#PUPPET

A friend considers suicide ... How can I help?

Just a bad hair day or really depressed?
Find out where you fit in ...

ANTIDEPRESSANTS
Does it really work? Is it addictive?

PROFESSIONAL HELP FOR DEPRESSION & ANXIETY
website | contact numbers
depression101-project

More and more people are diagnosed with depression daily. More people consider suicide. These are people we know. I am not a psychologist or a depression expert, but I have been fighting depression for the past 35 years. Not only do I want to support depression fighters who have to fight the illness every single day, but also to destigmatise it. Depression fighters must be encouraged to talk about their fight against the illness. To be a depression fighter is nothing to be ashamed of and they haven't done anything wrong to suffer from depression.

The main purpose of the project is that you have a better understanding of
• the illness (depression) and
• the behaviour of family/friends (and your own) fighting depression.

This guide is not the end result of clinical study. The content consists of information verified by experts on depression. My sincere appreciation goes to the following people for their input:
• Prof Piet Oosthuizen (Psychiatrist)
• Prof Lizette Rabe (Ithemba foundation, South Africa)
• Ms Janine Roos (Head: Mental Health Information Centre, Stellenbosch University)

Anyone who believes they are depressed must be evaluated by a psychologist or a general practitioner. A reliable evaluation cannot be made on this guide’s information only.

Depression is not a death penalty. With the proper treatment the depression fighter’s quality of life can be improved.

Teachers and parents deal with young depression fighters every day but many of them suffer from depression too. This guide is not only to inform teenagers, parents and teachers about the illness but also to improve quality of life.

The contents of the guide will not provide all the answers to everybody’s challenges and circumstances regarding the illness. I hope that every reader will benefit from it in some or other way.

Johan Laten

“Depression

is a serious and common medical condition (an illness of the brain) which has a huge impact on a personal level. According to South Africa’s constitution depression fighters have the right to be respected and to receive appropriate and effective treatment.

Ontsnap van depressie
(prof Piet Oosthuizen)
Depression doesn't care if you are famous, rich or poor, beautiful or not … you?

Someone you know?
‘Life is difficult’

* people close to us die
* the pressure to excel, just gets too much
* we don’t have enough money for food
* I am lonely
* relationships and personal plans don’t always work out

**Pierre**

jumped on his long board and with the speed of lightning he chased Phil down hill. He lost his balance and fell. He hit his head against the road. Blood was streaming from his arm. He screamed like a little boy because the pain was unbearable. The next moment Pierre was lights out!

**Jacques’ (15)**

pain is more than just unbearable ...

For the past 3 weeks he has been very sad, tired all the time and emotional. It doesn’t matter how hard he tries, it doesn’t get any better. He just cannot deal with the pain on his own.

He urgently needs help.
Jacques is a teenager and his feelings are no surprise & nothing extraordinary.

But ... his battle of 14 days + with these intense emotions is going on for too long. A psychologist must evaluate Jacques to determine if he is depressed.

SYMPTOMS
Depression fighters each experience different symptoms. They experience only some of the symptoms at different levels of intensity.

Depression fighters can sidestep the illness.
SYMPTOMS of depression

- I am sad ... 24/7
- Often irritated or angry
- Extremely nervous and worried about everything
- Cry a lot

less/no interest in my favourite activities, forgetful, feel useless and guilty about everything, on my own most of the time

Often think of death and to end my life.

- Eat and sleep too much or too little
- Little energy and tired most of the time

- high rate of absenteeism
- cannot concentrate on schoolwork
- indecisive

I am sad...
Get up and do something
when your emotions and depression symptoms start controlling and taking over your life eventually.
It will not go away by itself.
It can lead to suicide if the depression fighter does not get any help to handle or manage these symptoms any better.

Take action! You decide how you will run your race!
“It’s important to remember that no one sign means that there is a problem. It’s important to examine the nature, intensity, severity and duration of a problem.”

Dysthymic depression

The patient will have 5 or more of the following symptoms:

1. Poor or excessive appetite
2. Insomnia or excessive sleepiness
3. Low energy levels and fatigue
4. Bad self-image
5. Poor concentration and indecisiveness
6. Feeling of helplessness

***

“Every silver lining has a dark cloud.”

1 Major depressive disorder

Experience some of the symptoms (page 6) for at least 14 days to categorise it as a major depression episode. These episodes are repeated, almost like asthma attacks.

2 Dysthymic depression

Only some of the depression symptoms are experienced over a longer period of time. It is not as bad as a major depression episode, but can continue for at least 1 to 2 years.

The new “normal” ... the person’s condition is not so bad that his/her life falls apart completely. Many people live with it. They think it's just how life is.
Alcohol & drugs do not help the depression fighter feeling any better. It can result in depression when alcohol and drugs are abused over a period of time.

- **cocaine** | ‘tik’
- **cannabis** | **mandrax**

All these drugs are extremely dangerous for people with depression. The drugs affect the biochemistry of the brain and can start an episode of depression.

**drugs vs antidepressants**

Chances are very slim that the antidepressant will do its job properly if you drink excessively or abuse drugs.

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Penelope Thompson

Penelope is in our class. She moans and groans about everything. Everything is wrong all the time. When we sit outside during breaks, she sits on her own. When we ask if something is wrong, she replies everything is fine. Everything is fine or OK all the time. We have given up with her. We don’t invite her anymore when we go out over weekends, because she is always tired. She is number 4 on our grade’s academic list and plays 1st team hockey. But according to her she is pathetic at everything she does. We cannot put up with her whining anymore. The one moment everything is awesome, and the next minute she puts herself on mute. Ughh, I just want so slap her!

"With the description given by Penelope’s friend, her challenge seems to be dysthymic depression. A psychologist or family doctor must evaluate her. If this is the case, Penelope may consider therapy and the use of medication to improve her quality of life."

Lillian Johnson (clinical psychologist)
What causes depression?

1. NEUROTRANSMITTERS
   - Also known as chemical messengers, transmit signals across neurons (nerve cells). Problems can arise with the chemical transmission of the messages from one neuron to another. The message is “incomplete” or “wrong” when there is a chemical imbalance. When receiving an incorrect message, the neuron in turn, sends an incorrect message until the entire system is later disabled. When there is a problem with one or more of these messengers, it may lead to depression.

2. HEREDITARY
   - One inherits half your genes from your mother and the other half from your father. The risk of depression is determined by the combination of your genes and how they fit. It is a variety of genes that contribute to the risk. A depression fighter cannot do anything about it.

3. ENVIRONMENTAL FACTORS
   - Emotional stress, exam stress and peer pressure are stressors which play a significant role in anybody’s life. However, it is more important to know that one can also stress due to injuries, operations, serious illnesses, persistent physical challenging conditions and substances.

GENES
   - Determine our chances to get depression but it does not necessarily cause the illness. Environmental factors usually cause the person to become depressed.
Teenagers: moody or really depressed?

1. Emotional
Teenagers are usually emotional (often due to hormonal change). It is normal when they are sad, anxious, frustrated and not feeling in control.

2. Moody
It is therefore not easy to establish if their behaviour is due to teenage moods or depression.

3. Abnormal
A teenager’s behaviour is abnormal when he/she experiences depression symptoms and they don’t get better by themselves.

4. Evaluate
One has to consider an evaluation by a medical doctor or psychologist seriously when the symptoms persist. The problem is maybe much worse than just teenage moods.

Depression can develop when
- a parent passes away.
- you are bullied.
- there are signs of physical, sexual or emotional abuse.
- you experience domestic violence.
- your parents are depression fighters or using drugs.
- there is a history of depression in your family.

Problem ...
Dylan’s symptoms are not limited to depression only. Many teenagers with behavioural problems abuse drugs and perform poorly at school because of things that have happened to them and not because they are depressed.

- standard of school work deteriorates
- moans about everything
- tired all the time
- behavioural problems
Symptoms
Hart palpitations
Dry mouth
Stomach aches
Tingling sensation in limbs
Excessive sweating
Lightheaded

Panic attacks happen suddenly. It feels as if you lose control of yourself, if you are going crazy and even die.

Where? busy shopping malls & places where help is not available immediately (e.g. airports & highways)

When? meeting strangers, talk in front of an audience, unknown environment

Andreas
made a prank call: “Expect chaos in your school at 12:40 today. Be warned.” A grade 11 learner overheard Andreas making the phone call in the boys’ toilets and reported him to the grade head. Andreas is now waiting on the headmaster to deal with him. He knows he is in serious trouble, he just doesn’t know how serious! This is anxiety at its best!!

Lisa
is extremely tired and very anxious about test results which she expects to be bad, scared that she will not have a date for the matric farewell and that she will fail her driver’s license. Therefore she’s busy all the time. She cannot sit still. And that is so tiring.

Anxiety often leads to or is a symptom of depression. One can be anxious and depressed at the same time. Anxious people worry about things which most probably will not happen at all. They always anticipate a negative outcome of something they have to do.
take charge & hit anxiety for a 6!

- take time out
- listen to music
- meditate
- go for a massage

- do your best, nobody is perfect
- look at the bigger picture, don’t focus on 1 particular problem only
- laugh! loud & often

- get enough sleep
- take deep breaths
- slowly count to 10 and repeat

- do relaxation exercises
- have balanced meals, don’t skip meals
- accept you cannot control everything

limit alcohol- & caffeine intake:
it worsens anxiety and panic attacks

“Breathe. It regulates your heartbeat, helps with panic attacks and to perform in sport. Many people see proper breathing as part of their lifestyle to cope with anxiety and panic attacks, when they are sad or facing a physical challenge. It is available, effective and for free. It is my saving grace and my favourite saying, “Breathe!” Nataniël”
1 Breathe and calm down
- Take a long, slow breath in through your nose
- Hold your breath to the count of 3.
- Exhale slowly, while you relax the muscles in your face, jaw, shoulders and stomach.

2 Count and calm down
- Sit comfortably.
- Close your eyes, take a long, deep breath and exhale it slowly while saying the word "relax" silently.
- Let yourself take 10 natural, easy breaths. Count down with each exhale, starting with 10.
- This time, while you are breathing comfortably, notice any tensions, perhaps in your jaw or forehead or stomach. Imagine those tensions loosening.
- When you reach 1, open your eyes again.
Can depression be treated?
Yes ...
with medication & therapy sessions with a registered psychologist or psychiatrist.

“No matter how hopeless things may feel today, people can get better with treatment - and most do.”

(www.psychcentral.com)

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Use your prescription medication, responsibly. Depression has stolen your life from you. It’s time to take it back!

Medication

1. **Medication**
   - Only medical doctors and psychiatrists can prescribe the medication. The treatment will always focus on a specific patient. Antidepressants are not just “happy pills” which make you feel better. You determine your own happiness.

2. **Antidepressants**
   - help to experience normal emotions.
   - are not addictive.
   - take days/weeks before they start working.
   - make little difference initially.
   - all have side-effects.

3. **Prescription medication**
   - Consult with your doctor before stop taking the medication or lower the dosage yourself.

**Talk about it**
when you, or somebody close to you, experience symptoms of depression.

Treating depression is not straight forward. It’s not just popping pills. A combination of medication and therapy sessions is the best treatment for any patient:
- antidepressants: treat the symptoms
- therapy: helps to identify the cause of the symptoms
1 Your appointment with the psychologist
The psychologist cannot control your thoughts. He/she will not expect you to do anything or share information that you do not feel comfortable with. You decide what you want to share and discuss with the therapist.

2 Conversations with the psychologist will help you to
- have a better understanding of how things have to be done.
- change your own behaviour.
- improve relationships.
- to alleviate anxiety and/or depression.

3 What’s in it for me?
- You will find out what causes your depression.
- Suggestions will be made about what you can do to manage your depression better.
- The psychologist will help you to put a plan of action in place which will help you to manage the illness better.

Therapy is not a quick fix.

patience + time = improvement

It’s your journey … keep on fighting!
It is your responsibility to do something when you are fighting depression. *Depression is an illness* like cancer, asthma or diabetes.

Admit you are depressed.

Talk about it.

It’s not your fault that you have depression, but it is your problem. Do something CONSTRUCTIVE to manage your depression better. Only then you can get help and improve your quality of life.

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Screen time
There is a relationship between depression and anxiety and all the hours (4 hours or longer) that children spend watching TV and using their cellphones and computers.

*(Public Health England)*

1 EXERCISE

Exercise at least 3, but preferably 4 or 5 times per week if you want to manage your depression better and improve your quality of life. Do exercises which you enjoy! Get a *training partner*. It will keep you motivated.

- **Exercise at least 30 minutes at a time**: jog, walk, cycle, dance
- **Set daily goals** which you can manage: walk 30 minutes everyday and not the full distance in one attempt over the weekend. Don’t try to run the Comrades marathon when you start with your training programme. **Increase the distance gradually.**
- **Listen to your favourite music** when you train … at full volume!

2 SLEEP

Struggling to sleep? Try the following:

- Try to go to bed at night and get up in the morning **at the same time** every day.
- Don’t sleep **during the day**.
- If you can’t fall asleep, **get up and do something**.
- Make sure the **temperature** in your **room is comfortable**.
- Keep your room **dark**.
- Only use your bed to **sleep** on.
- Don’t **eat too late** at night or **go to bed hungry**.
- Don’t drink **coffee** or **alcohol** shortly before bedtime.
- **Reduce screen time** before bedtime.
The food we eat can help too when we are fighting depression. The following information is only examples of different types of food a depression fighter can consider to include in his/her diet.

**Vitamin B-12 & folic acid**
- **Folic acid**: dark leafy greens, citrus fruit, avocado, beans
- **Vitamin B-12**: meat, fish, dairy products
- **Folic acid and vitamin B-12**: eggs, spinach, egg yolk

**Selenium (trace [small amounts] mineral)**
- Whole wheat e.g. oats, brown rice
- Brazil nuts, cooked tuna, mussels, oysters

**Fish (omega 3)**
- Salmon, tuna

**Fruit and vegetables**
- **Vitamin C**: strawberries, blueberries
- **Beta carotene**: carrots
- **Vitamin E**: nuts, seeds, wheat germ
- *Start your day with a healthy and delicious smoothie!*

**Vitamin D**
- Spend time in the sun, it is rich in vitamin D!
- Cheese, egg yolk
- *“What’s for breakfast?” What about an omelette?*

**Chocolate**
- *“What’s for dessert?!” Yummy dark chocolate …*
- Dark chocolate has an effect on the endorphins that release feel good hormones in the brain.
1 One day at a time
Set realistic goals which you can handle. Reward yourself when you have reached your goals.

2 Build your own support network
Rely on the support of family/friends, even when you are too tired to talk or feeling ashamed of your illness or guilty that you neglect your friends.
It is not a sign of weakness and you are not a burden to others.
Talk to someone in person about your illness. The outcome will be much better than a Whatsapp message, Facebook or even a cellphone conversation.
The person you are talking to does not have to solve your problems. He/she must listen to you attentively and not judge you.

3 Spend time with your friends, even if you don’t feel like it. When you are amongst people, you will feel less depressed.

4 Join a depression support group
They will understand the way you feel 100%. You can encourage each other, share your experiences with the illness and gain valuable advice to manage the illness better.

5 Delete your negative thoughts
Be less critical of yourself and challenge yourself to focus less on the negative thoughts. Rather focus on everything that goes right, than on one thing that went wrong. Stop generalising, "I cannot do anything right." Just focus on the things you need (and do not have) to do.
6 Make your own wellness toolbox for a quick mood boost
(Try to do a few of these things every day even if you feel good.)

- Do a short hiking trail.
- Write why you like yourself.
- Read a good book, hit a few golf balls, take a relaxing bath, take a ride on your longboard etc etc.
- Watch a comedy – a movie or a TV programme and laugh your belly out.
- Do a few chores e.g. make a backup of your files on your computer.
- Walk (or play with) your dog.
- Listen to your favourite music. Sing along ... on the top of your voice!
- Be adventurous and do anything unplanned!
- What about a manicure or pedicure!? 

7 Professional help
Get professional help when you have tried everything possible but your depression doesn't get any better. Do it for yourself.

are not a failure, an idiot or a loser.
Get rid of these labels which you put around your neck yourself!

Believe in yourself. You are unique!
My depression doesn't get better

What are the possible reasons?

• Is the diagnosis correct?
• Do you take the medication as prescribed?
• Are you taking the right dosage?
• How long have you been taking the medication?
• Do you use other medication that can prevent the antidepressants from working properly?
• Substance abuse e.g. alcohol and other drugs
• Lifestyle factors that feed the illness: Do you get enough sleep? Do you exercise regularly?
  Is the pressure to excel getting too much?

*go back to the drawing board* ...

Spend time with your GP/psychologist and take a look at *yóúr bigger picture* when your depression doesn’t get any better. He has to decide how your treatment must be adjusted.
Your parents are worried about you. Talk to them when you are depressed or uncertain if you do have depression.

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They say random stuff (which really irritates me) to find out what is going on:

“I notice that you’re not going out with your friends anymore.”
“You ignore all your cellphone calls.”
“You don’t eat enough food.”

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Don’t say it’s “nothing”. Talk.
Be honest. Tell them why you behave the way you do. They are not curious, they want to help & support you.

When you talk to someone fighting depression ...

1 Talk and listen

• It will help the person to see matters in perspective. It can bring (slight) relief even if it is temporarily.
• Talk about the person’s depression and listen to his story.
• Do not interrupt the person.
• Avoid sarcasm, personal attacks and words like “always” and “never”.
• Remember: your advice is not the only answer or solution.
• Focus on the present, not the past.

2 The supporter

• doesn’t have to provide all the answers or solutions. Listen and do not judge.
• will get cross and discouraged ... it’s normal.
• must have enough support to stay in charge of his own life.
• must have a good knowledge of depression to know how to take care of the person fighting depression.

I know a depression fighter
What do you have to do in a case like this?

1 **Encouragement** ... is all that is needed to help someone to take action. In some cases the person is so “paralysed” by the depression that somebody else has to make the appointment on his behalf. Somebody who experience depression for the first time, may not even know where to find help. Ask someone who has been to a psychologist before to assist.

   **Just be there for the person and acknowledge his suffering.**
   It is often more important than giving suggestions and solutions.

2 **Add a little pressure (within limits of course)**
   and make the person to start doing something physical even if he is very tired, listless and without motivation.

3 **Go for a walk**
   The tiredness associated with depression will not get better with rest but will get better when one is active.

4 **Assist with practical tasks**
   e.g. school projects, planning for exam ... anything that appears to be daunting to the person.
   **Do not control his life. Acknowledge what the depression fighter achieves.**

   **Ordinary tasks which people take for granted, is a huge challenge for the person suffering from depression.**
When someone finds himself in an unbearable situation and there is no way out, **suicide** becomes the only possible way to handle his current situation. It can be the result of a depressed mood, physical pain, poverty, physical or emotional abuse.

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**Nobody chooses to be suicidal.**

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When the person admits that he is planning to commit suicide, find out how **serious** it is:

1. Does he have a plan and a date?
2. Does he have access to a weapon/object which he wants to use?

1. **You suspect someone close to you want to commit suicide.**
   - Never ignore the person who says he wants to end his life.
   - Get help immediately.
   - Previous attempts ... people whose previous attempts were unsuccessful can definitely try again.
   - Behaviour and personality change before the person tries to commit suicide: all of a sudden he will be extremely positive, almost as if he is relieved that he has made the final decision to end his life.
   - Other people will participate in dangerous activities/games hoping they will die “by accident”.
   - The person with severe depression is serious to commit suicide when he starts handing out his possessions.

2. **What should I do when I suspect the person wants to commit suicide?**
   1. Ask directly, listen without judging and don’t criticise.
   2. Don’t try to be the person’s therapist.
   3. Don’t promise to keep his suicide plans a secret.
   4. Get help if you are worried.
   5. Try to persuade the person to get professional help from a doctor, psychologist or psychiatrist.

**PROJECT: “your story is not over”**
SOUTH AFRICA

SA Federation for Mental Health
Adcock Ingram Depression and Anxiety Helpline
0800 70 80 90

Suicide Crisis Line
0800 567 567
SMS 31393

South African Depression and Anxiety Group
www.sadag.org
0800 21 22 23

Mental Health Information Centre
www.mentalhealthsa.org.za
Enquiries: mhic@sun.ac.za
(021) 938 9229

Health24
www.health24.com/Medical/Depression

Namibia
Lifeline  061 226 889
RESOURCES

Books
Ligdans. Jeanne Els, Lux Verbi BM. 2008
Ontsnap van depressie. Prof Piet Oosthuizen, Tafelberg. 2007

Article

Websites
www.mayoclinic.org/diseases-conditions/persistent-depressive-disorder
www.asmfmh.org
www.allaboutdepression.com
www.psychcentral.com
www.healthline.com
www.teametiny.com/blog/6-foods-fight-depression
www.adaa.org/tips-manage-anxiety-and-stress
www.helpguide.org/articles/depression
The learner’s circumstances too … Therefore, teachers have to deal with so much more than just teaching. Hence the additional information.

The main purpose is to give teachers a **start-up kit** on the topics mentioned - **101 knowledge** if you like, because one can fill a library with all the available information.

Hopefully the information will help to **start or manage the journey** with the learner who is desperate for the much needed support.

Maybe it **helps you** fighting depression daily.
1. Discuss depression in the classroom?
2. What teachers should know about depression
3. Depression fighters in the classroom
4. Accommodate depression fighters in the classroom
5. The anxious learner in the classroom
6. Generalised Anxiety Disorder (GAD)
7. Suggested student intervention language for teachers
8. Protocol for immediate intervention in the case of harm to self or others
9. Depression toolbox for teenagers
10. Depression Awareness Campaign (DAC) for learners
11. Teachers with depression
12. Bullying

Part of being a teacher is to put the learner’s needs first. Never give up nagging parents when they don’t take your input regarding their child’s academic work and behaviour at school seriously. The learner’s well-being is far more important than your popularity with the parents.
We HAVE to talk about depression.

When we do, it will

⇒ REDUCE THE STIGMA
When myths are broken and facts are shared about depression, stigma is reduced and TEENS ARE EMPOWERED TO TALK OPENLY.

⇒ PROMOTE EARLY IDENTIFICATION
When learners understand what depression at their age looks like, DEPRESSION FIGHTERS CAN BE IDENTIFIED and get proper help much earlier.

⇒ ENCOURAGE EARLY INTERVENTION
When everyone has the same mental health “language” and understands that, like other medical conditions, depression requires professional support, HELP-SEEKING BEHAVIOUR takes place.

⇒ PROTECT LIVES
When the stigma is reduced and early identification and intervention occurs, we MANAGE DEPRESSION and PROTECT PRECIOUS LIVES.

It is a very good indication that people (despite their age) are depression fighters when they have an intense experience of 5 or more of the general depression symptoms for a period of at least 14 days and longer. Should that be the case, they must be evaluated by a professional therapist before they can be seen as depression fighters.
2. What Teachers Should Know About Depression

Depression can be exceedingly difficult to spot, because it can manifest in many different forms. **Many depressed people work hard to cover up their depression** not to be a burden to others. Parents and teachers often dismiss depression as a teenager’s laziness, shyness or insubordination.

**Taking a Closer Look**

Parents and teachers can sometimes **mistake a teenager’s change in mood as a case of "the blues"** when in fact the he/she has a medical illness called depression. "The blues" will only affect the learner’s mood **briefly** and will improve after talking with a good listener. **Depression will only improve with professional therapy.**

**‘General’ Symptoms**

- complaints of feeling sick (headaches, stomach aches)
- missing school
- significant change in appetite or weight

**[See page 6 & 32 for a more complete list of symptoms]**

### The Difficulties of Diagnosis

**At School**
- failing to complete assignments, or doing so poorly
- working slowly
- sleeping in class

**Suicide**
- actual suicide attempts (wants to join a person in heaven)
- recurrent thoughts of death or suicide, "I'm going to kill myself."
- gives away personal possessions
- asks if something might cause a person to die

**Sleep Patterns**
- significant changes in sleeping habits
- gets too much or too little sleep
- takes more than one hour to fall asleep
- wakes up in early morning hours
- fatigue or loss of energy
- too tired to work or play
- leaves school exhausted
- too tired to cope with conflict

### Behaviour

decreased participation in classroom and extracurricular activities
- social problems e.g. including isolation, irritability, problems making friends
- being quick to express emotions through crying or anger
- sulking
- poor eye contact
- acting out through theft, drug and alcohol abuse or unsafe sexual activity
- consistently disobedient attitude with authority figures
- frequently making self-belittling and pessimistic comments
- an obsession with morbidity
- changes in personality and friend groups
- decreased concentration or indecisiveness
- often responds "I don't know"
- always trying to please others
- listens to depressive or violent music
- decline in hygiene

### The Causes of Depression Can Be Complex

**A Changing Brain**

- Adolescence is a time of **rapid change in the brain and the body**. Key hormones like estrogen, progesterone, and testosterone increase their flow, though they do so at varying rates, which can lead to significant mood swings.
- Even more important are the **changes that occur to the physical structure of the brain’s prefrontal cortex** (it plays an essential role in decision making, planning, understanding other people’s emotions and perspective, inhibiting inappropriate behaviour and being self-aware).
• This means that the brain strengthens important connections while getting rid of anything it considers unnecessary - and it does so at a massive scale. This is at the heart of why teenagers exhibit so many personality changes, as well as shifting interests and friend groups.

**PRESSURE TO PERFORM**

In his book, *Doing School*, leading Stanford educator, Denise Clark Pope, followed five high achieving learners throughout the school year, noting their efforts to lie, cheat and manipulate their way to the top.

The conclusions are damning: schools that place such high value in future outcomes and test-based successes foster anxiety, dishonesty and hostility rather than intellectual curiosity, cooperation and engagement.

**Test anxiety** has expanded along with it, leaving many learners feeling anxious and exhausted for extended periods of time, if not the whole of their educational careers.

**LIFESTYLE ISSUES**

There are many elements that may lead to depression:

- death in the family or a divorce
- inactivity
- poor diet
- lack of sleep

**INACTIVE LIFESTYLES** can lead to depression and depression can lead to increased inactivity, which in turn can create a negative feedback cycle. **To put an end to this cycle the following might help:**

- improvements to a student’s diet
- adding exercise into their routine
- providing access to psychological counselling

3. **DEPRESSION FIGHTERS IN THE CLASS ROOM**

Warning signs of depression should never be ignored when present in the learner’s behaviour.

**Make short notes on the change in the learner’s behaviour.**

It will help the **PROFESSIONAL THERAPIST** with the diagnosis.

**Compare the learner’s behaviour in your class with that in other teachers’ classes.**

[You might find this time consuming, but in doing so, you can save a learner’s life.]

**USE THE FOLLOWING CHECKLIST AS A GUIDE TO DETERMINE WHETHER THE LEARNER IS BEING AT RISK FOR DEPRESSION AND CAN ONLY BE CONSIDERED AS A DEPRESSION FIGHTER.**
**LEARNER’S MENTAL HEALTH CHECKLIST**
[behaviours/moods observed for two weeks or more]

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Sad/crying in class, depressed or irritable mood</td>
</tr>
<tr>
<td>2</td>
<td>Loss of interest in favourite activities</td>
</tr>
<tr>
<td>3</td>
<td>Significant weight loss or gain</td>
</tr>
<tr>
<td>4</td>
<td>Restlessness, agitation or anxiety</td>
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<tr>
<td>5</td>
<td>Fatigue or loss of energy, including sleeping in class</td>
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<tr>
<td>6</td>
<td>Feelings of guilt</td>
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<tr>
<td>7</td>
<td>Low self-esteem</td>
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<tr>
<td>8</td>
<td>Trouble concentrating or making decisions</td>
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<tr>
<td>9</td>
<td>Repeated thoughts of death or suicide, expressed verbally or in writing</td>
</tr>
<tr>
<td>10</td>
<td>Frequent headaches and stomach-aches</td>
</tr>
<tr>
<td>11</td>
<td>Cutting or other form of self-injury</td>
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<tr>
<td>12</td>
<td>Extreme aggressiveness</td>
</tr>
<tr>
<td>13</td>
<td>Neglect appearance</td>
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<tr>
<td>14</td>
<td>Excessive risk-taking behaviour</td>
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<tr>
<td>15</td>
<td>Drop in school performance</td>
</tr>
<tr>
<td>16</td>
<td>Low tolerance for frustration</td>
</tr>
<tr>
<td>17</td>
<td>Lack of motivation, apathy</td>
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<tr>
<td>18</td>
<td>Social withdrawal</td>
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<tr>
<td>19</td>
<td>Misbehaviour</td>
</tr>
<tr>
<td>20</td>
<td>Unable to store or retrieve information</td>
</tr>
<tr>
<td>21</td>
<td>Frequent absenteeism</td>
</tr>
<tr>
<td>22</td>
<td>Forgotten materials/assignments</td>
</tr>
</tbody>
</table>

**NAME _____________________________**    **DATE _____________________________**
SUPPORT STRATEGIES

The depression fighter still attends lessons. **Try to create a peaceful atmosphere.** If not, the depression fighter’s absence from school can increase.

**POSSIBLE STRATEGIES**

- Show them you accept them (and not necessarily their behaviour) unconditionally.
- Make time to listen.
- Keep the depression fighter part of the group.
- Try humour instead of sarcasm.
- Keep your suggestions to parents on supporting their child constructive, short and specific.
- Use “when”, “where”, “how” and “why” when feedback regarding school work and behaviour is given.
- Avoid using words e.g. always” and “never”.

**GIVE STRUCTURE**

- Depression fighters struggle with remembering things: make sure the learner diarises specific tasks e.g. test dates, deadlines of projects etc.
- Help them organise their books, school bags, etc. Learners in your class who understand the depression fighter can assist.

**DIFFICULT TASKS AND**

**POSITIVE SELF-TALK**

- Make them breath properly telling themselves, “I can do this.” OR “It is important to try.” OR “It is OK to make mistakes.” (Say it in front of the whole class to avoid singling out the depression fighter. OR Make posters of these sayings and put it up in the class.)
- Use a **PROBLEM SOLVING** APPROACH: “First, circle the keyword in the question. How many marks? How many facts must be given?”

*Structure* works well for depression fighters.

**SPECIAL CONCESSIONS**

- Learner writes tests, exam papers etc separately and gets extra time.
- Be patient - give the learner more time to answers questions. It will reduce the pressure and anxiety.
- Check regularly if learner’s work is up to date.
- Use different assessment methods.

**TEACHERS ARE NOT THE THERAPISTS**

but can develop a relationship to express unconditional support | avoid generalisations and singling out the student for criticism | be *specific* in providing feedback | keep the tone positive.

**ALTERNATIVELY**, encourage the student to **draw, write, or practice music** in their downtime as an outlet for their emotions. Give them more breaks throughout the day, breaking up larger assignments, and providing extra time whenever you feel doing so will help their educational and emotional development.

**BUT**

- Be patient. Do not insist on detail e.g. family problems or other personal information.
- Find out what *motivates the learner*, what he/she enjoys doing, whether the learner has specific study problems.
- Talk to the depression fighter after the lesson otherwise they will never talk to the teacher.
ENCOURAGE LEARNERS TO
• stay in contact with friends.
• participate in activities even if they are too tired or don’t feel like doing anything at all.
• be assertive rather than fighting, shouting or withdraw, “I don’t like it when you call me names. Stop it.”
• find someone to sit with (the learner will not feel excluded then).

SET GOALS
It gives direction in the learner’s life. Set short term goals when the learner is depressed which he/she can manage/reach easily e.g. get up in the morning and go to school is a major achievement for a depression fighter. Praise the learner when he/she reaches such a “simple” goal.

POSITIVE SELF-TALK
Teach depression fighters to avoid using words like “never”, “always”, “terrible”, “horrible”, “I háve to”, “I cannot”.

SLEEP! SLEEP! SLEEP!
Remind depression fighters to get enough sleep, OVER WEEKENDS TOO.

Improved sleeping habits:
• try to go to bed at night at the same time
• drink a glass of warm milk before going to bed
• read ... it helps to calm you down and keep your mind off things
• play soothing music
• do relaxation exercises
• focus on positive self-talk e.g. “I will be OK when I get up.” OR “I can do this.”

TALKING TO THE FAMILY
After you have identified a student as being at risk for depression or suicide, the next step is to talk to the learner’s family. If you’ve noticed warning signs of a major depressive episode, the one thing you should never do is ignore these symptoms (and change in behaviour) and hope your learner will "get over it”.

SOME OF THE WAYS YOU CAN STEP IN AND HELP PREVENT YOUTH SUICIDE:
Be available. Connect with your learner, but set boundaries when needed.
ALWAYS TAKE SUICIDAL AND HOMICIDAL TALK SERIOUSLY. Share these statements with appropriate teachers.

TO THE PARENTS
• Share your care and concerns about their child.
• DISCUSS SPECIFIC SUICIDAL OR HOMICIDAL STATEMENTS. Indicate that these statements need to be taken seriously.
• Recommend their child have an IMMEDIATE EVALUATION by a mental health professional.
• Families should be made aware that depressed youth should NOT HAVE ACCESS TO FIRE-ARMS or any OTHER OBJECTS which they can harm themselves with.
• If parents are doubtful/undecided, ask why.
Some parents may hesitate about having their child referred for an evaluation. Their reasons may include:

- A belief their child is experiencing "normal" adolescence. Clinical depression is not normal and causes ongoing problems until their child receives sufficient treatment.
- A concern that their child might be viewed as "crazy." It is important to help the family recognize depression as a medical illness with physical causes, similar to diabetes or asthma or cancer.
- Hope that their child will "get over it."

It cannot be emphasised enough that depression unfortunately persists until treated.

The earlier depression is evaluated and treated, the easier it is to treat and the less likely it is for further complications to develop (e.g. death by suicide or homicide).

**Getting treatment for the learner is critical.**

### Treatment Options

#### Eliminate
- any abuse or domestic violence
- alcohol and drug use

#### Taking Immediate and Sufficient Steps To
- ensure safety, including eliminating access to firearms.
- taking steps to relieve or improve parental ability to deal with stress.

#### Therapy & Support
- Individual/family/group therapy
- School and community support

#### The Child
- Developing interests in their child
- Good nutrition and exercise
- Complete physical exam by the child’s GP

#### Antidepressant medication

[THE PARENT HANDBOOK FOR CHILDREN AND DEPRESSION]

Use the following link to download this valuable handbook for free:

https://www.erikaslighthouse.org/parents
4. Accommodate depression fighters in the classroom

When a teenager is struggling with depression, there should be an expectation of a certain level of disorganisation, forgetfulness and trouble concentrating. The good news is, there are accommodations we can make in order to help reduce some of those setbacks.

BE FLEXIBLE TO REDUCE CLASSROOM STRESS
- on due dates or attendance
- allow extra time for homework or tests
- send them to take a message to the secretary

FLEXIBILITY
This doesn’t mean eliminate expectations or rules, it simply means when a learner is having a particularly hard time, a little flexibility can go a long way.

Depression is a constant state of hopelessness and discouragement. When you see a student doing well, make a point to say something.

FIND THE GOOD

SHOW COMPASSION
Basic human kindness is always a good idea, but is vital for a kid who is struggling. Try checking in with them, ask how their day is going or what they may need from you to feel supported in class.
5. The Anxious Learner in the Classroom

**During a panic attack, some or all of the following symptoms occur:**
Sense of being overwhelmed by fright and terror, with accompanying physical distress for between four and six minutes | racing or pounding heartbeat | chest pains | dizziness | nausea | difficulty breathing | tingling or numbness in the hands | flushes or chills | sense of unreality | fear of losing control | going “crazy” | or doing something embarrassing | fear of dying

**How Can I Tell If It's Panic Disorder?**

**Is the learner troubled by**

<table>
<thead>
<tr>
<th>repeated, unexpected &quot;attacks&quot; during which he/she suddenly is overcome by intense fear or discomfort, for no apparent reason?</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

**During this attack, did he/she experience any of these symptoms?**

<table>
<thead>
<tr>
<th>repeated, unexpected &quot;attacks&quot; during which he/she suddenly are overcome by intense fear or discomfort, for no apparent reason?</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>pounding heart</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>sweating</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>trembling or shaking</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>shortness of breath</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>choking</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>chest pain</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>nausea or abdominal discomfort</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>&quot;jelly&quot; legs</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>dizziness</td>
<td>YES</td>
<td>NO</td>
</tr>
</tbody>
</table>

If the answers are ‘yes’ to at least 8 of the above questions the learner should take the results to his/her medical doctor. Treatment for panic disorder is usually therapy or a combination of therapy and medication.
Consider the following ways to help anxious learners [even if you think they do not suit your circumstances at all]:

1. **Proper Breathing**
   When people slow down their breathing, they slow down their brain. **Lead the whole class [in a fun way] in a breathing exercise when you notice a learner is very anxious.** It helps the learner who is overwhelmed. It also helps when learners need to focus. Slow, deep breaths are the key.

2. **Get Outside**
   **When possible,** take learners outside. It can also calm an anxious brain. Breathing the cool air and observing their environment can help them turn the focus away from their worries, and on to something more tangible.

3. **Get Learner Moving**
   Exercise helps anyone who is feeling anxious. All of the endorphins that come with exercise are calming to the anxious brain. Anxiety can end up looking like anger. Ask the learner to run an errand for you e.g. empty the waste paper bin, take an announcement to the secretary’s office etc. What is the purpose?
   1. The learner is removed from the situation.
   2. He/she might feel they have a purpose.
   3. It gets the blood pumping which clears out the anxiety producing energy and brings in the positive exercise endorphins.

4. **Think Positive: Gratitude Journals**
   If you can **trigger a positive train of thought,** you can sometimes derail the anxiety. Suggests to these learners to keep gratitude journals. They are responsible for recording **at least one thing they are thankful for every day.**
   When the learner seems overwhelmed by negativity or stuck in anxiety, encourage them to re-read their journals.

5. **Healthy Eating**
   For the most part, teachers don’t really have a lot of control over what students eat and how much they sleep, but these things do matter when it comes to managing anxiety. Encourage you learners to eat more healthily e.g. ask learners to make small posters about healthy food to put up in your classroom. Try to organise (with people at the tuck shop) a healthy snack/“meal” for children struggling with anxiety who cannot afford anything else than bread etc.

6. **Share a Story**
   Discuss how one can manage anxiety with the entire class. Some learners may not be receptive to direct, one-on-one intervention but will respond if they know the whole class is receiving the same information.

7. **Consider Accommodations**
   Many students struggle with performance anxiety, especially when it comes to tests, doing orals etc. When a student is feeling anxious, their brain simply can’t function as effectively. Extended time, writing in another room may help these learners to stress less.
1. Create a “safe” place for the learner to go when he/she is very anxious. E.g. the learner must inform the teacher they need a few minutes to calm down, and a set time limit.

2. Be aware of physical symptoms of anxiety and provide activities to distract the learner. Calming activities e.g. reading or listening to music may help to alleviate some of the physical symptoms and allow a learner to return to class work after a few minutes.

3. Allow a few minutes at the start of the day for the learner to ease into the school day. E.g. allow five to ten minutes for the learner to prepare his/her books and school supplies or simply a few minutes for the learner to sit quietly before the school day begins.

4. Ask the learner what interventions he/she would find helpful. This also provides the learner an opportunity to talk about situations that cause anxiety symptoms as well as for them to be more aware of their symptoms.

5. Teach the learner relaxation techniques they can do at school. E.g. deep breathing exercises. Talk with parents about the techniques used at home and try to incorporate them into the classroom.

6. Suggest that learners avoiding school due to anxiety coming to school for a shorter day. Allowing them to come to school for shorter periods will give them a chance to face their fears but may make it easier if they know they will be able to return home at lunchtime. The longer the learner avoids going to school, the more difficult it is for them to return.

7. Decrease situations that cause stress. E.g. instead of having a learner stand in front of the class to do an oral task, find creative ways to do it. Allow students to make posters or record presentations at home on their cell phones.

8. Discuss anxiety symptoms privately with the student. Never single out a learner or call attention to their anxiety in front of the class. This can cause humiliation or embarrassment and increase anxiety symptoms.

9. Teach positive self-talk to the entire class. Change the “I can’t” to “I will try”.

10. Discuss alternative ways of handling situations. Talk to the learner after an anxiety attack about how the situation could have been different or what strategies could have been used (by both the student and the teacher) to make the situation better.

11. Inform learners in advance if there are any changes to the normal schedule. For a learner with anxiety, a sudden change can cause a panic attack. Knowing in advance what the day will be like will be of tremendous help.

12. Help students break assignments down into smaller segments. This can help to decrease feeling overwhelmed by large assignments and help a student work on each section.

13. Incorporate exercise into the school day. Stop lessons for a few minutes or do stretching exercises. This can help reduce stress (loads of fun!! And chaos ...)

**Teach Positive Self-Talk:** "I will try."
6. Generalised anxiety disorder (GAD)

People with GAD experience severe anxiety, which is excessive, chronic, and typically interferes with their ability to function in normal daily activities.

**Symptoms**

- Excessive worry, occurring more days than not, for at least six months?
- Unreasonable worry about a number of events or activities, such as work or school and/or health?
- The inability to control the worry?
- Restlessness, feeling keyed-up or on edge?
- Being easily tired?
- Problems concentrating?
- Irritability?
- Muscle tension?
- Trouble falling asleep or staying asleep, or restless and unsatisfying sleep?
- Does your anxiety interfere with your daily life?

**What can I do to help myself with GAD?**

- Speak to your GP first.
- Join a support group who will understand you as they are going through the same thing.
- Family members can play an important role by offering support.
- Learn how to manage stress to stay calm and focused.
- Consider aerobic exercise e.g. jogging, bicycling and swimming.
- Avoid caffeine, illegal drugs, and some over-the-counter cold medicines – they can worsen the symptoms of these disorders. Check with your doctor or pharmacist before taking any over-the-counter medicines.

**Treatment**

Anxiety disorders can persist for an extended amount of time, often improving then deteriorating, but with treatment you can get help to control your anxiety. Medication and Cognitive Behavioural Therapy* are often used in combination. [*A form of psychotherapy that treats problems and boosts happiness by modifying dysfunctional emotions, behaviours and thoughts. CBT focuses on solutions, encouraging patients to challenge distorted thoughts and change destructive patterns of behaviour.]

**Risk factors for anxiety disorders**

There are biological and environmental risk factors for anxiety, which include the following: environmental stressors e.g. work, school, relationship | genetics | too little sleep or poor sleep | financial worries | health

**How do I know it is GAD?**

<table>
<thead>
<tr>
<th><strong>Question</strong></th>
<th><strong>YES</strong></th>
<th><strong>NO</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Excessive worry, occurring more days than not, for at least six months?</td>
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<td></td>
</tr>
<tr>
<td>Does your anxiety interfere with your daily life?</td>
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</table>

Encourage the learner to visit his/her GP if the answers of the above questions are “yes” to 5 (or more).
7. **Suggested Student Intervention Language for Teachers**

**Take into account that this conversation could prompt a personal disclosure and should be scheduled during a protected time and location.** It is vital that the teacher *asks the learner’s permission* to disclose the information with someone else, who that person is and why it is important to do so (e.g. his/her parent(s) or other teachers).

*Keep in mind that it is normal to feel a little anxiety and discomfort when approaching a learner you are concerned about. Just remember the goal is not to take on the learner’s problem or to have all of the right answers. Instead, focus on approaching the learner with honest inquiry, concern and compassion - and connecting the learner to the right kind of help.*

**1. Notice**

“Is everything okay? I’ve noticed you have been ...” State the behaviour that is concerning to you.

**2. Care**

“I’m concerned. This isn’t typical for you. You deserve to feel better.” Let the student know you care and validate what they share with you.

**3. Help**

“What can I do to help? Let’s come up with a plan together.” Always **wrap up with an action plan that both you and the learner develop together.** Make sure the learner knows there is help available at school (if there is) and in the community and give the learner information on how to contact these resources.

**REMINDER: inform colleagues if children disclose plans to hurt themselves, someone else or if someone is hurting them.**
8. Protocol for Immediate Intervention in the Case of Harm to Self or Others

It is important that schools have a plan in place to address these situations which must be communicated to all staff members.

Signs of intention to harm oneself or others can be evidenced verbally, to teachers, other staff members or other students, or through a student’s writings and/or art.

The school should have a clearly communicated policy that all signs of harming oneself or others or made-up suicidal plans, even isolated incidents, must be taken seriously and acted upon immediately by notifying the student mental health assessment team/individual.

Once a staff member has identified a student at risk, the school’s guidance councillor should investigate the matter immediately in order to assess the appropriate level of response, which may include an interview with the student.

Appropriate information should be shared with key staff, on a need to know basis to protect the child.

Learner Assessment Protocol

The school should establish an assessment team/individual whose task is to evaluate learners who may be suffering from depression.

When a learner has expressed in writing or verbally or is reported by peers to be thinking about suicide, self-injury or injury to others, every staff member should follow the school’s protocol for immediate intervention.

The assessment team/individual request additional information from other staff members to assemble a complete picture of the learner’s behaviour.

Based on that initial assessment, a determination should be made whether further action should be taken. Options for support to be considered:

- Informal accommodations in the classroom, such as: sitting in front of the class to help with attention, providing a safe place for a learner to go if he or she is having a particularly difficult day, extra time for homework assignments, class projects and/or tests.
- School counselling
- Communication with the learner’s parents so that action can be taken at home or with the learner’s GP.
- Referral to a private professional therapist.
9. DEPRESSION TOOLBOX FOR TEENAGERS

TEENAGERS NEED TO LEARN ...
depression is an illness • do not ignore any signs or symptoms at all and take action immediately, even when you doubt it • depression can be treated • exercise • eat properly • sleep enough • avoid harmful substances • be present in the moment

STOP

S  Stop what you are doing for a minute.
T  Take a breath. Breathe normally and naturally.
O  Observe your thoughts: acknowledge it, sit with it and accept it.
   Notice any emotions that are present and name them.
   Focus on your body.
   [Any physical sensations like a racing heart, tense muscles or pain? Identify it.]
P  Proceed with something that will support you in the moment. Whether that is talking to a friend or just stretching your shoulders.

Do what you love - it should be a priority for the depression fighter e.g. volunteering, painting, watching your favourite movie or baking

If you are worried about yourself, first explain to a trusted adult the changes you feel • what you have tried to make it better • what he/she can do to help you take action towards seeking professional help

Here is a conversation between a teenager and his mother that will give you a better idea of what it might sound like when a teenager asks for help. [Teach the learner how to structure such a conversation.]

Gary  Mom, can we talk?
Mom  Sure. What’s going on?
Gary  Lately, I haven’t been myself. I feel sad and angry all the time. I’m constantly tired and I can’t focus in school.
Mom  That’s normal. It is typical of people your age. Hang in there and I’m sure things will get better soon.
Gary  Usually when I’m down I feel better if I go for a run or talk to someone. This time it doesn’t seem to help. It’s been like this for a few weeks now.
Mom  That changes the picture. You need to talk to doctor Curry.
Gary  Mom, can you help me set up an appointment with him?
Mom  Anytime. Please Google his telephone number.
SAY SOMETHING
The best approach is to communicate the changes you have noticed and that you care. Ask how you can help them take action towards seeking help, or in the case of a teenager helping another teenager, help them talk to a trusted adult.

FOR EXAMPLE

You  Hey, can we talk? Over the past few weeks, you have been rather quiet. You don’t answer my Whatsapp messages and you are on your own all the time. You seem down. This isn’t like you. What’s going on?

Friend  I’ve been feeling weird lately.

You  I’m worried about you.

Friend  You don’t have to worry. I’m sure I’ll snap out of it eventually.

You  You deserve to feel better now and, who knows, it could be something serious like depression. Have you told an adult yet?

Friend  No.

You  An adult should know so they can help you find a professional to check it out. Who do you feel comfortable talking to?

Friend  I guess Mr Berry.

You  I think he’s a great choice. Would you like me to come with you? It might make you more comfortable.

Friend  Yes, please.
**They are talking about suicide**

When you are worried that this person is thinking of suicide or hurting themselves, **action must be taken immediately.**

**When you assist & you are**

**A teenager**

An adult must be notified - preferably your friend’s parent. A friend may ask you to keep this information a secret, but when it comes to matters of safety, keeping a secret can cost a life.

**An adult**

Notify the teenagers’ parents and make sure not to leave them alone until they are in their parents care.

**A parent**

Take your child to a professional therapist for an evaluation.

**Take care of yourself too**

It is important to take care of yourself and understand there are limits to the kind of support you can provide to someone with depression. Taking on too much responsibility for helping a loved one with depression can begin causing stress.

**Your job is to**

listen, show compassion and help someone with depression find professional help.

**Support during treatment**

If the person you love is in treatment there is still a lot you can do to support them.

**Validate how they feel**

Even though depression fighters have a seemingly normal life, their feelings of worthlessness, hopelessness and sadness are very real. Validate those feelings by saying how hard that must be to feel that way and challenge them to see the good.

**Encourage**

them to do the things they used to love. It can help someone get back on the road to feeling like their old selves again.

**Check-in**

It is not your job to provide therapy, but you can make sure that the help they are receiving is on the right track: checking in on how they are feeling and coping.

**Supporting their treatment**

You can make someone’s experience in treatment less daunting and more comfortable if you can help them see that what they are doing is the right choice.
10. Depression Awareness Campaign (DAC) for Teenagers

It is a way to raise awareness about depression and reduce the stigma that surrounds it by creating positive, fact based and hopeful messages about teen depression for the school community.

WHAT MESSAGES SHOULD BE INCLUDED IN A DEPRESSION AWARENESS CAMPAIGN?

While each campaign will be different, and should reflect what will work best in your school, below are some key themes that you can include as part of the message you want convey:

- Depression is a real illness – it is not your fault. You can’t just “snap” out of it.
- Depression is a common but serious health condition – it is more than just feeling sad.
- Depression can take many forms. There are warning signs of depression. Everyone goes through periods of sadness and experiences some of these symptoms from time to time, but when these symptoms continue for 2 weeks or longer and interfere with functioning, it maybe depression and you should seek help from a trusted adult.
- If you know someone who is talking about suicide, do NOT keep a secret. Tell a trusted adult immediately.

NOT SO GOOD IDEAS FOR AWARENESS CAMPAIGNS: Do not ...

- glorify or romanticise suicide or people who have died by suicide. Vulnerable people, especially young people, may identify with the attention and sympathy someone got who has died by suicide.
- normalise suicide by presenting it as a common event by presenting the data in a way that makes suicide seem common, normal or acceptable.
- present suicide as an inexplicable act or explain it as a result of stress only.
- present suicide as the inexplicable act of an otherwise healthy or high-achieving person. It may encourage identification with the victim.
- focus on personal details of people who have died by suicide. Vulnerable individuals may identify with the personal details of someone who died by suicide, leading them to consider ending their lives in the same way.
- present overly detailed descriptions of suicide victims or methods of suicide.
- Additionally, it misses the opportunity to inform audiences of both the complexity and preventability of suicide.
- The same applies to any explanation of suicide as the understandable response to an individual’s stressful situation or to an individual’s membership in a group encountering discrimination.
- Oversimplification of suicide in any of these ways can mislead people to believe that it is a normal response to fairly common life circumstances.
- Research shows that pictures or detailed descriptions of how or where a person died by suicide can be a factor in vulnerable individuals imitating the act. Clinicians believe the danger is even greater if there is a detailed description of the method.
**SAFE AND EFFECTIVE MESSAGING FOR SUICIDE PREVENTION**

The following list of “Do’s” and “Don’ts” should be used to assess the appropriateness and safety of message content in suicide awareness campaigns.

**GOOD IDEAS FOR PUBLIC AWARENESS CAMPAIGNS**

- Emphasise help-seeking and provide information on finding help.
- When recommending mental health treatment, provide concrete steps for finding help.
- Emphasise prevention. Reinforce the fact that there are preventative actions individuals can take if they are having thoughts of suicide or know others who are or might be.

  **Emphasise that suicides are preventable.**

- Do list the warning signs, as well as risk and protective factors of suicide.
- Teach people how to tell if they or someone they know may be thinking of harming themselves.
- Messages should also identify protective factors that reduce the likelihood of suicide and risk factors that heighten risk of suicide.
- Highlight effective treatments for underlying mental health problems.

**WHERE TO BEGIN**

What are the resources for help are in your school and your community?

You might want to make copies of the Erika’s Lighthouse **bookmark tailored with your school information or create your own resource list.** The resource information can be put at reception or register/language classes or where learners meet often.

**START THE DEPRESSION AWARENESS CAMPAIGN**

**See examples on page ...** Ask learners to design and make these posters.

Hang these **posters** around the school featuring eye-catching and informative facts about teen depression.

Make posters on **types of treatment** psychotherapy, medication, talk to friends and family etc.

**COMPLIMENT ACTIVITY**

Hang this compliment poster around the halls of your school! It gives students the chance to pick a compliment, rip it off the poster, and give it to a friend. This simple act can brighten anybody’s day.

**BE A LIFE SAVER ACTIVITY**

Provide small handcards that will help them what to do if they or a friend is struggling. Add contact details of helplines and clinics in the community where they can get help.

**FOOTPRINTS ACTIVITY**

Sets of footprints can be placed on the floors around school leading to the offices where learners can get help/assistance. (It might be a good idea to have these footprints laminated.)

**WHO ARE THE SUPPORT TEACHERS?**

Choose or design a cartoon character to let learners in the building know who is there to support them through times of stress or struggle with depression, anxiety, suicidal thoughts etc. Staff in the building can put up these posters outside their classroom doors to indicate they are there for the learners if they need help for themselves or a friend.
Use the acronym below to determine which of the depression symptoms you experience. Again, have yourself evaluated for depression when you experience 5 or more of the symptoms for a period of 14 days or longer. (doctor Patrick McKeon)

**THE SYMPTOMS**

- **Feeling** Sad, anxious, bored
- **Energy** Low energy, feeling tired, fatigued
- **Sleep** Under or over sleeping, frequent wakening
- **Thinking** Slow thinking, poor concentration
- **Interest** Loss of interest in hobbies/food/family, etc.
- **Value** Low self-esteem
- **Aches** Physical pains associated with stress/anxiety i.e. headaches, tummy pains
- **Life** Loss of interest in life, thinking about death/suicide

**GET A BUDDY WHO CAN**
- support you in a practical way with the focus on what you do and how you feel.
- inform members of staff with regards to what they need to know, how you feel and how they must treat you when you return to school after sick leave due to depression.
- assist when you get an anxiety attack by getting somebody to sit with your class which will allow you to gain control again.

**YOUR HEALTH IS A PRIORITY** Depression fighters must never think they are not good enough or that others are better than them. Start a journal. Write down all the positive things you did during the day.

**GET ENOUGH REST** Manage yourself. It is much better to take a day’s leave and then return to school with more courage to take up your tasks as teacher again. Follow a healthy diet, reduce caffeine, sugar and alcohol intake. Avoid nicotine.

**EXERCISE** The feel-good hormones are released in the brain which will help to alleviate the depression symptoms. It doesn’t mean you should make your local gym your second home. Walking the dog is a great start!

**PROFESSIONAL HELP** is non-negotiable for your challenging, working environment. Get help before it becomes unbearable.

**1st most NB step ... visit your GP for an EVALUATION.**

**ROUTINE**
- It is very important to set barriers and follow a routine:
  - specific bed- and wakeup time
  - regular lunch after school
  - specific time to focus on marking tests & assignments
  - enough free/me time
12. Bullying

**Traditional Bullying**

is any type of bullying that is carried out through non-electronic means. Three main types of traditional bullying exist: verbal bullying, physical bullying, and social bullying. All three involve the harassment of a victim by an aggressor whose intent is to inflict harm.

**Direct Verbal Bullying**
e.g. the victim is harassed through name-calling, threats, hurtful comments.

**Physical Bullying**

involves a bodily attack on a victim e.g. hitting, punching, kicking, pushing or other types of physical aggression. Physical bullying is used to inflict bodily pain and humiliate a victim.

**Indirect Verbal Bullying**
is done without the immediate knowledge of the victim e.g. the bully makes hurtful comments about the victim to other people.

**Social Bullying**
is similar to indirect verbal bullying in many ways. In social bullying, the bully manipulates the victim’s social status by spreading rumours or exclude the victim from his or her peers. In this form of bullying, the victim is often unaware of the bully’s identity.

**Cyberbullying**

**Interpersonal Harassment Conducted Electronically**

Abusive messages can be sent to a victim through text messages • instant messages • e-mail • post photos or videos of their victims online for everyone to see on Facebook, Twitter, Instagram

The victims of traditional bullying and cyberbullying frequently suffer from depression, social discomfort, low self-esteem, or similar complaints. Some victims of persistent traditional bullying and/or cyberbullying have even chosen to commit suicide rather than face continued harassment. Although kids who are bullied are at risk of suicide, bullying alone is not the cause. Many issues contribute to suicide risk, including depression, problems at home, and trauma history. This does not only apply for the bullied. Even students who simply observe bullying report increased feelings of helplessness and lowered feelings of connectedness with peers.

**The Real Impact of Cyberbullying**

1. **Anonymity** Bullies can harass and attack their targets anonymously.
2. **Cyber bullying can happen anywhere and anytime** as long as someone has access to the internet.
3. **Cyber bullying incidents can go viral** and anything can be shared easily. Victims are exposed in front of the entire virtual world.
4. **There is a lot less guilt in the online world:**
   - victims are less likely to tell their parents or teachers about a cyber bullying incident because they may fear that they’ll receive a worse punishment, like having their computer or phone taken away.
   - cyber bullies do not know how their words or actions actually affect someone else online. This leads to bullies being more aggressive and victims being more vulnerable.
**Some warning signs that the learner is being bullied**

- unexplained cuts or bruises • damaged or missing clothing, books, school supplies, or other belongings • loss of appetite • changes in sleep and eating • emotionally reserved • decrease in academic achievement and school participation • no longer wanting to hang out with friends, loss of interest in activities once enjoyed • asking to stay home sick because of frequent complaints of headaches, stomach-aches or other ailments • social anxiety or low self-esteem • feeling moody or depressed • any unexplained change in behaviour

**Take immediate action**

stop the action immediately to prevent further damage.

**Avoid interventions**

don’t bring conflicting parties together to devise a solution. Bullies and their victims should be consulted with privately to avoid embarrassment and future problems for the victim.

**Don’t make judgements**

both the victim and the bully need to be heard. Don’t judge before they finish speaking. Listening empathetically to a bully may help them reach a more constructive resolution to personal problems.

**Change the minds of bullied learners**

who otherwise may avoid telling authorities for fear of retaliation from the bully. Creating an outlet for bullied students and those who witness bullying situations to discuss their concerns privately e.g. having learners write about the incident.

**Rethink social behaviour**

Teach learners proper social behaviour e.g. interpersonal, assertiveness and communication skills. They cannot handle basic situations, which leads to acts of aggression or anger to navigate the situation. Group exercises will work best.

**Rethink equality**

Learners are often bullied based on weight, gender, sexual orientation (actual or perceived), disability and religion. Help them to understand and respect personal differences. Demonstrate how discrimination affects people and have your learners share instances in which they have been discriminated against.

**“Are we (teachers) being the bullies?”** If teachers are yelling at and criticise their learners, they may very well be. Teachers are human and it’s understandable that they sometimes lose their patience, but it’s important to think about how their behaviours affect their learners. Even labelling learners as bullies can have a negative effect: they can feel like they’ll never be a good person.

**Teachers need to consider:**

- How involved are they with their learners?
- How well do they actually know them?
- Can teachers quickly identify problematic behaviours among their learners?
- Can the learners trust their teachers?

**Rethink revenge:** Anti-bullying advice is often to tell victims to stand up to the bully. *This is unproductive.* Neither the bully or the victim’s personality have changed. Adopt a growth mindset in schools that emphasises to learners that they can rise above their problems and be successful.

**When being Bullied**

**DO NOT**

respond - your reaction is usually exactly what the bully wants.

retaliate - it turns you into a bully and reinforces the bully’s behaviour.
BULLYING PREVENTION STRATEGIES

TALK TO CHILDREN
Pay attention to the learners’ feelings and let them know that you care and that they know they can count on you for support.

BE A ROLE MODEL
Bullying is a learned behaviour. Children pick up antisocial behaviours like bullying from adult role models, parents, teachers and the media.

EDUCATE THE VICTIMS AND BULLIES
Teachers need to talk openly with students about bullying and what behaviours are considered bullying. Explain what the consequences of the bullies’ actions are.

BUILD A COMMUNITY OF SUPPORT
Bullying is a community issue and requires a community solution. Everybody (learners, parents, teachers, sport coaches) has to be on board to successfully stamp it out. Parents should not confront their child’s bully or the bully’s parents themselves. Rather ask somebody from the support group.

**NB:** RULES FOR BULLYING MUST BE ENFORCED CONSISTENTLY THROUGHOUT THE SCHOOL.

EMPOWER Bystanders
They feel powerless to help. Protect bystanders from retaliation. Teach them that silence can make bullies more powerful.

WORK WITH THE BULLY
who has issues to deal with as well and needs help from adults. Bullies often engage in bullying behaviours out of a lack of empathy and trust, or as a result of issues at home.

- Being unwilling to share information about online activity
- Having an unexplained decline in grades
- Showing up to school less and/or expressing anger or dissatisfaction with a specific class
- Refusing to participate in school/after-school activities they previously enjoyed
- Becoming upset, sad or angry during or after using the Internet
- Showing signs of general depression or sadness
- Withdrawing from family or friends
- Increasingly reporting symptoms of illness for which he/she wants to go home
## PREVENT CYBER BULLYING

<table>
<thead>
<tr>
<th>Precaution</th>
<th>Advice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Save the evidence &amp; talk to a trusted adult</td>
<td>Save harassing messages (as evidence) and show to a trustworthy person.</td>
</tr>
<tr>
<td>Block the bully</td>
<td>Use preferences/privacy tools to block the person. If it’s in chat, leave the “room.”</td>
</tr>
<tr>
<td>Be civil</td>
<td>Rather be decent and not sink to the other person’s level. Gossiping about and trash talking others increases your risk of being bullied.</td>
</tr>
<tr>
<td>Don’t be a bully</td>
<td>Just put yourself in somebody else’s shoes.</td>
</tr>
<tr>
<td>Be a friend, not a bystander</td>
<td>Watching or forwarding mean messages empowers bullies and hurts victims even more. If you can, tell bullies to stop or let them know harassment makes people look stupid and mean. Let bullies know their behaviour is unacceptable.</td>
</tr>
<tr>
<td>Educate yourself</td>
<td>Understand exactly what cyberbullying is. What starts cyberbullying, how and where it occurs and talk to friends about what they are seeing and experiencing.</td>
</tr>
<tr>
<td>Protect your password</td>
<td>Safeguard your password and all private information from inquisitive peers.</td>
</tr>
<tr>
<td>Keep photos PG</td>
<td>Before sending a photo of yourself to a peer or posting it online, consider if you would want others to see. Bullies can use it to make your life miserable.</td>
</tr>
<tr>
<td>Set up privacy controls</td>
<td>Restrict who can see your online profiles.</td>
</tr>
<tr>
<td>&quot;Google&quot; yourself</td>
<td>Every once in a while, search your name on all major search engines and see if any personal information or photos come up.</td>
</tr>
<tr>
<td>Messages received</td>
<td>Never open them. Whether they are from known bullies or people you don’t know, they could contain viruses.</td>
</tr>
<tr>
<td>Log out of your accounts on public computers</td>
<td>By staying logged in, you run the risk of the bully changing your password and locking you out for a period of time.</td>
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</table>
**Stop Bullying on Facebook**

Make your Facebook account as bully-proof as possible. If something happens in real life that you think could spill over onto Facebook, consider taking pre-emptive action to remove the problem person before they can try anything. For example, if someone you know from school or work who bullies you asks you to be their friend, deny the friend request.

Set up a limited profile so that you can control how much people other than your accepted friends can see when they find your Facebook page. Go to the "My Privacy" page and click on "Limited Profile Settings". Be very cautious about which settings you allow to be viewable by just anybody; keep most things to confirmed friends only – list their names in the limited profiles box.

Spot bullying tactics Bullying can come across in different ways to different people and online it is not always easy to detect a person’s real meaning and sometimes you’ll need to assess whether or not you’re reading too much into something.

<table>
<thead>
<tr>
<th>INDICATION OF BULLYING ON FACEBOOK</th>
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<tbody>
<tr>
<td><strong>Posting photos</strong> or videos of you online that are unflattering, or tagging you in photos that suggest negative things. E.g. threatening, harassing, or nasty language</td>
</tr>
<tr>
<td><strong>Wall posts</strong> that say outright nasty things about you, your friends, and the things you care about e.g. &quot;Marcia, all the girls hate you. Don’t bother coming to school tomorrow.&quot;</td>
</tr>
<tr>
<td><strong>Use of lots of punctuation and abbreviations</strong> such as <em>WTF??!!</em></td>
</tr>
<tr>
<td><strong>Use of ALL CAPITALS</strong> is the equivalent of shouting and if the message is accompanied by negative words or implications, it might be an attempt to bully you.</td>
</tr>
<tr>
<td><strong>They start a Facebook group</strong> based on you, such as something like &quot;10 Reasons to Marcia Greene&quot;.</td>
</tr>
<tr>
<td><strong>Consistent abuse</strong> about the things you've posted. For example: &quot;Why do you post such STUPID things???? You’re a waste of space!!!!&quot;</td>
</tr>
</tbody>
</table>

STOP BULLYING ON FACEBOOK

Tell the bully to stop Initially, it might be enough to ask the person to stop bothering you. Message them quietly at first. If they keep it up, leave a public request; knowing that your other friends can read it might stop them doing it.

Talk to your trusted friends about what is happening They can make it obvious in public that the bully’s behaviour is unwanted and not tolerated.

Talk to your parents Your parents can contact the relevant parents or school and discuss what is happening. They can also consider legal action if the bullying does not stop.

Don't stoop to play their game Ignore their attempts to lure you into responding and block them from being your Facebook friend. Ignoring is usually the best means for deflating a bully’s satisfaction.

Report them Report the bullying behaviour, activities and the bully to Facebook administrators. Request that action be taken, including removal of any bullying posts, groups, or other public elements.

Parents can report bullying on behalf of their teens. Read Facebook's own instructions at www.facebook.com/help/?safety=parents
CLOSE your Facebook account If you’re really unhappy using the Facebook account and things feel out of control, or you feel over-exposed, consider deleting your Facebook account. You can always open a new account when you’re feeling stronger or when you’re older.

“More serious kinds of cyberbullying, especially those involving violence, blackmail and/or sexually explicit materials, need to be reported to the school’s management e.g. headmaster, head of department, grade heads.”

Tim Woda (internet safety expert)

WHAT CAN TEACHERS DO ABOUT CYBERBULLYING?
- teach their classes about cyberbullying, focusing on its effects
- make it clear to learners that cyberbullying is intolerable and unacceptable
- promptly investigate any cyberbullying incidents
  [Do this privately. Publicly shaming a learner and protecting victims may make the problem worse for a victim of cyberbullying.]
- involve parents of both cyberbullies and their victims.

TEACHERS ARE BEING BULLIED TOO

CYBERBULLYING AND BULLYING TEACHERS
Learners create fake accounts to humiliate their teacher. They can also write derogatory comments and insults on their own pages and then invite fellow students to “like”.

REDUCE THE INSTANCES OF CYBER-BULLYING
Regularly search your own name online. Google yourself, search for Facebook pages and Twitter accounts which include your name.

Don’t ever connect with current and potential future students and parents on social networks. This will cut down on the amount of personal information that they know about you.

Password protect your cell phone and everything online.

Keep your private life private.

Don’t share too much about your family, home, and background to your learners and their parents.

Always report any suspicious activity on your personal social networking accounts.

OTHER WAYS LEARNERS BULLY

They can use their bad behaviour as a tool to gain attention from other learners. This takes attention away from the lesson and from the teacher.

Verbal abuse is also prevalent among learners bullying teachers. Verbal assault is just as damaging as physical harm is.

Mental abuse can take place when the learner threatens the teacher, leaving the teacher feeling fearful of the learner.

Bullying can be done by merely disrespecting the teacher in the hallway, or at a school event, or by spreading false and detrimental rumours about the teacher among the other learners in the school.

Emotional abuse can occur if the teacher is sexually harassed or defamed, and when the reputation of the teacher and their career are put in jeopardy.

Learners can physically harm a teacher. They can throw things, hit, kick, punch, slap, flick, and push the teacher.
**Teacher Video Clips on YouTube**

There have been many instances of learners bullying teachers in the classroom while another learner uses his/her cell phone to video the incident. These videos are later posted on social networking sites and YouTube. This results in the teacher feeling helpless.

**Preventative Measures**

School staff members need to start each year with a meeting determining an explicit and universal policy for disciplinary action against student bullies, including those that bully teachers and other staff. Communicate the policy clearly to parents (by verbal and written communication) and to each learner in assembly, the classroom or by intercom announcements.

**Simple Actions to Reduce Bullying situations in the Classroom**

- Keep lines of communication open with learners and parents.
- Motivating learners is also important. When teachers can keep them active in the learning process (which can be harder than it sounds) most bullying situations can be prevented.
- Use teaching time constructively: When learners are kept busy all the time with subject activities, there may not be time for them to interact with each other. This can go a long way in preventing many bullying situations.

**The School’s Response to Teachers Being Bullied**

- Disciplinary action taken against learners who are responsible for cyber bullying should be done in accordance with the school disciplinary policy.
- If the problem persists, learner exclusion should not be ruled out.
- Appropriate policies must be in place to guard against cyber bullying. Reporting procedures and proper training of staff are particularly important.
- Any anti-bullying policy should set out
  * clear disciplinary actions for cyber bullying
  * specify the member of staff to whom incidents of cyber bullying should be reported
  * a member of the senior management team must deal with these issues and should receive training in new technologies, the possible dangers and how to deal with them.
RESOURCES

ARTICLES

Classroom strategies for helping depressed teen students, Leah Levy, March 2015
Supporting Teachers who have Depression, Claire Hayes
Coping With Teacher Depression, Jennifer Fink, January 2017
Cyber Bullying Of Teachers, Catrin Llewellyn
How to Confront and Eliminate Bullying, Leigh Ann Whittle, November 2015
Suicide Prevention Resource Centre, Madelyn Gould, September 2016

BROCHURES

Anxiety, SADAG

WEBSITES

www.erikaslighthouse.org/parents
www.weareteachers.com/7-ways-to-help-students-who-struggle-with-anxiety
www.healthcentral.com/anxiety/school
www.sadag.org/anxiety&panic/brochures
www.safeteens.com
www.healthline.com/health/how-to-stop-bullying#Identifyingbullying2
www.ic.galegroup.com
www.onlinesense.org/8-signs-student-bullied-online
www.momsteam.com/health-safety
www.nobullying.com/students-bullying-teachers-a-new-epidemic/