



## Pupils with Mental Health Difficulties

### Depression



## Depression



### Classroom-based tips (focus on instructional methods)

#### 1. Make accommodations

When working with pupils with depression, consider making accommodations in the following areas:

- **Homework** – Establish a time limit for homework and reasonable homework content as pupils suffering from depression can be overwhelmed by homework load and worry that homework is not of required standard. Consider asking the pupil about feelings and thoughts regarding the quantity and quality of homework. Sometimes reducing homework might create more stress, depending on the pupil.
- **Assignments** – Consider breaking assignments down into individual steps and introducing intermediate deadlines with continuous progress reviews.
- **Presentations** – Consider allowing the pupil to present only to the teacher and not to a large class group, or perhaps use audio recording techniques. Gradually help the pupil to present to a larger audience when you think s/he is ready.

#### 2. Ensure Check-in Time

It is important that pupils suffering with depression are aware that someone cares and that they are not alone. Ensure that pupils receive regular supportive 'check-ins' in whatever medium the pupil is confident and responsive, such as before/after class, during break times or via email. Give frequent feedback on academic, social, and behavioural performance. Frequently monitor whether the pupil has suicidal thoughts. In case pupils express suicidal thoughts always refer them to the Mental Health Services, School Psychology Services or the School Counsellor. Remember that in case of suicidal thoughts you can refer, even without the consent of parents.

#### 3. Practice Engagement and Effective Communication

There are specific interpersonal skills a teacher can use to engage with a pupil experiencing depression that will allow for clearer communication and understanding. Ensure that you make eye contact with pupil and demonstrate an empathetic understanding of the pupil by nodding and repeating, this will help the pupil know that they are being listened to. If the pupil divulges anything about their emotional state of mind or worries ensure that you understand exactly what the pupil is relating to you by asking the pupil for clarification. Be open for discussion during breaks and encourage the pupil to communicate thoughts and feelings with you. Do not encourage discussion in front of class. When difficult emotional issues arise always consult the school psychologist/counsellor.

#### 4. Create a Safe Environment

Give the pupil opportunities to engage in social interactions with classmates. Seat the pupil with fellow pupils that s/he is confident and comfortable with. Wherever possible allow the pupil to engage with creative learning, projects, group work and assignments that s/he demonstrates an interest or talent for, as this will help to engage the pupil and build self-

confidence and participation. Consider arranging, with the cooperation of your school psychologist/counsellor, a presentation regarding differences and acceptance for the whole class.

#### 5. **Teach Self-Regulating and Coping Skills**

Teach the pupil how to set goals and self-monitor. Teach problem-solving skills. Coach the pupil in ways to organise, plan, and execute tasks demanded daily or weekly in school. Making these skills part of your subject material will allow the pupil to learn coping mechanisms for self-regulation.

#### 6. **Make Appropriate Referrals**

Make appropriate referrals to the principal, parent, school counsellor, school psychologist, doctor or mental health specialist according to school policy. Ensure written parental consent where necessary.

#### References:

Adapted, in part, from *Accommodating Students with Mood Lability: Depression and Bipolar Disorder* Leslie E. Packer PHD, (2002). Available at [www.schoolbehavior.com](http://www.schoolbehavior.com)

Adapted, in part, from

<http://www.heysigmund.com/anxious-kids-at-school-how-to-help-them-soar/>

<http://www.worrywisekids.org/node/40>



## School-based practical tips (focus on instructional methods)

### Community

#### **Promote Knowledge and Awareness**

Establish and maintain appropriate links to mental health organisations in your area. Recognise and promote National Mental Health awareness through school-wide events. Provide literature and contact details in school of appropriate mental health therapeutic centres and interventions.

[References: Adapted, in part, from the American National Association of School Psychologists, the National Institute of Mental Health, and Interventions That Work in Educational Leadership, A. Crundwell and K. Killu *Responding to a Student's Depression* Available at <http://www.ascd.org/>]

### Food: Canteen / Visits / Camps / Trips

#### **Mental Health Policy, Anti-Bullying Policy, Healthy Eating policy**

Develop and implement health policies, which can be of great benefit to a pupil suffering from depression. Healthy eating has been shown to reduce levels of anxiety and stress. Having a clearly defined school Mental Health Policy will provide your school with clear

guidelines when dealing with mental health issues. A stringent Anti-Bullying policy may reduce the possibility of a depressed pupil becoming the victim of bullying.

## Other (Health and Wellness)

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## Parents / Parent Associations

### **Develop Home-School Communication**

Develop an effective home-school communication system to share information on the pupil's academic, social, and emotional behaviour and any developments concerning medication or side-effects.

## Safety

### **Ensure Supervision**

Ensure any pupil identified as suffering from depression is supervised at all times

## Scheduling Events

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## School Breaks

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## Pupil Support

### 1. Develop Home-School Communication

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### 2. Make Accommodations

Develop modifications and accommodations to respond to the pupil's fluctuations in mood, ability to concentrate, or side-effects of medication. Assign one member of staff to serve as a primary contact and coordinate interventions.

## School Celebrations / Events / Activities

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## Teacher Professional Development

### **Provide Continuous Professional Development**

Ensure all staff in contact with pupils faced with depression receive adequate, relevant and appropriate Continuous Professional Development for staff and teachers in mental health awareness and intervention.

## **Supportive Literature**

DEPRESSION “is a common mental disorder, characterised by sadness, loss of interest or pleasure, feelings of guilt or low self-worth, disturbed sleep or appetite, feelings of tiredness, and poor concentration.

Depression can be long-lasting or recurrent, substantially impairing an individual’s ability to function at work or school or cope with daily life. At its most severe, depression can lead to suicide. When mild, people can be treated without medicines but when depression is moderate or severe they may need medication and professional counselling treatments.

Depression is a disorder that can be reliably diagnosed and treated by non-specialists as part of primary health care. Specialist care is needed for a small proportion of individuals with complicated depression, or those who do not respond to first-line treatments. (*World Health Organisation*)

“Some young children with this disorder may pretend to be sick, be overactive, 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*).

### **Symptoms of depression**

According to AWARE, a depression support organisation based in Ireland, depression has eight main symptoms. If a person experiences five or more of these symptoms, lasting for a period of two weeks or more, they should speak to a GP or mental health professional. The symptoms of depression are:

- Feeling sad, anxious or bored
- Low energy, feeling tired or fatigued
- Under-sleeping or over-sleeping, waking frequently during the night
- Poor concentration, thinking slowed down
- Loss of interest in hobbies, family or social life
- Low self-esteem and feelings of guilt
- Aches and pains with no physical basis, e.g. chest, head or tummy pain associated with anxiety or stress
- Loss of interest in living, thinking about death, suicidal thoughts

[www.aware.ie](http://www.aware.ie)



## Signs of depression in pupils

- Complaints of feeling sick, school absence, lack of participation
- Irritability
- Isolation from peers, problems with social skills, defiance
- Difficulty concentrating on tasks/activities
- Poor quality of schoolwork
- Forgetting to complete assignments, difficulty concentrating
- Difficulties with planning, organising, and executing tasks
- Refusing to complete work, missing deadlines
- Facial expressions or body language indicating depression or sadness
- Easily hurt feelings, crying, anger
- Poor performance and follow-through on tasks
- Inattention
- Distractibility, restlessness
- Forgetfulness
- Frequent absences
- Decreased self-esteem and feelings of self-worth
- Self-deprecating comments
- Defiance with authority figures, difficulties interacting with peers, argumentativeness
- Pessimistic comments, suicidal thoughts
- Isolation and withdrawal,
- Frequent change in friends
- Lack of interest and involvement in previously enjoyed activities
- Boredom
- Theft, inappropriate / risky sexual activity, alcohol or drug use, truancy
- Substance abuse
- Acting out of character, sleeping in class

## Websites and EU Reports

### Useful Websites

International Association of Youth Mental Health [www.iaymh.org](http://www.iaymh.org)

World Health Organisation [www.who.int](http://www.who.int)

Institute of Child Education and psychology [www.icepe.eu](http://www.icepe.eu)

### Relevant Articles and Reports

**Child and Adolescent Mental Health in Europe: Infrastructures, Policy and Programmes. Luxembourg: European Communities.** Braddick, F., Carral, V., Jenkins, R., & Jané-Llopis, E. (2009). Available at <http://ec.europa.eu/>

**Comparing Child Well-Being in OECD Countries: Concepts and Methods** Jonathan Bradshaw, Petra Hoelscher and Dominic Richardson (2006)  
Available at <https://www.unicef-irc.org/publications/464/>

**Changing attitudes: supporting teachers in effectively including students with emotional and behavioural difficulties in mainstream education**, Geraldine Scanlona and Yvonne Barnes-Holmes, School of Education Studies, Dublin City University, Glasnevin, Dublin 11, Ireland; Department of Psychology, The National University of Ireland, Maynooth, Co. Kildare, Ireland  
<http://dx.doi.org/10.1080/13632752.2013.769710>

**Comorbidity of anxiety and depression in children and adolescents**

Brady, Erika U.; Kendall, Philip C.  
Psychological Bulletin, Vol 111(2), Mar 1992, 244-255.  
<http://dx.doi.org/10.1037/0033-2909.111.2.244>

**Mental Health Promotion and Prevention Strategies for Coping with Anxiety, Depression and Stress Related Disorders in Europe (2001-2003)**  
[http://www.enwhp.org/fileadmin/downloads/8th\\_Initiative/Mental\\_Health\\_BAUA\\_Report\\_2001\\_2003.pdf](http://www.enwhp.org/fileadmin/downloads/8th_Initiative/Mental_Health_BAUA_Report_2001_2003.pdf)