

What can teachers do?

The people around a child or young person with depression often have difficulties understanding and classifying the behaviour shown. To outsiders, the child or young person may appear lazy or dismissive, but there is no intention behind it.

Seek a conversation with the child/adolescent. First, it is important to have a calm and trusting conversation with the child or young person in private. Often adults are afraid to talk about problems and concerns because they think they will do something wrong. This uncertainty is understandable and can be openly discussed with the child or young person. The following points can be helpful:

- Offering to have a conversation («I have noticed that...», «What do you think?»)
- Address and admit your own uncertainty
- Do not expect too much from a first conversation
- It is normal for young people to be reserved
- Be patient and offer to have a conversation repeatedly
- Do not look for solutions immediately, listen first and find out more
- Ask what things the child/young person still enjoys doing
- Ask if the child/young person is often lonely and unhappy
- Ask whether tears often flow
- Point out possibilities for help and name contact points or arrange a joint appointment together
- If there are any signs, ask whether the child/young person has already thought about ending their life.

Seek a conversation with the parents. Teachers should also inform the parents of any abnormalities they notice. In such a conversation, reference can be made to the contact points and help options listed in this flyer.

Seek advice and help. For a better understanding of depressive illnesses and for support of those affected, it is helpful to inform oneself about "depression" and "suicide". A consultation with professional specialist services could also be arranged for this purpose.

Measures for more acceptance and openness. There are many helpful materials for teachers on the internet (insert a website as an example). These can provide good support when discussing the topic with students. (insert here local opportunities)



Here you will find advice and help

Counselling services

Samaritans Freephone 116 123, jo@samaritans.ie

Turn2me.ie

My Mind Online Counselling : Call (+353) 818 500 800 or

visit : hq@mymind.org

In Crisis

Call 999 or 112 if you or someone you know is about to harm themselves or someone else

Outpatient care

Jigsaw primary care services : <https://jigsaw.ie/services-in-your-area/>

Samaritans face to face service: <https://www.samaritans.org/ireland/samaritans-ireland/>
Call : 116 123

Inpatient care

Go to or call the emergency department of your local general hospital : <https://www.hse.ie/eng/services/maps/>

HSE Cork & Kerry Mental Health
Address: Section Headquarters Skibbereen Co. Cork
City of Cork
Phone number:
(028)21077

Kerry Mental Health Services
<https://www.hse.ie/eng/services/list/5/kerryhealthservices/kerrymentalhealth/>

Further information

Childline (ISPCC) Freephone 1800 666 666, Text 50101, Chat online.childline.ie

Jigsaw Live Chat (12-25 years old) jigsaw.ie/livechat

Text SPUNOUT to 086 1800 280 to talk to a trained volunteer, www.spunout.ie or

Text 50808: free 24/7 text service

Regional alliance against depression contact

Cork Kerry Alliance Against Depression
National Suicide Research Foundation
WHO Collaborating Centre for Surveillance and Research in Suicide Prevention
4.28 Western Gateway Building
University College Cork
Cork, Ireland
Email : eaadb@ucc.ie

2021-08-05

DEPRESSION

in children and adolescents

Information
for teachers



Mental health at school

Importance of raising awareness of mental health at school

A child's or young person's development at school and their mental well-being are inextricably linked and influence each other. Schools should therefore see health promotion and prevention as one of their additional tasks and take these issues into account in their further development.

»There is no health without mental health.«

World Health Organisation (WHO)

Mental health problems can be the cause of poor school performance, behavioural problems, and frequent absenteeism. As most mental illnesses begin before the age of twenty, early detection by teachers is particularly important. Further, a pleasant school climate is one of the most important protective factors for the psychological well-being of children and adolescents.

Consequently, it is of great importance to raise awareness of mental health in the school context. This flyer is intended to contribute to this development.

IMPORTANT: Depression is not a sign of personal failure, neither of the child, young person or of the parent, it is not anyone's fault.

Depression has many faces

Depressive disorders in children and adolescents

Depressive disorders are among the most common and most serious mental illnesses. Although the risk of developing depression is significantly higher in adulthood, children and adolescents can also be affected. While depressive illnesses occur in about 3% of children up to 12 years of age, they increase in frequency in adolescence to about 6%.

General symptoms.

Depressive illnesses in children and adolescents are often not recognised or only recognised very late, as the symptoms often differ from those of adults. In addition, the clinical symptoms are age dependent. Nevertheless, there are some common symptoms of depressive disorders in children and adolescents:

- Sadness
- Irritable mood
- Listlessness
- Difficulty in concentration
- Tiredness
- Sleep problems
- Weight changes
- Fear of failure
- Rumination

Age-specific symptoms

The external symptoms in children and adolescents differ according to age. The younger the children, the more difficult it is to recognise and diagnose a depressive illness. At primary school age, children usually express their sad moods verbally. Furthermore, persistent depressive signs such as anxious behaviour, sadness and sudden crying for no apparent reason are often accompanied by physical complaints such as headaches or stomach aches. Frequent aggressive mood swings can also indicate the presence of a depressive illness. Low self-esteem and feelings of guilt usually only become apparent at the beginning of adolescence. In childhood, depressive illnesses are often accompanied by behavioural problems, which can partly mask the depressive symptoms:

- Restlessness
- Distractibility
- Difficulty concentrating
- Separation and school anxiety

In adolescence, the clinical picture is increasingly similar to that of adulthood. Those affected are often withdrawn from others and are plagued by feelings of meaninglessness, failure and guilt. Further, fears about the future as well as rumination and sometimes suicidal thoughts are part of the symptoms. The distinction between age-related moods and their fluctuations and the presence of a depression requiring treatment is not easy and should be made by specialists. Depression in adolescence often manifests itself additionally through the following behavioural problems:

- Anxiety disorders
- Self-harming behaviour
- Drug or alcohol use
- Eating disorders

Suicidality

Suicidality describes a mental state in which the thoughts and possibly the actions of the person affected are directed towards causing their own death.

Depressive disorders are a major risk factor for suicidal acts. Children and adolescents at risk of suicide usually send out signals and wish for these to be acted upon. Warning signals can be:

- Severe hopelessness
- Self-hatred and self-harming behaviour
- Social withdrawal
- Expressions such as »I can't take it any more«.
- Letters of farewell
- Concrete plans for a suicide

Suicidal thoughts or threats should always be taken very seriously!

Asking concretely about suicidal thoughts and planned suicidal acts, as well as listening patiently and attentively, is particularly important. The concern that this might stimulate suicidal impulses is unfounded. Rather, such conversations are experienced as being a relief to those affected.

Depression can affect anyone

Depression is an illness and must be treated as such.

Depression rarely goes away on its own. If depressive symptoms persist over a period of two weeks or suicidal intentions are expressed, it is important to seek professional help.

IMPORTANT: As a general rule, the earlier treatment is initiated, the better.

The first point of contact can be a paediatrician or a general practitioner. They should refer the patient to a specialist.

Mild and moderate depression in children and adolescents is treated on an outpatient basis. Psychotherapeutic services are available for treatment, which are usually supplemented by family therapy services. Outpatient therapies are carried out by established child and youth psychotherapists and child and youth psychiatrists.

Severe depression, for example with thoughts of suicide, can be treated with medication. These do not lead to dependency and help to bring the brain metabolism, which is out of balance during depression, back into equilibrium.



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