom the feelings seem overwhelming and endless. With younger children this sadness more often takes the form of lethargy and listlessness.

### **Anger and Irritability**

Unexplained irritation is a prominent symptom of depression in children and adolescents. They are quarrelsome, disrespectful of authority, hostile and prone to sudden anger. There is increased shouting and screaming. Students are seen as agitated, demonstrated by the inability to sit still, excessive fidgeting, picking or pulling at hair, skin, clothing or other objects. Alternatively there may be some psychomotor retardation — coordination is poor and the student seems clumsy. Because people do not respond positively to anger or irritable types of behaviour, the individual's self-worth is diminished.

### **Avoiding Other People**

Children or adolescents with depression make less effort to participate in group activities or maintain friendships. They are often less friendly and outgoing. They may question other people's interest in them. They feel it is not safe to trust people, especially with their sadness. They may not acknowledge their feelings even if asked. Students with depression, especially those with learning difficulties, tend to see themselves as more socially inept than they actually are and decide that it just is not worth the effort to try to engage others socially. For instance, when cooperative learning groups are formed, they wait passively to be placed or even resist being placed in a group. Problems with school attendance, such as school refusal, school phobia or chronic cutting classes can be a signal that students are depressed, particularly if this is a new behaviour. Depression and anxiety may co-exist in these cases.

### **Loss of Interest in Taking Part in Activities**

Students with depression may withdraw from participation in activities as the ability to anticipate or experience pleasure declines. Sometimes, parents or teachers may persuade or coerce students into participating in activities, however participation does not increase their interest or enjoyment in the activity. They typically wander at recess, not joining games or interacting with peers. They do not show interest in activities in classes that most peers see as fun or exciting. This is a change from the previous behaviour of the student with depression.

## **Difficulty Concentrating and Making Decisions**

Typically, students with depression have difficulty concentrating and making decisions. They are likely to have difficulty maintaining the attentiveness necessary for learning. As a result, they have problems processing information and retrieving it. Language learning, especially in younger children, and mathematics learning are commonly affected. Students have a difficult time trying to decide how to complete a complicated project, such as an essay. Teachers may be concerned that students are daydreaming. They do not complete assignments or homework and do not put forth a good effort. Their marks decline and this exacerbates feelings of worthlessness that they are experiencing.

## **Loss of Energy**

Loss of energy is another indicator that a student may be experiencing depression. This loss of energy is expressed as mental and/or physical exhaustion. Students may complain of tiredness; their movements and speech may be slower than normal. The teacher wonders if they are getting enough sleep. This lack of energy corresponds to diminished interest in activities and socialization.

## **Unreasonable Guilt, Helplessness, or Hopelessness**

Children or adolescents with depression may see themselves as more responsible for problems in their environment than they actually are. This ties into the sense of helplessness that can occur in a disturbed family situation. They take on the guilt rather than admit the powerlessness they experience. Guilt also ties into feelings of worthlessness which students express. They say things like, “It’s all my fault,” or, “I can’t do anything right.” The guilt, aligned with loss of energy and difficulty concentrating, can immobilize students mentally and emotionally, making it difficult for them to get any work done.

## **Feeling Overwhelmed by Small Things**

Small things often feel overwhelming to students with depression. They are easily annoyed and hypersensitive to the comments and actions of others. Comments most young people would see as corrective feedback or mild joking can provoke tears or anger. Because they are not using effective coping strategies, even small problems lead to a sense of being overwhelmed, the sense of which ties into difficulty concentrating and performing adequately in school.

Additional copies of *Suicide, What you Need to Know: A Guide for School Personnel* can be obtained from Office Products Centre, (250) 386-4636 or 1-800-282-7955 (toll-free).

## Sleep Disturbances

Because sleep disturbances are common with depression, fatigue and loss of energy are understandable. Children and adolescents have difficulty falling asleep or awaken several times during the night. They may awaken up to two hours before normal waking time. Once awake, with everyone else in the house still sleeping, they often dwell on the guilt and hopelessness they feel. Sleeping an excessive amount may also be an indicator of depression. Students may have difficulty getting up in the morning, creating a problem with school attendance. Sleep problems are apparent to teachers when a student dozes off in class, but more often teachers learn of this problem from parents.

## Substance Abuse

When young people abuse drugs and/or alcohol, there is a possibility that they have a mood disorder. They may be self-medicating to try to escape a sense of helplessness and hopelessness through use of drugs and/or alcohol. However, alcohol acts as a depressant and can adversely affect mood. Drug and/or alcohol use can be difficult for teachers to recognize unless students come to school impaired. There may be drug or alcohol themes that teachers observe in students' writing or taste in music, in slogans or messages on binders or clothing that indicate possible substance use/abuse.

## Thoughts of Death, Suicide, or Harm to Others

While suicide is uncommon in younger children, it does occur. The incidence of suicide rises in adolescence. While not all people who commit suicide are depressed, significant numbers are. Studies indicate that many suicidal people leave clues prior to their attempts. Students may ask questions about what the world would be like without them and talk about how they would take their lives or prefer to die. They may give their possessions away. It is important for adults to remember that adolescents often discuss suicidal thoughts and concerns with friends that they do not share with parents or teachers. If school staff are concerned that a student might be suicidal, they should maintain contact with the student's friends to help assess whether the student needs immediate intervention by a mental health professional.

An evaluation of suicidal risk by the school counsellor or other mental health professional is warranted whenever clinical depression is suspected. When talking to a student believed to be at risk of suicide, counsellors try to determine if the student has an actual plan, the specifics of it and if the student has the means to carry out the plan. It is important for school coun-

sellors to obtain specialized training in suicide intervention. Such training is available through the Canadian Mental Health Association and the B.C. Council for Families. Contact information for these organizations is included in the Resources section.

In 2000, representatives from each school board in British Columbia were invited to take part in provincial training designed to enable them to return to their districts and support the development of a local suicide intervention/prevention protocol and training for educators. Every public school board, Independent school, and First Nations school was provided in 2001 with the pamphlet *Suicide, What you Need to Know: A Guide for School Personnel* to prepare them to help their schools and school districts develop local suicide protocols and suicide intervention in-service training activities.

# Reflection Check:

## Attitudes toward Depression

Understanding depression can sometimes be difficult, in part because we also use this same word to describe short-lasting negative feelings.

Please take a moment to reflect on each statement below to decide whether it is a myth or the truth.

1. People with depression must deal with their problems and work through the pain. Using antidepressant medications masks the symptoms, which results in avoiding the problem rather than working it out.
2. Medication used to treat depression is addictive and could result in drug abuse.
3. As a result of years of negative experiences, adults can develop depression. Although they can be sad, children have not experienced enough life to become clinically depressed.
4. The best way to tell if someone is depressed is by observing that they are sad or crying a great deal.

# Myths about Students and Depression

Each of the preceding statements is a “myth.” Whether we realize it or not, many of us hold false beliefs about depression in students. See below:

**Myth #1: People with depression must deal with their problems and work through the pain. Using antidepressant medications covers up the symptoms, which results in avoiding the problem rather than working it out.**

**Fact:** Depression is a medical illness requiring appropriate treatment. Antidepressants are not numbing drugs. They do not reduce the person’s ability to deal with problems or concentrate; rather they often make the person more aware of feelings and better able to deal more effectively with them.

**Myth #2: Medication used to treat depression is addictive and could result in drug abuse.**

**Fact:** Antidepressant medications prescribed for children and/or youth with depression, when taken as directed, have not been shown to be addictive. Students who respond well to medication and are thus more successful in school and social situations may be at lower risk for illicit drug misuse.

**Myth #3: As a result of years of negative experiences, adults can develop depression. Although they can be sad, children have not experienced enough life to get clinically depressed.**

**Fact:** People of any age can have depression. Many children with depression go undiagnosed. They may be diagnosed and treated for other conditions such as attention deficit hyperactivity disorder (ADHD) or conduct disorder, while depression is not adequately addressed. Rates of depressive symptoms in children are approximately nine per cent. By adolescence, the rate increases to over 20 per cent.

**Myth #4: The best way to tell if someone is depressed is by observing that they are sad or crying a great deal.**

**Fact:** Some children and youth who are depressed do have overwhelming feelings of sadness; however, clinical depression can include symptoms that do not appear as sadness. For example, inability to concentrate, restlessness, trouble making decisions, aches and pains, impatience, fatigue and irritability may also be symptoms of depression.



# Teaching Students with Depression

## Identifying and referring at-risk students

Given the statistics on the incidence of depression in children and adolescents, it is likely that all teachers will encounter students with depression at some time in their teaching careers. Teachers need to be aware that students with special needs such as students with learning disabilities are even more likely than other students to be depressed. Students who are gifted may also struggle with depression. Once teachers are familiar with the characteristics or “warning signs” that indicate possible depression, they are more likely to notice when students exhibit these characteristics. School staff should treat any warning signs seriously. It is preferable to err on the side of caution than to fail to get help for a student who may be depressed.

The following three-step strategy is intended to help teachers act on their concerns when students exhibit warning signs of being depressed:

### Keep records of observations

Teachers who are concerned about a student should keep clear, concise notes of the indicators and incidents that may later help health professionals determine whether a student has depression. Teachers should not attempt to diagnose, but these observations may be a valuable part of the diagnostic process.

### Consult with a school counsellor

If a teacher has a concern about a student, he or she should compare notes with other teachers and discuss observations with a school counsellor and perhaps the principal. In many cases, the counsellor will already be aware of

The Ministry of Education has provided for schools with a pamphlet, *Supporting Our Students: A Guide for School Personnel Responding to Child Abuse*, which clarifies the duty to report child abuse and neglect. To obtain additional copies, contact the Office Products Centre (see the front of this volume for contact information. The Ministry for Children and Families, Helpline for Children has a toll-free telephone number 310-1234 (no area code required) for reporting suspected abuse or neglect.

the problem and will be able to offer helpful advice. Counsellors or principals are in the best position to discuss school concerns about depression with students and families and inform them about community and medical resources. They may also be able to assist the family by referring them to mental health services.

In some cases, school personnel may have reason to believe that the student has been or is likely to be physically harmed, abused or sexually exploited, or needs protection. In this case, everyone must report the matter immediately to a child protection social worker. The law is set out in legislation called the Child, Family and Community Service Act (See the *B.C. Handbook for Action on Child Abuse and Neglect*, 1998.)

## Develop support strategies

Students continue to attend school during the time they are being assessed for depression, and after a formal diagnosis most students with depression remain in school. They will benefit from extra support and understanding from teachers. The suggestions for support strategies contained in this section may be helpful for teachers who have students with depression, or characteristics that suggest possible depression, in their classes.

All teachers working with students who are depressed need to be adequately informed about the students' needs and given suggestions about how to support them. Suggested strategies fall into the following categories:

- creating an inviting classroom
- teaching organizational strategies
- instructional strategies
- teaching problem-solving strategies
- building a support network
- teaching goal setting
- counselling-related strategies
- working with parents
- understanding medical/clinical treatment

These strategies are helpful to all students, but are critical in order for students with emotional problems such as depression to experience success

at school when they are struggling with concentration and preoccupied with thoughts of failure, self doubt, and hopelessness.

## Creating an inviting classroom

Creating an inviting environment where students feel safe to take healthy risks is important, as students with depression may avoid school if they feel threatened or insecure there. It is important for teachers to believe that they can make a difference in the lives of students and that all students can learn in their classrooms, even when they are depressed. The emotional tone of a classroom is powerful, especially to students with depression.

The following are strategies to make students feel supported:

- ▶ demonstrate unconditional acceptance of students, though not necessarily their behaviours; this is vital to students with depression
- ▶ be a good listener
- ▶ avoid singling out the student with depression from the rest of the class
- ▶ keep a positive tone; humour is great but sarcasm is hurtful
- ▶ keep suggestions for improvement constructive, specific, and brief
- ▶ avoid over-generalizing, using words like “always” and “never”
- ▶ be specific in providing feedback about when, where, how and why, either behaviour or academic work needs to improve
- ▶ develop routines or rituals that are conducive to learning

## Teaching organizational strategies

Students with depression may need help keeping materials and assignments organized. All students benefit from instruction in this regard.

The following are strategies for helping students to be better organized:

- ▶ Prompt students to use agenda books or day-timers for assignments and tests. For example, say “Write this in your agenda book,” each time an assignment is given. Memory is not reliable when a person is depressed.

If the depression is severe, it is helpful to create an Individual Education Plan (IEP). This sets goals, establishes realistic expectations, and acknowledges that students may not make a year's academic growth in the school term. The resource *Individualized Education Planning: A Resource to Support Classroom Teachers* provides information on developing IEPs.

- ▶ Help keep desks, binders, knapsacks and lockers organized. Make this fun by creating a catchy title for the activity, such as “The Great Canadian Locker Clean-up” for the whole class.
- ▶ Encourage students to use positive self-talk and problem solving when confronted by difficult work. Teachers can model this by talking about times when they used positive self-talk to overcome a challenging situation. Before students begin assignments, encourage them to take a deep breath and build confidence by saying to themselves, “I can do it. It’s important to try,” or “It’s OK to make mistakes.” Displaying posters with these slogans can be helpful. Use the problem-solving format to handle problems in the classroom. For instance, say out loud, “What can we do here — we have a 20-minute assignment and only 15 minutes left in class?” Work through possible solutions to show students that others use problem solving.
- ▶ Help students organize assignments, especially complex projects or essays. Students benefit from assistance in clarifying the expectations of projects, delineating the topic, understanding the steps required to complete the project, and setting timelines. Check frequently to determine progress and provide encouragement. Normally, as students mature, teachers expect students to take the initiative to request help, however this can be challenging for students with depression. In these cases, it is more helpful for teachers to take the lead.

## Instructional strategies

Teachers will find the following suggestions helpful in their interactions with students with depression. Teachers are not responsible for providing therapy, but can use these suggestions to help students in class and with peers.

- ▶ Maintain a pleasant, interested tone and be prepared to listen; do not press students for details on family problems or therapy.
- ▶ Find out what motivates students, such as working with pets or younger students and how they learn best.
- ▶ Be aware of any special needs or learning problems.
- ▶ Initiate conversation when students arrive, leave, or during breaks, as students with depression are not likely to do so.
- ▶ Stop by students’ desks during seat work or sit in on small groups.

- ▶ Use advance organizers when presenting assignments. Have handouts or put outlines on the board of the day's activities. Do this for the whole day and for each subject. For example, the instructions may be, "Today we are going to write a descriptive paragraph by going through the following steps: a,b,c,d." This becomes a study guide. It helps reduce students' anxiety about what is expected of them and increases attention.
- ▶ Make accommodations for assignments and exams, such as:
  - ❑ Allow the student to go to a quiet space.
  - ❑ Expand the time allocation.
  - ❑ Allow more time for the students to respond when asking questions or making requests. Students who are depressed may need more time to formulate their answers and overcome anxiety before responding.
  - ❑ Check regularly to ensure class assignments are done.
  - ❑ Use a variety of assessment methods so students can demonstrate knowledge using their stronger skills.

## Teaching problem-solving strategies

Depression can seem like a curtain that surrounds people so that they can barely see any light. As a result, they see few solutions to problems. Teaching students to use problem-solving strategies gives them the opportunity to see other possibilities.

Sometimes, students pick solutions but do not know how to carry them out. For instance, if the problem is a lack of friends, they may decide one option is to start a conversation with a particular classmate who seems receptive, but they don't know how to begin. Some coaching is required so they can figure out what to do, such as approaching the person when he or she is alone at recess, making eye contact, asking the other person a question about his or her interests, or asking if he or she wants to play.

Class-wide social skills coaching, using resources such as those listed in the final section of this volume, helps all students. It may seem easier to integrate these resources at the elementary level but there are also resources for use in secondary school. The concepts may be taught in Career and Personal

For more information on problem solving and classroom meetings, see *Positive Discipline in the Classroom: Developing Mutual Respect, Cooperation and Responsibility in Your Classroom* by J. Nelson, L.Lott & H.S. Glenn (2000).

Planning, Language Arts or Social Studies and need to be reinforced by other teachers throughout the school day.

## **Building a support network**

Students need to be encouraged to build a network of support from parents, teachers, and friends. As much as they are able, they need to let people know how they are doing. At school, they may choose a teacher or counsellor to be an advocate to assist them in communicating with their other teachers. If an outside mental health professional is involved, appropriate permission should be sought from parents and students, depending on their age, to have this person talk to school staff.

Encourage the student with depression to do the following:

- ▶ Maintain contact with a few friends by talking to them regularly and participating in activities that have been part of their regular routine. The student may not get as much enjoyment out of these activities as in the past, but once he or she is feeling better, will be able to get more fully involved.
- ▶ Use assertive communication rather than fighting, shouting, or withdrawing when irritated. For instance, the student could say, “I don’t like it when you pull on my jacket. Keep your hands to yourself.”
- ▶ Walk with a friend, an older buddy or a teacher during recess or breaks. This minimizes the feeling of being left out when the student sees other students having fun or seeming to have many friends.

Not everyone needs or wants to know what the student with depression is experiencing, but hopefully the student has one or two people with whom to talk and laugh. Laughter is a great stress reliever.

## **Teaching goal setting**

For severely depressed students, little is motivating and it is difficult for them to keep up with the rest of the class. Until the treatment starts to take effect, it is important to demonstrate acceptance and focus on students’ accomplishments.

Goal setting helps give direction to people’s lives. When students are depressed, the goals may be short term, even one day at a time, in order to be manageable. This works even if the goal is simply to get to school on

time. If they have not been getting to school regularly, this is a big accomplishment.

Help students set short-term achievable goals. Acknowledge when a goal is achieved and encourage students to reflect on what they did to realize the goal. This helps them believe in their own ability to improve their lives.

## Counselling-related strategies

In consultation with a mental health professional from outside the school or a school counsellor, teachers can reinforce counselling strategies in the classroom. The following are some strategies that may be appropriate for students with depression.

### Coaching students to use positive self-talk

All people “talk” to themselves, reminding themselves what they need to do during the day and how to do it. When people are depressed, this self-talk tends to be negative. Language tends to be overly dramatic, such as “never,” “always,” “awful” and “terrible,” or demanding, such as “have to,” “can’t” and “should.” People with depression can fall into the trap of generating negative beliefs or expectations that cause further problems when they are not confirmed or met.

Students can be helped to practise using self-talk that replaces negative beliefs with ones that do not reinforce negative thinking such as “It’s OK to make mistakes!”

### Encouraging students to follow healthy living practices

There are health practices that help manage depression. Depending on their age, students can be encouraged to take responsibility for using these strategies. If they are young or seriously incapacitated by depression, parents and teachers need to take a more active role in using these strategies to help students regain emotional equilibrium. Some of these practices are common sense but when people are in a depressed state, they are not effective problem solvers and need to be reminded how to take care of themselves. It is important to remember that students will not be able to use all these strategies at once. There may be a tendency to make several suggestions at once. This may be overwhelming and set students up for failure. It is better to start with one or two practices, see some success, then have them try something else.

For more information on positive self talk, see *Thinking, Changing, Rearranging: Improving Self Esteem in Young People* by J. Anderson (1981).]

Suggestions for better sleep habits:

- go to bed around the same time each evening
- establish a routine, such as taking a bath or warm shower just before bedtime
- eat a snack before bed, such as a bowl of cereal or cup of warm milk
- talk quietly with parents to sort out concerns that have arisen throughout the day
- read quietly
- play relaxing music
- go back to bed if you awaken at night
- use relaxation exercises
- use positive self-talk, such as, "I'll be alright when I get up" or, "I can do this."

The techniques outlined in this section are not appropriate for all students with depression and should only be implemented by mental health professionals as part of an individualized treatment plan for a particular student.

#### ► Sufficient sleep

Disturbed sleep exacerbates depression, so it is important for children and youth to have regular sleep schedules. Teenagers often resist this, wanting to stay up late and sleep in on weekends.

#### ► Healthy diet

People with depression tend to over or under-eat. Encourage a healthy diet even though children may be more interested in junk food.

#### ► Physical activities

Physical activity helps reduce stress and promotes a healthy sleep/wake cycle. Students need to be encouraged to participate in physical activities like walking to feel better.

#### ► Relaxation activities

Students can be taught to use various types of relaxation exercises including progressive muscle relaxation. If this therapy is suggested as part of a student's school program, various relaxation tapes are available commercially to assist students through relaxation processes.

### **Encouraging students to participate in community programs**

Students who are depressed often withdraw from participation in activities or are rejected by groups because they are disruptive or unreliable. One way to counteract these common behaviours is to facilitate the involvement of students in community-based activities that provide social and communication skill development. For example, the "Go Girls" program assists girls aged 12-18 to develop social and friendship skills. Counsellors should contact their local community and recreation organizations to see what is available.

### **Helping students "find" their own gifts and talents**

Counsellors or career centre coordinators can offer self-exploration activities that encourage students to learn more about their gifts, talents, and strengths. One way to formalize the process is through portfolio development in which students create a "living" record of their personal discoveries, accomplishments, and school successes. Another less formal way is through setting up a mentoring relationship with a community employer, a college or university student, or a Big Brother/Big Sister.

## Working with parents

Parents may need support in recognizing that their children could be suffering from depression. Supportive teachers, counsellors and principals can help parents to access treatment for their children. It is important for families and school staff to work together to help students with depression. Students need reassurance from the adults in their lives that they will get better and that depression is a treatable and time-limited condition. Teachers and parents can help by removing unnecessary stressors and keeping expectations in line with the student's ability to concentrate and complete tasks. Students may need extra assistance in planning, maintaining routines, and making decisions at home and at school.

The following are ways that school staff can support parents whose children are depressed:

- ▶ Identify one teacher or counsellor to act as the student's advocate/assistant to help with problem solving and communication with parents.
- ▶ Maintain communication between home and school. Keep the messages factual and positive, especially noting when improvement is seen. Parents may be discouraged if their children are experiencing emotional difficulties. Teachers may be called upon to report the effects and side effects of medication to parents and the student's physician. This is especially important with adolescents, who may have poor tolerance for side effects and often fail to take their medication regularly.
- ▶ Create a team with school staff, parents, and the mental health professional who is providing treatment.
- ▶ Encourage parents to remain actively involved with their children and to keep their lines of communication open.
- ▶ Check with local mental health agencies to determine if support groups are available for students and/or parents.

## Understanding medical and clinical treatments

The diagnosis of depression should only be made by qualified mental health professionals, although teachers' anecdotal notes regarding observations, student interactions, and evidence of student growth, achievement and behaviour are helpful in the process. The information included in this resource on medical and clinical treatments is intended only to raise the

Cognitive-behaviour therapy can help students alter a negative cycle of thinking by replacing irrational thoughts, such as, "I never get anything right," to "I got six out of 10 right."

awareness of educational personnel and make them more knowledgeable about therapies that students with emotional disorders or mental illnesses may receive outside school. All medical and clinical therapies must be administered and monitored by qualified mental health professionals.

Once the diagnosis is made by a mental health professional, treatment may be implemented using a variety of methods. Frequently more than one treatment method is used, for instance medication and family therapy. For the most part, these treatments are provided outside the school setting by the appropriate mental health professional. Understanding the nature of the medical and clinical treatment allows teachers to be supportive to parents and the student.

## Medications

The most common drug treatment used by physicians is antidepressant medication. After a careful medical examination that includes determining the type of depression, height, and weight, and perhaps family members' response to a particular drug, antidepressants may be prescribed. Antidepressant medications are not addictive. For bipolar disorder, drugs for mania may be prescribed in addition to antidepressants. New drugs are being developed and marketed for depression and other related mental health disorders.

The use of medications alone cannot be expected to provide a complete recovery. It usually takes more than four weeks to see a positive response to medications and some adjustments may be required to develop the most helpful regime. Physicians may need to adjust the dosage in order to reduce the side effects and increase compliance of the patient.

## Psychological or Talk Therapy

The following psychological interventions may be used by mental health professionals: cognitive-behaviour therapy, group therapy, psychodynamic therapy, or family therapy.

### ► Cognitive-Behaviour Therapy

In cognitive-behaviour therapy, young people are encouraged to use positive self-talk and problem solving to alter behaviour and improve their mental well-being. Some children and youth with depression are hard on themselves. They need to learn how to find positive reinforcement in their environments.

▶ **Group Therapy**

Group therapy oriented to building self-esteem, enhancing social skills, and managing anger can be helpful for students and may be included in a treatment plan. Group therapy may be available through local mental health agencies or private therapists.

▶ **Psychodynamic Therapy**

In some instances, mental health professionals help young people with depression to understand and resolve their internal unconscious conflicts. Treatment may include play therapy or art therapy.

▶ **Family Therapy**

In family therapy, the entire family is involved, as they often need to change their responses to depressed children or adolescents. Issues of neglect or abuse may need to be resolved.



## In Conclusion

This resource has briefly described different types of depression in childhood and adolescence and suggestions for supporting students with depression in school. None of the suggestions is unique or unusual—they are practices used by educators in classroom every day for encouraging all students. Many of the suggestions contained in this volume about students with depression are transferable to other students who are having difficulty in school.

The suggestions follow proven successful practices:

- ▶ systematic observation
- ▶ meaningful communication with parents
- ▶ effective collaboration and consultation with other service providers, and
- ▶ taking action to support students in an informed way.



## Resources

Educators and mental health professionals have suggested the following resources. They have not been evaluated as provincially recommended learning resources. The responsibility to evaluate resources prior to selection rests with a school board in accordance with any existing local policy.

### Organizations/Web sites

[www.bpkids.org](http://www.bpkids.org)

Web site of the Child and Adolescent Bipolar Foundation

[www.cmha-bc.org](http://www.cmha-bc.org)

Web site of the Canadian Mental Health Association—BC Division, with links to many other related sites

[www.depression.com/](http://www.depression.com/)

A gateway to information about depression on the Internet with a large and easily accessible online database

[www.mentalhealth.com](http://www.mentalhealth.com)

Web site of Dr Phil Long, Vancouver Psychiatrist, offering a free encyclopedia of mental health information

[www.mhadvocate.com](http://www.mhadvocate.com)

Web site of the Mental Health Advocate of British Columbia

[www.bccf.bc.ca](http://www.bccf.bc.ca)

Web site of the BC Council for Families

## Resources for teachers

*Building self-esteem with Koala-Roo can-do* (1989) by Laura Fendel. Glenview, IL: Scott Foresman and Company/Good Year Books. ISBN 0-673-38080-7. ECS-Grade 3. Available from Mind Resources Inc.

*Classroom rituals for at-risk learners* (1992) by Gary L. Phillips; Steve Bareham & Melanie Chandler (eds.). Vancouver, BC: EduServ Inc. Available from the Teachers' Book Depository.

*Esteem builders: a K-8 self esteem curriculum for improving student achievement, behavior and school climate* (1989) by Michelle Borba. Torrance, CA: Jalmar Press. ISBN 0-91519053-2. ECS-Grade 8. Available from the Teachers' Book Depository.

*Feeling good about yourself: strategies to guide young people toward more positive, personal feelings* (1990) by Debbie Pincus. Torrance, CA: Good Apple, Inc. ISBN 0-86653-516-0. Grades 3-8. Available from Artel Educational Resources Inc.

*Positive discipline in the classroom: create a classroom climate that enhances academic learning, use class meetings and other positive discipline strategies effectively* (1997) by Jane Nelsen, Lynn Lott & H. Stephen Glen. Rocklin, CA: Prima Publishing. ISBN 1-55958-311-8. Available from the Teachers' Book Depository.

*Second step by the Committee for Children*. Seattle, WA: Committee for Children. ECS-Grade 9.

*Skills for action* (1998) by Lions-Quest Canada. Newark, OH: Quest International. Grades 9-12. Available from Lions-Quest Canada.

*Skills for adolescence* (1998) by Lions-Quest Canada. Newark, OH: Quest International. Grades 6-8. Available from Lions-Quest Canada.

*Skills for growing* (1998) by Lions-Quest Canada. Newark, OH: Quest International. ECS-Grade 5. Available from Lions-Quest Canada.

*Skills for living: group counseling activities for young adolescents, volume one* (1990) by Rosemarie Smead Morganett. Champaign, IL: Research Press. ISBN 0-87822-318-5. Grades 4-9.

*Skills for living: group counseling activities for young adolescents, volume two* (2000) by Rosemarie Smead Morganett. Champaign, IL: Research Press. ISBN 0-87822-420-3. Grades 4-9.

*Skills for school success (books 3, 4, 5, 6)* (1991) by Anita Archer & Mary Gleason. North Billerica, MA: Curriculum Associates. Grades 3–6. Available from Asquith House Ltd./Michael Preston Associates. Grades 3–6.

*Thinking, changing, rearranging: improving self-esteem in young people* (1981) by Jill Anderson. Eugene, OR: Timberline Press. ISBN 0–9608284–0–0. ISBN 0–9608284–1–9 (teacher’s guide). Grades 5–12.

*Thinking, feeling, behaving: an emotional education curriculum for children / Thinking, feeling, behaving: an emotional education curriculum for adolescents* (1989) by Ann Vernon. Champaign, IL: Research Press. ISBN 0–87822–305–3 (Grades 1–6). ISBN 0–87822–306–1 (Grades 7–12).

## Resources for parents and students

*Chicken soup for the teenage soul: 101 stories of life, love and learning* (1997) by Jack Caufield, Mark Victor Hansen & Kimberly Kirberger. Deerfield Beach, FL: Health Communications Inc. ISBN 1–55874–463–0 (paperback).

*Depression is the pits but I’m getting better: A guide for adolescents* by Jane Garland. Imagination Press. ISBN 1–55798–458–1.

*Life choices: healthy and well* (1996) by Judith Campbell. Scarborough, ON: Prentice Hall Ginn Canada. ISBN 0–13–244195–0 (student resource). Grades 10–12.

*Life choices: relationships* (1996) by Judith Campbell. Scarborough, ON: Prentice Hall Ginn Canada. ISBN 0–13–242173–9 (student resource). Grades 10–12.

*Teen esteem: a self direction manual for young adults* (1989) by Pat Palmer with Melissa Alberti Froehner. San Luis Obispo, CA: Impact Publishers. ISBN 0–915166–66–6. Grades 7–12. Available from the Teachers’ Book Depository.

# Bibliography

American Psychiatric Association (1992). *Childhood disorders* (APA Online Public Information). Washington, DC: American Psychiatric Association. Taken from Web site [www.psych.org/public\\_info/CHILDR-1.HTM](http://www.psych.org/public_info/CHILDR-1.HTM)].

Anderson, J. (1981). *Thinking, changing, rearranging: improving self-esteem in young people*. Eugene, OR: Timberline Press.

Black, S. (1995). "Wednesday's child." *The Executive Educator*, 17(11), pp. 27–30.

Brooks-Gunn, J. & Petersen, A. C. (eds.) (1983). *Girls at puberty: biological and psychosocial perspectives*. New York, NY: Plenum Press.

Canadian Mental Health Association (1993). *Depression and manic depression* (pamphlet). Toronto, ON: Canadian Mental Health Association.

Canadian Mental Health Association, Alberta South Central Region (n.d.). *Youth coping with stress*. Calgary, AB: Canadian Mental Health Association, Alberta South Central Region.

Center for Mental Health Services (1998). *Major depression in children and adolescents fact sheet*. Washington, DC: Center for Mental Health Services. Taken from Web site [www/mentalhealth.org/publications/allpubs/CA-0011/depress.htm](http://www/mentalhealth.org/publications/allpubs/CA-0011/depress.htm).

Committee for Children (1997). *Second step: a violence prevention curriculum — teacher's guide (grades 4–5)*. Seattle, WA: Committee for Children.

Fombonne, E. (1995). "Depressive disorders: time trends and possible explanatory mechanisms." In M. Rutter & D. J. Smith (eds.), *Psychosocial disorders in young people: time trends and their causes* (pp. 544–615). Chichester, UK: John Wiley and Sons Ltd.

Lamarine, R. J. (1995). "Child and adolescent depression." *Journal of School Health*, 65(9), pp. 390–393.

Learning Disabilities Association of America (1995). *Secondary education and beyond: providing opportunities for students with learning disabilities*. Pittsburgh, PA: Learning Disabilities Association of America.

Long, N. J. & Brendtro, L. K. (eds.) (1997). "Surfing our thoughts." *Reclaiming Children and Youth, Journal of Emotional and Behavioral Problems*, 6(2).

Nelsen, J., Lott, L. & Glenn, H. S. (1993). *Positive discipline in the classroom: how to effectively use class meetings and other positive discipline strategies*. Rocklin, CA: Prima Publishing.

Nelsen, J., Lott, L. & Glenn, H. S. (2000). *Positive discipline in the classroom: developing mutual respect, cooperation, and responsibility in your classroom (revised 3rd edition)*. Roseville, CA: Prima Publishing.

Phillips, G. L. (1992). *Classroom rituals for at-risk learners*. Vancouver, BC: EduServ Inc.

Reynolds, W. M. (1990). "Depression in children and adolescents, nature, diagnosis, assessment, and treatment." *School Psychology Review*, 19(2), pp. 158–173.

Rutter, M. & Smith, D. J. (eds.) (1995). *Psychosocial disorders in young people: time trends and their causes*. Chichester, UK: John Wiley & Sons.

Tobin-Richards, M. H., Boxer, A. M. & Petersen, A. C. (1983). "The Psychological significance of pubertal change: sex differences in perceptions of self during early adolescence." In J. Brooks-Gunn & A. C. Petersen (eds.), *Girls at puberty: biological and psychosocial perspectives* (pp. 127–154). New York, NY: Plenum Press.

Waterman, G. S. & Ryan, N. D. (1993). "Pharmacological treatment of depression and anxiety in children and adolescents." *School Psychology Review*, 22(2), pp. 228–242.

Weinberg, W. A., Harper, C. R., Emslie, G. J. & Brumback, R. A. (1995). "Depression and other affective illnesses as a cause of school failure and maladaptation in learning disabled children, adolescents, and young adults." In the Learning Disabilities Association, *Secondary education and beyond: providing opportunities for students with learning disabilities* (chapter 15). Pittsburgh, PA: Learning Disabilities Association. Taken from Web site [<http://www.ldanatl.org/articles/seab/weinberg/>].

Wright-Strawderman, C. & Watson, B. L. (1992). "The Prevalence of depressive symptoms in children with learning disabilities." *Journal of Learning Disabilities*, 25(4), pp. 258–264.



# How Can We Improve This Resource Guide?

We hope this resource guide addresses most of your questions and concerns regarding students with depression. Since the users of any manual are often the ones best able to identify its strengths and weaknesses, let us know how you evaluate its usefulness and how the document could be improved. If you have any suggestions and comments, please complete a copy of this page and send it to the ministry at the address below.

## How do you rate Teaching Students with Mental Health Disorders: Resources for Teachers (Volume 2 – Depression)

	Yes	No	If no, please explain:
1. Useful?	<input type="checkbox"/>	<input type="checkbox"/>	_____
			_____
2. Easy to understand?	<input type="checkbox"/>	<input type="checkbox"/>	_____
			_____
3. Well organized?	<input type="checkbox"/>	<input type="checkbox"/>	_____
			_____
4. Complete?	<input type="checkbox"/>	<input type="checkbox"/>	_____
			_____

Other comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Return to:** Co-ordinator, Special Programs  
Special Programs Branch  
Ministry of Education  
PO Box 9165 Stn Prov Govt  
Victoria BC V8W 9H4  
Fax: (250) 356-7631





