Anxiety and Depression in the Classroom

Created by Nancy Heath, Elana Bloom, Melissa De Riggi & Elizabeth Roberts
Introduction Letter

In 2012-2016, Dr. Nancy Heath’s McGill Research Team, in collaboration with the Centre of Excellence on Mental Health (CEMH) at Lester B. Pearson School Board, obtained a grant from the Ministère de l’Éducation et Enseignement Superior (MEES) to provide professional development activities to teachers, technicians, and mental health professionals within the Lester B. Pearson School Board in the area of supporting students with depression and anxiety in the classroom. As part of this initiative, two workshops (one for elementary school and one for high school) were created based on the suggestions and feedback of more than 200 educators (e.g., teachers, technicians) regarding essential information they felt they needed to better support students with anxiety and depression in their classrooms. The main goals of the workshops were to (1) enhance educator mental health literacy, awareness and understanding of anxiety and depression in the classroom, (2) increase educators’ comfort with their role in working with these students and providing information on the work of the mental health professional with these students to allow for better collaboration, and (3) to build capacity within the schools by providing educators with evidence based strategies for managing anxiety and depression in the classroom.

The workshops were created with the intention of this information being delivered by mental health professionals (i.e., psychologists, guidance, consultants) to educators within a school context. The workshops have now been complemented by an online training that includes a manual of materials, videos, and resources that are available for download. The program is designed to ensure the continued support and wider access of training for educators in supporting students with anxiety and depression in the classroom.

How to Use the Manual

This manual is meant to accompany the downloadable PowerPoint presentation. There are three main areas to focus on in this manual: (1) the slides, (2) the “for your information (FYI)” sections, and (3) the suggested scripts.

Slides: In the manual, you will see an image of each PowerPoint slide. Please note that some slides are animated (marked with this symbol ![animation]). These marked slides have animations and/or visual effects that will appear as you continue to click through the presentation. It will therefore be important to go through the presentation, and familiarize yourself with these animations.
FYIs: Accompanying each slide is an FYI section, which provides general information on what each individual slide is about and where the emphasis during the presentation should be.

Suggested scripts: The suggested scripts are meant to give the reader a general sense of what information should be presented. While it is not necessary to read verbatim (please adopt your own personal presentation style), be sure to include all main points that have been provided.
FYI: Begin the workshop by introducing yourself. What is your role in the school, and why are you giving this presentation? What is the topic of this presentation? Below you will find an example that you may wish to follow.

**Suggested script:** Hello, my name is ________________ I work ________________.

In my experience working in schools as a school mental health professional, I am often asked by educators to help support students with anxiety and depression. One of the most significant concerns reported by educators is how best to support students with anxiety and depression in the classroom, while still ensuring academic progress. This workshop will provide focus on how educators can play a pivotal role in this area of mental health and strategies often used by MHPs to support these students so that educators can be aware of this information.
FYI: This workshop is based on the workshop developed by the Ministère de l'Éducation et de l'Enseignement supérieur Grant to McGill University and Lester B. Pearson School Board and is accessible through the Centre of Excellence for Mental Health and the Health Research Team. This information and proper citation is required on all introduction slides when presenting the workshop.

Fill in this slide to make it clear who you are and why you are doing this presentation in this context. For example, this workshop is part of the professional development to educators around supporting students with anxiety and depression given by ______ (insert name of school board).

Suggested script: This workshop is being given due to the high number of requests for support around anxiety and depression in the classroom and to support educators in this area.
Presentation slides #3 - 4: True or false?

Note: These slides are animated!

Not always obvious what is true/false....True or False?

- Anxiety disorders are often a result of traumatic life experiences?
  - FALSE: The causes of anxiety are often a complex combination of genetic, environmental, and life experiences. Effective treatment focuses on the here and now.

- Feelings of anxiety will go away on their own.
  - TRUE: Sometimes anxiety feels like it could go on forever. However, eventually it always goes away or lessens, but as your body is designed to rev up to protect you from danger, it is also designed to calm down at some point. It may take a little time, but anxiety will dissipate.

- During a severe panic attack, a student may faint?
  - FALSE: Fainting is caused by a sudden drop in blood pressure. During a panic attack blood pressure does not fall, it actually rises slightly.

True or False?

- Depression is a deep sadness
  - FALSE: Depression is experienced differently in everyone; the symptoms range from overwhelming sadness to a complete absence of affect.

- Symptoms of depression in children are different than those in adolescents and adults
  - TRUE

- Depression is typically caused by a trauma or negative event in the child’s life (e.g., death in the family, divorce, etc.)
  - FALSE: Although depression is a complex interplay of genetic, temperamental and environmental factors, frequently there is no “obvious reason” for depression

FYI: It is suggested that this be done with a show of hands. So we begin this activity by reading one statement at a time (e.g., During a severe panic attack, a student may faint) and then asking the audience to please give a show of hands. Do you agree that this is true (pause and count show of hands), or do you believe that this statement is false (pause and count show of hands)? When they raise their hands, summarize the response (e.g., So most of you feel that this is true.) This activity should follow this format throughout so that the audience raises their hands, and you summarize.

Suggested script: At the start of the activity say: Sometimes it’s hard to know the facts about anxiety and depression, which is why it’s important to do this workshop today. Before we start, we are just going to check a few facts about your understanding of students with anxiety and depression. So now, I’m going to read a statement and ask you to raise your hand if you believe that it is true, and then raise your hand if you believe that it is false, and then we will see what the facts are. Begin the activity.

At the end of the activity, if the group was generally mixed or wrong on these items, summarize by saying: Well, as you can see it is not always clear what the facts are about anxiety and depression. It is important for us to get a better understanding of these common difficulties in our students.
At the end of the activity, if the group was generally right on these items, summarize by saying: You clearly have an excellent understanding of some of the facts of anxiety and depression. That’s a great start to today’s workshop. Now let’s get into more details about how we can support our students with anxiety and depression in the classroom.

**Presentation slide #5: How was this workshop developed?**

Note: This slide is animated!

FYI: The following slide emphasizes that the present workshop was developed based on what classroom educators needed and wanted.

**Suggested script:** As mentioned, this is a MEES Grant to McGill & Lester B. Pearson School Board, to provide Professional Development to educators around supporting students with anxiety/depression. The first step was to find out what educators said they needed. Educators completed focus group discussions and a follow-up written needs assessment asking them about what were the challenges to supporting students with anxiety and depression in their classroom, and what was their comfort level and ability to provide support to these students. This is what the educators were asked. What did the educators say?
Presentation slide #6: What did teachers say?

Note: This slide is animated!

FYI: This slide reports the results of the anxiety and depression development study conducted by Heath, Bloom and team.

Suggested script: So what did they say? Well, they said that the perceived challenges were [read what is under perceived challenges, then pause and have discussion or show of hands on how many in your audience also feel similar perceived challenges]. How many of you agree with these perceived challenges, do you have others you’d want to add?

Ideally, if time permits, try to take a vote on each of the perceived challenges.
Discuss the fact that although limited time had a 69%, which may not be subject to change, training of anxiety was perceived as challenging 63% of time. Highlight that many of the perceived challenges are not subject to change easily. However, training is; the fact that 42 % indicated they did not have enough knowledge about anxiety to support (please note that these were educators who had volunteered to participate in a study of anxiety and depression in the classroom and likely are a more informed group with regards to this subject).
Presentation slide #7: What do they want in a workshop?

Note: This slide is animated!

FYI: The present slide provides the link between what educators said they wanted and the overview of today’s workshop.

**Suggested script:** In addition to asking educators about the perceived challenges, knowledge and comfort in the area of anxiety and depression, we also asked them how they would want to receive professional development in this area. So, what do they want in a workshop? Educators/techs expressed wanting real life stories, information on anxiety and depression, case studies, time to talk, and resources. So, here is an overview of today’s workshop: case vignettes of real life students, then information on anxiety and depression, then case studies and time to talk about them, and finally a discussion of how to make appropriate referrals and resources.
Presentation slide #8: Video of educator pre-workshop

**FYI:** Because we know it is important to educators that they hear from their colleagues about their experience with supporting students with mental health difficulties, we have included videos from educators about their experience in learning how to better support their students with anxiety and depression in the classroom. This video is important to get your audience engaged and committed to learning the material you are about to present.

**Suggested script:** Before we start, I would like to share with you a video of an actual elementary school educator from the Lester B. Pearson School Board talking about her experience around students with anxiety and depression in her classroom. *Turn on video.*

*Turn off video.* So now we have heard Erika’s perception.
FYI: The present slide provides an overview of the four real life case studies of depression and anxiety that will be used throughout the presentation. The full description of these cases is available for your information in the handouts section at the end of the manual.

Emphasis in this slide is to give the audience a sense of the variety of how depression and anxiety may present itself in the classroom.

Please note the focus of the whole workshop must be on how anxiety and depression present in the classroom. Symptoms or issues that are specific to the home or to the internal experience of anxiety and depression should not be as much of a focus as educators will not see or know of these symptoms.

Suggested script: Okay now we are going to briefly talk about actual cases of kids with anxiety and depression and how they might present in your classroom. We’ll talk about these cases in more detail later in the presentation, but this gives you an overview of what depression and anxiety look like in your classroom [read cases now].
PART B: ANXIETY

Presentation slide #10: What is anxiety?

Note: This slide is animated!

FYI: At this point in the presentation you are going into describing the basic information on anxiety. The purpose of this slide is to explain the difference between the emotion of anxiety and having an anxiety disorder.

Suggested script: So what is anxiety? Let’s talk about anxiety to get the background information on anxiety. Anxiety is [read from slide]. After first point say: anxiety as an emotion that often disappears when an event or situation that is causing the anxiety is removed. It’s an emotion that comes and goes, in response to certain things that make you anxious. In contrast, anxiety disorders usually have recurring negative intrusive thoughts (i.e., I am going to fail) concerns, which often lead to the student avoiding certain situations (i.e., school or tests, social interactions) out of worry and may have accompanying physical symptoms such as stomach ache, headache, etc. Anxiety disorders are often accompanied by intense anticipatory worry and occur even before or in the absence of the anxiety-provoking situation. Furthermore, anxiety disorders significantly negatively impact the students’ quality of life and their daily functioning.
FYI: The purpose of this slide is to help the audience understand the underlying real physiological causes of anxiety and that anxiety is not always negative and can be adaptable.

Suggested script: Anxiety is not always a bad thing. In fact, anxiety can be adaptive! The human brain is hard-wired to respond to danger and whether real or perceived, our stress response is activated, with physiological effects (e.g., heart rate, increased muscle tension). This “fight or flight” response is what has helped humans protect themselves from danger throughout evolution. So what is the difference between normal fear and anxiety? Normal fear is characterized by temporary symptoms that are deemed developmentally appropriate and tend to dissipate quickly, such as when there is a change in the child's life, normal symptoms include clinginess (being scared to be left alone), fear of strangers and difficulty sleeping. The level of fear or real world dangers, for example, illness, social concerns/acceptance, is appropriate. On the other hand, with anxiety, there is significant distress and anticipatory worry in the absence of a stressor. For example, an inability to sleep away from home, or to be with peers without a parent or adult. Anxiety interferes with functioning, it can be developmentally inappropriate and the duration and intensity is far greater.
Presentation slide #12: Sympathetic vs. Parasympathetic

Note: This slide is animated!

<table>
<thead>
<tr>
<th>Sympathetic (Fight or Flight)</th>
<th>Parasympathetic (Rest and digest)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increased heart rate</td>
<td>Relaxed heart rate</td>
</tr>
<tr>
<td>Increased respiratory rate – shortness of breath</td>
<td>Relaxed breathing through diaphragm</td>
</tr>
<tr>
<td>Decreased blood flow to brain – confusion, difficulty thinking clearly</td>
<td>Increased blood flow to brain – thinking clearly</td>
</tr>
<tr>
<td>Decreased blood flow to GI tract – stomach aches</td>
<td>Increased blood flow to GI tract - Digestion working well</td>
</tr>
<tr>
<td>Increased blood flow to muscles – fight/flight</td>
<td>Decreased blood flow to muscles</td>
</tr>
<tr>
<td>Throat tightening</td>
<td></td>
</tr>
</tbody>
</table>

FYI: This slide illustrates to participants that there is a physiological response associated with the “fight or flight” response. Children genuinely have these types of physiological symptoms when their fight or flight response is triggered, which may be in response to many different situations. It is not something they are “just saying”. Ask for examples of when they have seen these physiological symptoms in students in their classrooms (e.g., headaches, excessive fatigue, difficulty in concentrating).

Mini Activity: Ask for examples (e.g., by show of hands, how many of you have ever had shortness of breath in anticipation of some stressor? See, most of you have. Also, show of hands how many of you find yourself just so tired when you are feeling anxious about something in your life? Again, lots of you have had this. How many of you have noticed these signs of anxiety in your students? What else have you seen? Open discussion)

Suggested script: Often when children feel very anxious, the first response is for the sympathetic nervous system to kick in, as physiologically the sympathetic nervous system IS our protective system. Over time, the sympathetic nervous system of students with anxiety often kicks in quickly and remains active even in the absence of a stressor. Basically it becomes over reactive. The
increase in the sympathetic nervous system is what underlies many of the physical complaints (e.g., headaches, nausea, fatigue, etc.) among students with anxiety. One way to reduce these symptoms is to help trigger the parasympathetic system, as it will act to counteract the sympathetic system. Relaxation and diaphragmatic breathing strategies are effective ways to trigger the parasympathetic system and could be taught and practiced when the student is NOT feeling anxious. Keep this in mind, as we will be discussing this later on in the strategies section.

**Presentation slide #13: Examples of anxiety disorders**

<table>
<thead>
<tr>
<th>Anxiety Disorder</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generalized Anxiety Disorder</td>
<td>Characterized by excessive worry and fear about future or past events.</td>
</tr>
<tr>
<td>Separation Anxiety Disorder</td>
<td>Fear of separating from primary caregivers, home or other familiar surroundings.</td>
</tr>
<tr>
<td>Social Anxiety</td>
<td>Fear of being humiliated in front of other people.</td>
</tr>
<tr>
<td>Panic Attack</td>
<td>A discrete period in which there is a sudden onset of intense apprehension, fearfulness or terror often associated with feelings of impending doom and physical symptoms.</td>
</tr>
</tbody>
</table>

**FYI:** On this slide are examples of the most common types of anxiety disorders that you may encounter in your students.

**Suggested script:** There are several types of anxiety disorders that you may encounter in your students. Among the most common is something called general anxiety disorder, which is characterized by excessive worry and fear about future events. Another common anxiety disorder among younger children is separation anxiety disorder, which is fear of separating from primary caregivers, home or other familiar surroundings. Social anxiety or the fear of being humiliated in front of other people is also seen among children. Finally, you may encounter some students who suffer from panic attacks. A panic attack is a discrete period in which there is a sudden onset of
intense apprehension, fearfulness or terror often associated with feelings of impending doom and physical symptoms.

Presentation slide #14: How Common in Anxiety?

Note: This slide is animated!

FYI: On this slide you will find research on how common anxiety is among children. Emphasize that educators will see it in their classroom and children in their classroom suffer from clinical levels of anxiety so it is an issue and it is present.

Suggested script: Anxiety disorders are the most common mental health problem facing children today. Research suggests that approximately 10-21% of children report clinical levels of anxiety. Specifically, test anxiety affects 25-30% of elementary school students.
Presentation slide #15: The different signs of anxiety in children

Note: This slide is animated!

FYI: The emphasis on this slide is to explain to the educator (so they can help support the students in their class to be aware) that anxiety shows itself in many different ways. One can have symptoms of anxiety that are physical, behavioural, or cognitive. Sometimes children do not know they are feeling anxious because they do not always know that what they are experiencing is in fact anxiety and may have trouble verbalizing it.

Suggested script: Anxiety shows itself in many different ways, there are signs or symptoms of anxiety that are behavioral, cognitive/psychological and physical. These all together are experienced as a feeling of “anxiety”. We may experience anxiety in one of all of these domains to different degrees and levels of intensity.
Presentation slide #16: What does this look like in your classroom?

FYI: This emphasis on this slide is to provide your audience with common physical, cognitive, and behavioural symptoms of anxiety and how they can be demonstrated in the classroom.

Suggested Script: So what does this look like in your classroom? Read slide. You can see how Joey is having a physical symptom of anxiety with his stomach-aches. How Raj, seems so impatient and short tempered and is snapping at others due to his anxiety, and Jeanette is highly self-critical due to her anxiety. These are some cognitive, physical and behavioural symptoms of anxiety. Although not all students will experience symptoms of anxiety in the same way or to the same degree among these three areas, it is still important to know how they play out in a classroom context.
FYI: Here is an (optional) activity for you to present. Instruct the participants to discuss (with the other educators at their tables) their experiences with children who have shown signs of anxiety. Have them list and describe at least two different signs of anxiety for each area and assign a spokesperson for their group. Be sure to emphasize confidently rules in all discussions. Here are a few basic rules:

**Confidentiality Rules:** Please remember that confidentiality is an ethical principle that ensures PRIVACY. Here a few basic rule:

- DO NOT use real names (make them up!)
- DO NOT give any information that can be used to identify a specific student
- Discussions do not leave the room

Break the participants into groups of no more than seven (preferably less) and in the suggested script time permitting 10-15 minutes for this activity. Give a warning that you are about to wrap up at 12 minutes. After 15 minutes come back to large group have each spokesperson indicate the behaviours that were discussed and write it on the board or flip chart. Note the commonality and
differences in the examples people come up with. Observe that no one had difficulty noting at least some behaviours.

**Suggested script:** Okay now we’re going to do an activity to show our own examples of anxiety in the classroom. Please discuss your experience with your group. List and describe at least 2 different signs of anxiety for each category (e.g., cognitive, physical, behavioural). *Allow 10-15 minutes.*

**Presentation slide #18: What you may see: Signs of anxiety in children**

Note: This slide is animated!

---

**Note. This slide is repeated as a reference for discussion after the group activity.**

**FYI:** This slide highlights common behavioural, cognitive, and physical signs of anxiety in children. If you did the optional activity, point out common symptoms that were raised during the discussion and highlight any that no one raised (speak about it briefly). If you did not do the activity, choose a few from each category to explain. Below you will find examples and further descriptions of each symptom. Use these descriptions when selecting which symptoms you will elaborate on (based on what the audience probes).
Reassurance seeking: The child who is constantly asking if they are right, that they are doing it okay, that they are on the right track, that they are allowed to do what they are doing, “is this okay Ms.?”.  

Withdrawal: Choosing not to interact with peers or educator, choosing to be very quiet and not interacting with others  

School refusal: Ranges from refusal to come to school to resistance or difficulty showing up, or coming into the classroom  

Avoidance: Avoid situations that are anxiety provoking. For example, finding ways to stay inside during recess, going to the library instead of the lunchroom.  

Sleep difficulties: Due to worries, getting or staying asleep due to worries and possible fears.  

Difficulty concentrating: Has difficulty concentrating on tests or completing work, may become agitated as they attempt to complete work.  

Unrealistic self-evaluation and negative self-talk: “I need to do better”, “I am always” statements or belief about making mistakes, “I don’t work hard enough”, “I’m always making mistakes”, ”Others don’t like me”, “Why am I so stupid?”,”Why can’t I do anything right?”.  

Irrational: “If I don’t do well on this dictée test I’m going to fail my year”.  

Perfectionism: Working on something over and over. Sample statements include, “I have to get them all right”, “I can’t get more than one mistake on this test” “this needs to be neater “, “it has to be better”.  

Fear of separation: Difficulty leaving parents or caregiver commonly occurs in younger grades but may occur occasionally in older grades
**Suggested script:** Okay, after going through this activity, you can see that many of us were able to come up with ________ (e.g., the observable symptoms) but we had a lot of people noting it was more difficult to see the _________ (e.g., cognitive symptoms of anxiety). We can see that there is a wide range of cognitive, behavioural and physical symptoms to be aware of.

**Presentation slide #19: Psychological principles of managing anxiety**

*Note: This slide is animated!*

**Psychological Principles of Managing Anxiety**

**DON’T FEED THE MONSTER!**

- Provide a Safe Place
  - Ensure a welcoming school environment
  - Provide a safe place when the student is feeling stressed or overwhelmed
- Psychoeducation
  - Help student learn to recognize their anxieties
- Create “The Ladder” with Student
  - Work with their anxieties
  - Show support
  - Involve others

**FYI:** This slide explains how educators can apply the psychological principles of managing anxiety in the classroom. It shows the “big picture” of how you can manage anxiety in the classroom. Below you will find more detailed explanations of the concepts used to reduce anxiety in the classroom.

**Suggested script:** This is the “big picture” of how mental health professionals in your school address anxiety in children. After we review this, we will talk about specifically what your role is, but it is important to first understand the “big picture”. The overarching psychological principles are as follows: First, it is important to provide a safe space. *Read points from slide.* Next, you have to provide psycho-education about helping students to recognize their anxieties.
Once they have recognized what anxiety is and what it is not, then the school mental health professional will work with the student to create the “ladder”. *Click to animate – Ladder will appear, then click again so that the ladder disappears.*

Expect failure. *Read points on slide.* Children may regress and the school mental health professional knows this, but as the educator you are the one who will most likely to be speaking with parents on a regular basis and can be an important person in setting expectations for everyone. Finally, don’t feed the monster! In other words, we DON’T want to allow students to avoid anxiety-provoking situations as it increases anxiety in the long run (i.e., feeds the monster!). We want to gradually expose the student to the anxiety-provoking situation while also supporting them. Give an example of a student who is afraid to come to school. If we allow him to stay home, we would be increasing his anxiety over time. In this situation, we would suggest that the student gradually be exposed to the school environment, attend everyday even if he sits in the behavior technician or resource room and gradually have him enter the classroom. All the while providing the student with support.

**Presentation slide #20: How to apply these principles in your classroom**

[Note: This slide is animated!]
FYI: This slide explains how educators can apply the psychological principles of managing anxiety in the classroom.

For a detailed description of classroom strategies for students (i.e., psycho-education and strategies: thought challenge, relaxation, the self-observer, and better choices) see handout StressOFF Strategies at the end of the manual.

Suggested script: Here are some specific examples of how as a classroom educator, you can help students cope with anxiety: Read from slide.

Presentation slide #21: Strategies in action (anxiety)

Note: This slide is animated!

FYI: Here is the next activity (optional). Have the participants discuss how they could apply the strategies for Joey or Madison in small groups (see handouts section for complete cases). Then, have one person from each group discuss their points as part of a large group discussion. Below you will find examples of how the strategies can be applied. Check to see if these strategies came up during the large group discussion and highlight those that have not been mentioned.

The following are recommendations for Joey and for Madison:
Joey:
- Start school day in a quite safe place
- Have clear schedules and routines posted
- Expose him to new situations, engage in social activities/groups
- Provide responsibility (i.e., bringing milk, notes, handing out papers) to expose to new situations and feel good about oneself
- Help him to join social situations
- Create social situations or groups where he would feel comfortable and then model or be a part of them
- Provide lots of praise and encouragement to help with the need for excessive reassurance
- Provide all changes in schedule and routine ahead of time
- Provide extra time for evaluations
- Provide lots of practice in test situations in class and at home prior too
- Give bathroom breaks prior to tests and 1 during the test
- Help Joey to recognize physical symptoms and provide a quite space or activity for when feeling nervous or anxious
- Teach Joey and class diaphragmatic breathing and progressive muscle relaxation

Madison:
- Set up social situations in the classroom at her comfort level
- Help her to go outside and pick a peer to play with
- Provide strategies on how to approach a peer group
- Provide praise and encouragement related to work
- Indicate when tasks are well done
- Involve her in a lot of group and peer work to increase social interactions
- Refer to MHP to help cope with negative thoughts
- MHP could work on ‘ladder’, or a gradual exposure to anxiety-provoking situations such as presentations, working on white board at her pace
- Prime her ahead of time of questions she will be asked to answer in class and ensure she knows the correct response
PART C: DEPRESSION

Presentation slide 22: Anxiety and depression

Note: This slide is animated!

FYI: The purpose of this slide is to emphasize the overlap between anxiety and depression and is used as a lead-in to the next part of the presentation (i.e., the section on depression in the classroom).

Suggested script: Nearly half of students who are diagnosed with anxiety are also diagnosed with depression. Often students who feel anxious over time begin to avoid situations or people (i.e., school, friends etc.) and have a lot of negative self-talk, which can lead to depression.
Presentation slide 23: What is depression?

*Note: This slide is animated!*

**FYI:** With this slide, it is important to explain that depression is more than just feeling down. Depression is also different from healthy feelings that follow a significant loss. Depression is a mental illness that affects the entire person.

**Suggested script:** We will now be shifting our focus to depression in the classroom. So, firstly, what is depression? Depression is different from normal, healthy feelings of loss or from just feeling down or having a bad day. It is a mental illness that affects the entire person, the way they feel, think, and act. Not a personal weakness or the result of poor parenting. Depressive disorder is a persistent sad or irritable mood and a loss of the ability to experience pleasure in nearly all activities.
**Presentation slide 24: Causes of depression**

Note: This slide is animated!

![Causes of Depression diagram](image)

**FYI:** This slide is meant to explain that the causes of depression are complex and are usually a combination of environmental (e.g., stressful events), individual (e.g., temperament) and biological (e.g., genetics). We have to be careful not to simplify our thinking about what contributes to depression.

**Suggested script:** There are multiple causes of depression, which can include, but are not limited to the individual (i.e., temperament), environmental (i.e., early experiences, stressful events), and biological (i.e., genetics, hormones). Given the complex nature of depression, it is important to not simplify it by assuming it is caused by one thing or event in a person’s life. Causes of depression are complex and are usually a combination of environmental, individual and biological. We have to be careful not to simplify our thinking about what contributes to depression.
Presentation slide #25: When does depression become a disorder?

Note: This slide is animated!

FYI: The purpose of this slide is to highlight that depression becomes a disorder when it is persistent, pervasive, and interfering with their day-to-day functioning.

Suggested script: Normal sadness can become a disorder when it changes to extreme and persistent sadness and when it is pervasive and disabling. There are different forms of depressive disorders, such as dysthymia and major depressive disorder. Depressive disorder may not necessarily be a direct reaction to an event or circumstance.
Presentation slide 26: How common is depression?

Note: This slide is animated!

FYI: The purpose of this slide is to give the prevalence of depression among children by age and gender.

Suggested script: Depression can occur at any age in childhood (i.e., preschool, before/after age 12). Although less frequent in young children, it does occur. Before age 12, young males and females are equally likely to suffer from depression. However, once you get to adolescence it becomes more common for girls than boys. There are numerous theories about why this is so, some suggest that it is hormonal; others suggest the societal pressure on adolescent girls may play a part. At this time, it is not totally clear what contributes to this finding.

- Note. The symptoms may be different between females and males. Particularly in young boys, depression may come across as angry outbursts and misbehaviour.
FYI: The purpose of this activity is to have educators reflect on their own experience around the physical, cognitive and behavioral symptoms of depression that they have seen in their classroom. Write what they come up with for the symptoms of each category on the board in preparation to the next slide, where you can review the symptoms that they identified or the signs they saw or identify.

Be sure to emphasize confidently rules in all discussions. Here are a few basic rules:

Confidentiality Rules: Please remember that confidentiality is an ethical principle that ensures PRIVACY. Here a few basic rule:

- DO NOT use real names (make them up!)
- DO NOT give any information that can be used to identify a specific student
- Discussions do not leave the room
Presentation slide #28: What you may see: Signs of depression in children

FYI: The purpose of this slide is to explain the physical, cognitive and behavioural signs of depression in children. Be sure to familiarize yourself with these three categories and be ready to explain any sign that is difficult to understand. For example, you can highlight that young boys and males in general with depression are often overlooked because they seem more angry than depressed. Often these children display externalizing and behavioural issues, when they may have underlying depressed mood.

Suggested script: Depression can manifest itself through different physical, behavioural, cognitive and/or affective symptoms. Examples of the signs of depression include (Choose from the examples below or from the PowerPoint presentation):

- **Behavioural:**
  - Irritability or anger outbursts
  - Sleeping too much or too little

- **Cognitive:**
  - Low self-esteem, worthlessness, and guilt
  - Difficulty thinking, concentrating, or remembering
  - Negative internal thoughts about the self, world, or future
- **Physical:**
  - Tired and listless, changes in appetite or weight (weight loss not due to dieting or exercise)
  - Decreased energy or physical activity

- **Affective:**
  - Loss of interest or pleasure in activities
  - Seeming to have no feelings at all (i.e., feeling empty)
  - Hopelessness

**Presentation slide #29: Child vs. Adolescent Depression**

⚠️ Note: This slide is animated!

FYI: The purpose of this slide is to show the similarities, and importantly the differences between child and adolescent depression.

**Suggested script:** For the most part there is a tremendous amount of similarity between child versus adolescent depression (e.g., sadness, low self-esteem, problems concentrating difficulty doing our work). However, there are important developmental differences. Specifically, within the child you may see for example, clinginess to parents, extreme disruptive behaviour, vague physical
complaints). While in the adolescent you may see, for example, substance abuse, withdrawal, absenteeism). It is important to look for any changes in behaviour as this may be a sign. For example, increased physical complaints, clinginess, trouble concentrating, or negative self-statements. Many of these behaviours can be signs of an underlying depressed mood and worth discussing with your MHP.

**Presentation slide #30: What should you do?**

*Note: This slide is animated!*

**FYI:** The way that mental health professionals deal with depression in the school is complex. This slide focuses on your role in supporting the efforts of the mental health professional in working with students with depression. Blue indicates activities which should be primarily led by the mental health professional, orange are educator-led strategies and purple are those that should be engaged in by both the mental health professional and the educator. Make it clear to the audience that you will be using this framework in the case study in the next slide.

For more information, please see the resources section at the end of the manual

**Suggested script:** There are six main areas which you should address using strategies, these include (*List six steps*). Across these, to some degree the school mental health professional may be
leading, this is indicated in blue. For example, with psycho-education, this is largely done by the school mental health professional, but the educator is important in reinforcing what the student has learned with the mental health professional. Similarly, with mental health literacy, learning about what mental health is and is not, and what contributes to mental health is something the mental health professional can discuss but it can also be incorporated into regular classroom activities. Validate the student experience as the students’ educator, you see them regularly and you have the opportunity of supporting them in an essential way just by acknowledging that what they are experiencing is real, is not their fault, and is difficult. While the mental health professional may have the early discussions with the student in encouraging lifestyle regulation, you as the educator can encourage and support student lifestyle regulation in communicating with your students about workload and importance of school-life balance.

**Presentation slides #31: Strategies in action (Depression)**

infeld: This slide is animated!

<table>
<thead>
<tr>
<th>In Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hannah</td>
</tr>
<tr>
<td>Recent passing of grandmother, withdrawn and passive, often appears tired and distracted.</td>
</tr>
<tr>
<td>Michael</td>
</tr>
<tr>
<td>Removed from home at young age, irritable and distracted, overweight and poor personal hygiene.</td>
</tr>
</tbody>
</table>

- Small group:
  - Around your table discuss ideas for how you could apply the strategies for Hannah or Michael (choose only ONE case for discussion).
  - Appoint a spokesperson to share your group’s views with larger group.
- Large group discussion & debrief
- Recommendations

**FYI:** Here is the next (optional) activity. In order to better understand these strategies, have your audience discuss how they would apply the strategies to either Hannah or Michael’s case. Then, discuss as a larger group. Below you will find examples that you may refer to. Check to see if these strategies came up during the large group discussion and highlight those that have not been mentioned.
Below you will find strategies that could be applied for Hannah and Michael’s cases.

Hannah:
- Break assignments up into manageable chunks that can be completed in one sitting, as large tasks/projects are too daunting
- Keep socially engaged; create social activities and allow for self-time
- ‘Highlight positive feedback and be aware of student’s sensitivity
- Approach her in a calm and relaxed tone
- Make sure she is eating/sleeping/exercise at home/school
- Refer to MHP to address negative thoughts and recent loss of grandmother
- Validate feelings of sadness or difficulty

Michael:
- Decrease level of homework to lessen stress
- Provide breaks during homework/class periods
- Connect with grandmother about diet and speak with him and the importance of nutritious food, sleeping, exercise on our brains
- Connect with grandparents about community supports if needed
- Refer to MHP to address feelings of hopelessness
- Speak with grandmother about missing school and encourage her to get him to school for routine and predictability
- Find out what he is interested in and what motivates him and provide this an incentives and breaks in class.
Presentation slide #32: When to refer?

Note: This slide is animated!

FYI: Here you will explain to your audience that if they ever have any concerns, they can and should refer. It is important to relay information or questions to the school mental health professional. Let them know that they are not alone, and that communicating with the school team is crucial!
FYI: Here, you can choose to highlight a number of different resources. A list of resources, books, articles, and pamphlet is available at the end of the manual. In addition, there are four videos from real students who volunteered to share their stories in order to help create more awareness around mental health difficulties. These videos can be shared to support students, their family, friends and partners. The videos can be found at: http://dairheathresearchteam.mcgill.ca/
Presentation slide #34: Video of educator post-workshop

FYI: This final clip of the elementary classroom educator Erika concerning her experience supporting students with anxiety and depression in the classroom.

Presentation slide #35: Conclusion
**Suggested script:** In conclusion, as you know and as Erika has stated, having these students in your class is not easy. Educators already have so much they have to do and so many other duties, how can you take on another? Especially one that can be so intimidating. Ultimately, these students are in your class and you are already helping them to learn and cope with daily academic and social demands. This workshop was intended to provide you with a better understanding about how these students exhibit anxiety and depression in the classroom and some concrete tools on how best to support them. You are not expected to be the mental health professional and provide therapy, rather to help support their learning and overall emotional well-being to foster resilience. Teachers do this all the time, and they do it well, hopefully, now, you have a few more tools to be even more effective in your classroom. Educators can make a huge difference in the lives of their students and enhancing one’s knowledge of how best to help them cope will go a long way to enhancing their lives.
HANDOUTS

Elementary School Cases

The Case of Joey:
Joey is in grade 1 and lives at home with his parents and older sister Lisa who is in grade 4. When in grade 2, Lisa’s parents had some difficulty getting her to school, as she would refuse most mornings. This occurred over a period of a few months and it was discovered to be partly related to her feeling rejected by peers. Following this, it was resolved and she is currently functioning well. Joey is reported by his parents to frequently be clingy and to have difficulty in novel situations (i.e., meeting new people, joining group activities, staying at birthday parties by himself). This past year, he has been hesitant to come to school and enter the classroom. Joey’s kindergarten teacher reported that he would often stand off to the side and observe his peers playing as opposed to joining in, at times complained of stomach aches, and at times seemed to worry about routines and schedules. Currently, his parents indicate that he has trouble sleeping, often worries about something ‘bad’ happening at school. At school, he reports many physical complaints, including stomach aches, and not feeling well most mornings before school. He has an average number of friends, is invited to join group activities, and is liked by peers and adults, despite at times questioning whether he is really liked. Joey is reported by his teach to be quiet in class, but performs well in school in all subject areas. He often seeks reassurance from teachers about routine, and any unexpected events (e.g., field trips, assemblies, etc. “Do we all go together to the assembly? Where is it? Do we stay with you?”). He appears nervous and frequently asks to go to the washroom when in an evaluation situation or new learning performance (e.g., dictée, speaking French, math test). For Joey, evaluations take more time and he has difficulty finishing due to constant corrections and second guessing himself.

The Case of Madison:
Madison is in grade five and lives with her mother once a week and father the opposite week. Her parents split up two years ago. She has an eight-year older brother who has the same schedule with his parents as Madison. Madison is well liked by peers, although during the past year often avoids social situations and engagement. She has always been reported by her parents and teachers to be cautious and reluctant in social situations, but over the past few months has asked to stay inside at recess/lunch and chooses to work or read on her own. Although Madison has
reported a desire to belong and join social situations, she often reports feeling uncomfortable and is more relaxed when by herself. She is very hypersensitive to other’s opinions or thoughts, often assumes negative intentions behind harmless behaviours of others (e.g., laughter is assumed to be directed at her), which further exacerbates her uneasiness around peers. Madison is often reluctant or refuses to perform in front of peers (e.g., oral presentations, working on white boards, answering questions, demonstrating), despite being capable. Over time Madison has become increasingly “oppositional” as she actively avoids and refuses to engage in assignments that provoke her anxiety. Madison’s grade 3 teacher reported that when she was in grade 3, she threw up in front of the class when she was required to do a mini-oral presentation. She is an average student, but never satisfied with her performance and is clearly unhappy with her marks on assignments, although when questioned she talks about how “I never do good enough, I can’t do it right.”

**The Case of Hannah:**

Hanna is in grade 3 and lives with her mother. She has regular phone contact with her father who lives in P.E.I. She also sees him during holidays. Last year, her maternal grandmother passed away; she lives with Hannah and her mother, often acting as a secondary caregiver. Hannah is reported by her teach to be withdrawn, quiet, passive, and not interested in activities or groups. In class, she is found to be frequently teary, especially when faced with even a mild difficulty situation (e.g., peers getting irritated with her for something minor like not hitting the ball in softball; teacher speaking to her in a corrective manner). Other times, she seems happy and engaged; teacher reports that Hannah demonstrates contradictory behaviours that are difficulty to make of. When new material is presented, Hannah often appears tired and distracted, demonstrates difficulty concentrating, appears to be daydreaming and off task a lot. She has trouble starting and finishing assignments, especially larger projects, multiple part activities, or repetitive work (e.g., math sheet with multiple items). Hannah frequently complains of headaches and/or stomach aches. Recently, following a minor event (e.g., disagreement with peers), she voiced extreme negative thoughts about herself and the future (E.g., “What’s wrong with me? Everyone hates me! I am never going to have any friends, I hate it here, etc.”).
The Case of Michael

Michael is in grade 6 and lives with maternal grandparents. He has 2 younger brothers who live with him. He has weekly supervised visits with mother. His father lives in Ontario, but he has regular phone contact. He was removed from his home when he was 8 years old due to conjugal violence and parental drug use. This past year at school, his teacher reports him to be very irritable, short tempered and often snapping at peers. He has a low tolerance for frustration, especially if he feels others are “wronging” or teasing him. Michael is very distracted in class (i.e., often looking out the window, playing in his desk, drawing) and disruptive to peers (i.e., often talking and interrupting the teacher). When Michael is rejected by peers he often responds with anger and “I don’t care” statements. Homework is frequently incomplete and he has trouble finishing classwork. When questioned about his work, he often responds with “Who cares, this is stupid” despite a history of very good school performance. At times he demonstrates excellent understanding or insight into topics, yet he rarely sustains effort or motivation. He appears tired and disinterested in everything; often saying it is “boring” and “stupid”. When discussing lack of completion and performance issues, Michael expresses hopelessness about the future, “There is no point, this is useless it all sucks, high school is just going to be worse”. He is overweight and seems to bring a lot of junk food to school, and has poor personal hygiene. Lately, he has often been absent; his grandmother gives the reason that he is “not well”.

StressOFF Strategies

What is stress?
Stress is psychological and/or physical strain, or tension, as a result of circumstances, events, or experiences that are viewed as challenging or difficult.

Who is stressed?
A survey by the American Psychological Association (2014) reports that 27% of adolescents report high levels of stress.

How does stress show

<table>
<thead>
<tr>
<th>Psychologically</th>
<th>Physically</th>
<th>Behaviorally</th>
</tr>
</thead>
<tbody>
<tr>
<td>Negative thoughts</td>
<td>Muscle pain</td>
<td>Muscular pains</td>
</tr>
<tr>
<td>Difficulty concentrating</td>
<td>Stomach upset or pain</td>
<td>Lapse in concentration</td>
</tr>
<tr>
<td>Always thinking the worst is going to happen</td>
<td>Nausea</td>
<td>Difficulty sleeping</td>
</tr>
</tbody>
</table>

Stop, Thought challenge

PSYCHOLOGICAL STRESS
Are your thoughts really true? Or are they just thoughts? Let’s give it a try...

**Situation:** You didn’t do well on your math test.

**Automatic thought:** I’m not good at anything.

**(Negative) STOP.**

**Take a breath.**

**Thought Challenge:** Is this really true?

**More helpful thought:** I did well on my history test...

I would have liked to do well on this test, but I did do well on my history test!

**(Positive) GO**

REIaxation

PHYSICAL STRESS
Turn off your physical stress (stress that affects your body) with these brief exercises:

MUSCLE RELAXATION
- Tense and relax each muscle group in the body starting with the fists, arms, shoulders, legs, etc.
- Muscle should be tensed for a count of 5 and then relaxed for 5 seconds.
- Pay careful attention to the feeling of tension and relaxation in your muscles.
- End the exercise with a deep breath in and then breathe out for a count of 7.

DEEP BREATHING “BALLOON” TECHNIQUE
1. Imagine that your abdomen/stomach is a balloon.
2. Inhale for a count of 4, paying close attention to the feeling of your abdomen/stomach inflating (getting larger, growing) like a balloon.
3. Exhale for a count of 6, paying close attention to the feeling of your abdomen/stomach deflating (getting smaller, shrinking) like a balloon.
4. For the last two or three breaths, breathe in for a count of 6, then pause for 2 seconds and then breathe out forcefully the very last breath in your body.
5. Finally, let the breath move on its own track into your body, like a wave.

GUIDED IMAGERY
- Position yourself comfortably and close your eyes.
- Breathe deeply and breathe out, letting all of the stress flow out of your body.
- Once you start to feel more relaxed, imagine that you are in the most relaxing environment (e.g., lying on a beach or sitting by a fire in a cozy room).
- As you envision the relaxing scenes, involve your senses by allowing yourself to imagine what it looks like, if there are any special sounds around you, what it feels like, and what is around you.
- When you are ready to return to reality, open your eyes from 10.
- Take a deep breath in and exhale.

The StressOFF Strategies TOOL KIT can help you manage stress.

Stop, Thought challenge

REIaxation

Spotlight

Self-care & better choices
Spotlight

Mindfulness (sometimes called Mindfulness) is a strategy that has been used in US military training in Iraq to train soldiers to be mentally fit in order to better manage stress while doing a very stressful job. Train yourself to be mentally fit with a few of these exercises.

**“Spotlight” Exercise**

Sit on a chair comfortably with your hands positioned on your lap. Allow 5 seconds (or count three 'elephants' in your head) between pauses.

Can you feel your feet on the ground? ... Can you feel the pressure of the floor beneath your feet? ... Feel the seat under your thighs. ... Feel the support of the chair on your back. ... Feel your arms resting on your lap. ...

Now, become aware of the sense of hearing. Can you hear sounds from outside this room? ... Can you hear sounds that are close to you in this room? ...

Finally, become aware of the feeling of your breath moving into your body through your chest and stomach ... and out your mouth. Again ... Feel your breath go in again and then out ... Like a wave ... In and then out ...

Self-care & better choices

**BEHAVIORAL STRESS**

Sometimes we make poor choices and do unhealthy things to manage stress, like staying up all night playing video games, or eating a lot of junk food.

Self-care means choosing to take care of ourselves by getting enough sleep, making sure we eat well and getting some exercise. Sounds straightforward, but research shows that if you do better self-care when your stress goes up, the stress will go down.

Making better choices is an important part of dealing with stress. Instead of choosing unhealthy ways of dealing with stress, you can choose to use some of the strategies you learned in this program. You can also talk to a friend or do something creative like painting, drawing, playing music or writing. Part of better choices is also choosing to get support and asking for help when you need it.

**THREE SENSES EXERCISE**

Bring your attention to the feeling of your breath moving in and out of your body. Now, bring your attention to your physical environment and take a mental note of the following:

- Three things I can hear (e.g., snow falling, rumbling of the ventilation, car truck going by).
- Three things I can see (e.g., people walking by, the view).
- Three things I can feel (e.g., my backside against the chair, the floor beneath my feet, my hands resting on my lap).

**HELPFUL RESOURCES**

- MoodGYM: https://moodgym.unsw.edu.au
  MoodGYM is a free, fun, interactive program consisting of a number of different modules, which explore issues such as why you feel the way you do and changing the way you think.
- Mind Your Mind: http://www.mindyourmind.ca
  Mind Your Mind is an award-winning site for youth on youth. It is a place where you can get info, resources and the tools to help you manage stress, anxiety and mental health problems.
- TeensHealth: http://teenshealth.org/teen/
  TeensHealth is a safe, private place for teens who need honest, accurate information and advice about health, emotions, and life.
- Kids Help Line for Immediate Help

For more information about the StressOFF Strategies Program, please contact:

Amy Shapiro: amy.shapiro@mail.mcgill.ca
or Nancy Health: nancy.health@mail.mcgill.ca
RESOURCES

For mental health videos on coping tips for students and advice for friends, families and partners, see: http://dairheathresearchteam.mcgill.ca/

For managing anxiety in the classroom
Resource: Healthy Thinking for Younger Children
Website: https://www.anxietybc.com/sites/default/files/Healthy_Thinking_for_Younger_Children.pdf

Resource: Anxiety BC, Educator
Website: https://www.anxietybc.com/educators

Resource: Anxiety 101
Website: http://www.worrywisekids.org/node/48

For managing depression in the classroom
Resource: Depression Suggestions for School Staff

Resource: Depression in Young Children: Information for Parents and Educators
Website: http://cemh.lbpsb.qc.ca/educators/depressve_ho.pdf

Resource: Depression: Supporting Students at School

Resource: Depression: A Quiet Crisis
Website: https://www.nasponline.org/Documents/Resources%20and%20Publications/Handouts/Families%20and%20Educators/April_13_Depression.pdf

General mental health in the classroom
Resource: Self-Efficacy: Helping Children Believe They Can Succeed
Website: http://www.forsyth.k12.ga.us/cms/lib3/ga01000373/Centricity/domain/31/self-
Resource: Mental Health Online Resources for Educators
Website: http://www.albertahealthservices.ca/info/Page91