Anxiety and Depression in the Classroom

HIGH SCHOOL

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Introduction Letter

In 2012-2016, Dr. Nancy Heath’s McGill Research Team, in collaboration with the Centre of Excellence for 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 that 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 🍅). 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.
PRESENTATION

PART A: INTRODUCTION

Presentation slide #1: Anxiety and depression in the classroom in the High School

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.
Presentation slide #2: Introduction

FYI: This workshop is based on the workshop developed by the Ministère de l'Éducation et de l'Enseignement Supérieur (MEES) Grant to McGill University and Lester B. Pearson School Board and is accessible through the Centre for Excellence for Mental Health and the Heath 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: Tue of false?

Note: These slides are animated!
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 they 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 or 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 depression, then case studies and time to talk about them, and finally a discussion of appropriate ways to refer 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 high school educator from the Lester B. Pearson School Board talking about her experience with students with anxiety and depression in her classroom. Turn on video.

Turn off video. So now we have heard Karen’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 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.

Presentation slide #11: Understanding anxiety
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 youth’s life, normal symptoms include irritability 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, avoidance of a party due to fear of humiliation or avoidance of school due to fear of failure. 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!
**FYI:** This slide illustrates to participants that there is a physiological response associated with the “fight or flight” response. Teens 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 teens 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 classrooms? What else have you seen? Open discussion)

**Suggested script:** Often when youth 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 should 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>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 classrooms.

**Suggested script:** There are several types of anxiety disorders that you may encounter in your classroom. Among the most common is something called general anxiety disorder, which is characterized by excessive worry and fear about future events. Social anxiety or the fear of being humiliated in front of other people is also seen among teens. Finally, you may encounter students that 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 youth. Emphasize that educators WILL see it in their classroom; students in their classroom will suffer from clinical levels of anxiety and it will affect their classroom performance. Therefore, this is a classroom relevant issue.

**Suggested script:** Anxiety disorders are the most common mental health problem facing youth today. Research suggests that approximately 25% of teens report clinical levels of anxiety. Specifically, about 16-20% of students appear to have truly “high” or “severe” test anxiety.
Presentation slide #15: The different signs of anxiety in teens

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 behavioural, cognitive, or physical. Sometimes teens 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 headaches that make him unable to attend class. 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 students 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 confidentiality rules in all discussions. Here are a few basic rules:

Confidentiality Rules: Please remember that confidentiality is an ethical principle that ensures privacy. Here are a few basic rules:

- 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 behaviors 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 behaviors.

**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: Sign of anxiety in teens**

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**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 students. If you did the optional activity, point out common symptoms that were raised during the discussion and highlight any that no one has 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).

**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, staying home on test days or skipping class when presentations are due.

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, irritable, or oppositional as they attempt to complete work.

Unrealistic self-evaluation and negative self-talk: “I need to do better”, “I am always screwing up” 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 quiz 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”.

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

FYI: This slide explains how educators can apply the psychological principles of managing anxiety, or “the enemy” in the classroom. Allowing students to avoid-anxiety provoking situations only makes the problem worse in the long run. Thus, the main idea is that you DON’T want to give in or provide ammunition to the enemy. Instead, the goal is to gradually expose the student to the anxiety-provoking situation while also supporting them. 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 teens. 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. In high school, attempting to decrease the competitiveness of the environment is important. In addition, encouraging a positive school climate, vigilantly addressing bullying etc. Read points from slide. Next, the mental health professional will provide psycho-education about helping students to recognize their anxiety.
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. Teens may regress and the school mental health professional knows this, but you as the educator are the one most likely to be speaking with the student on a regular basis and can be an important person in supporting the student and providing feedback to the mental health professional. Finally, don’t provide ammunition to the enemy! 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., strengthens the enemy that is anxiety!). 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., psychoeducation and strategies: thought challenge, relaxation, the self-observer, and better choices) see handout Stress OFF 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 Justin or Kelly in small groups (see handouts section of manual for full 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 Justin and for Kelly:
Justin:
- Have him check in with an adult and start day in quiet space
- Help to recognize feelings of anxiousness & offer opportunities to practice learned strategies
- Allow for more physical movement in class if necessary
- Provide extra time and quiet space for tests and exams
- Provide opportunities for practice of tests and exams prior to
- Explore reasons for not wanting to do gym; is something happening in the locker room?
- Refer to MHP to help with racing thoughts and to learn strategies to deal with anxiety symptoms

Kelly:
- Create opportunities for group/peer work in the classroom to increase social engagement and comfort & opportunity to practice taught strategies
- Be aware of hypersensitivity in providing feedback
- Encourage her to join groups in school
- Build in predictable feedback and praise
- Refer to MHP to help address her social avoidance, negative assumptions and reluctance to perform in front of class (‘ladder’ or graded exposure to performance situations may be needed) as well as teaching of strategies to handle symptoms of anxiety in social situations.
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!
FYI: This slide is meant to explain that the causes of depression are complex and are usually a combination of individual (e.g., temperament), environmental (e.g., stressful events), 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 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 students 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. The important information for you to know as a high school educator is that depression is very common in teens, more so in females but both males and female students may suffer from depression. Furthermore, the symptoms may be different between females and males. In males, depression may more often come across as irritability, angry outbursts and misbehaviour.
Presentation slide #27: Discussion Activity (optional)

Note: This slide is animated!

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 teens

Note: This slide is animated!

FYI: The purpose of this slide is to explain the physical, cognitive and behavioural signs of depression in teens. 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 in general males with depression are often overlooked because they seem more angry than depressed. Often these youth 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):

- Behavioral:
  - Irritability or anger outbursts/ oppositionality
  - Sleeping too much or too little
  - Difficulty getting necessary things done (e.g., homework)

- 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, numb)
  - 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. For example, within the child you may see clinginess to parents, extreme disruptive behaviour, vague physical complaints. While in the adolescent you may see, substance abuse, withdrawal, absenteeism. It is important to look for any changes in behaviour as these may be a sign. Specifically, increased drug use, poor hygiene, withdrawal from friends and social situations, skipping classes and missing a lot of school are all examples of signs that could indicate 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 red 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)

Note: This slide is animated!

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 Conner or Jessica’s case (see handouts section for complete cases). 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 Connor & Jessica’s cases.

**Connor:**
The important message in response to Connor is that he is self-medicating, withdrawing and struggling to be able to complete work, the MAIN role/strategies for the educator center on (1) adapting classroom demands to ensure success and decrease failure, by accepting that the student’s emotional well-being needs to take precedence over curricular demands at this time; (2) being supportive of the student, validating their experience and demonstrating warmth and concern rather than focusing on the need for work to be done and behavior to change; and finally, (3) to refer to MHP, subsequently maintain contact and communication with MHP, the student and family. Below are some examples of strategies.

- Provide class materials when he doesn’t have them ( Educator )
- Encourage proper sleep/meals/exercise ( MHP & Educator )
- Connect with mother about him being withdrawn and not participating ( MHP & Educator )
- Allow for/create social activities and assignments in class; build in self time ( Educator )
- Break up assignments into manageable chunks ( Educator )
- Regularly check in with student about mood and motivation ( MHP & Educator )
- MHP to address negative thoughts and mood, provide strategies and consult ( MHP )

**Jessica:**
The important message in response to Jessica is that she is expressing her depression through anger, acting out, and disengaging from caring. Therefore, the MAIN role/strategies for the educator center on (1) not reacting to the anger, understanding that it is her best attempt to cope, and to validate her frustration and anger and persistently and consistently offer support and caring (2) working with Jessica and MHP to create a shared plan for classroom behavior and consequences, ideally doing this in a collaborative manner with Jessica rather than an authoritarian manner; (3) to refer to MHP, subsequently maintain contact and communication with MHP, the student and family. Below are some examples of strategies.
- Check in with student about mood, validate her frustration (MHP & Educator)
- Let student know you are there for her and want to support her (MHP & Educator)
- Connect with parents about behaviour and performance at school (MHP & Educator)
- Address importance of sleep, diet, exercise (MHP & Educator)
- MHP to address mood and reactions towards others (MHP)
- Be aware of sensitivity to others’ reactions (Educator)
- Give unsolicited genuine positive feedback about her abilities in some areas (Educator)

**Presentation slide #32: When to refer?**

⚠️ Note: This slide is animated!

**When to refer?**

- Whenever you have a question or concern
  - Consult with MHP, guidance counselor, school principle, CSSS, community based resources, and/or other colleagues

 Communication is the most important!
- You should not have to do this alone; there is team available to support you!

**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 high school educator Carin 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 Carin 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

High School Cases

The Case of Justin:
Justin is in grade 8 and lives with his parents and younger brother (12 years old). He is frequently absent and often arrives late to school. The reason for absences is often due to headaches, with parents reporting that Justin becomes upset and nervous about coming to school. He complains of not sleeping well, and when questioned he says his mind “races” with many thoughts. Justin is an average student, but his marks do not reflect his ability, due to his repeated absences. In his school file, his grade 6 teacher reports him to be cautious and worried about the transition to high school.
Justin has recently begun to skip certain classes, such as gym and he says he hates team sports and rarely brings his uniform and thus ends up sitting out. On tests and exams, he often takes more time than others and has difficulty finishing due to constant corrections and second guessing himself. This is more apparent on tests/exams than in class performance or projects. Justin has an average number of friends and is invited to join group activities. He is liked by peers and pleasant with adults. Recently, he bites his nails until they bleed, is often distracted looking out the window and has difficulty concentrating. In a parent-teacher meeting, his parents mentioned that they are concerned that Justin’s school performance is severely being hindered and feel he is capable of a lot more.

The Case of Kelly:
Kelly is in grade 10 and lives with her father and step-mother. She sees her mother every weekend, who has a new boyfriend. She has an older brother who doesn’t live with her, but with whom she has regular contact. Kelly often avoids social engagement, although she is liked by peers. At lunch/recess, she is often seen alone walking the halls or in the library, rarely with peers. Kelly appears to be uncomfortable in social situations and more comfortable being alone, despite reporting a desire to belong. 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), believes she is a focus of attention and conversations by peers and teachers. Kelly is very reluctant to perform in front of peers (E.g., oral presentations, answering questions, doing demonstrations) often refusing. Over time Kelly has become increasingly “oppositional” as she actively avoids and refuses to engage in assignments that provoke her anxiety. Kelly is a strong student, but she is never satisfied with her performance and is clearly unhappy with her marks on assignments. However, when questioned she talks about how “I never do well enough, I need to do
better”. In discussions with teachers and the guidance counselor, she expressed that if she doesn’t do well in grade 10 her “whole future” will be ruined. A few weeks ago she was caught smoking pot at lunch and when asked she stated that it helped her relax and concentrate for a test that was scheduled for that afternoon.

**The Case of Connor:**
Connor is in grade 9 and lives with his mother and older brother. He recently moved to Montreal from Ottawa, where his father lives. He has regular phone contact with him and sees him on the weekend. Parents split up two years ago. In class, Connor is withdrawn, quiet, passive, and does not participate willingly in class or group activity. He often seems lethargic, “drags himself into class”, frequently props his head up, but mostly seems to be sleeping. Connor rarely comes to class prepared and doesn’t have materials. When asked about this, although pleasant he seems overwhelmed and fatigued; he will sign and shrug his shoulders, everything seems to be too much of an effort for him. You hear peers speak about Connor being “such a pothead”. He has few friends, and usually chooses to be alone wherever possible. Connor spends a lot of time doing online gaming and you often hear him speak about that with peers. He has trouble starting and finishing assignments, especially larger projects, multiple part activities, or repetitive work. Peers don’t want to work with him because of his reputation for not finishing/pulling his weight on group projects. When Connor is confronted with poor performance or incomplete work he responds with “I don’t care, no point in doing it anyway. I’ll probably flunk out anyway (laughs), doesn’t matter, who knows,”

**The Case of Jessica:**
Jessica is in grade 11 and lives with her parents. She has an older sister in Cegep who also lives at home. In class, she is reported to be very irritable, short-tempered and to often snap at her peers. Jessica is frequently distracted and disruptive to others in class. When attempting to redirect her or neutrally suggesting a change in behaviour, Jessica blows up and very aggressively says, “get off my back! What’s your f***ing problem?! Stop harassing me!” and storms out of class. Jessica is frequently rejected by peers and responds with anger and “I don’t care, screw them” statements. Homework is often incomplete, she has difficulty completing classwork, frequently responds with “Who cares? This is stupid”, despite a history of good school performance. At times, Jessica demonstrates excellent understanding or insight into topics, yet effort and motivation are rarely
sustained. She appears fed up and annoyed with everyone and says everything is “useless” and “stupid”. Peers have indicated that she has cut on live chat with them. When asked about this, she said, “it’s no-one’s business what I do, who gives a sh*t?” When discussing a lack of completion and poor school performance, Jessica expresses hopelessness about the future, “There’s no point this is useless! It all sucks and it’s only going to get worse anyway – what am I going to do when I leave anyway? No one would even notice if I disappeared, no one gives a sh*t”. She seems to depend on her caffeinated drinks to function, drinking Red Bull and coffees almost non-stop. In on recent instance when a teacher tried to speak to her about the difficulties in her school performance, she became highly agitated, angry and began to cry saying that she would just wish everyone would leave her alone, leading the teacher to withdraw and report to the school psychologist.
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>Avoiding situations</td>
</tr>
<tr>
<td>Difficulty concentrating</td>
<td>Stomach upset or pain</td>
<td>Making poor choices (e.g., risk taking)</td>
</tr>
<tr>
<td>Always thinking the worst is going to happen</td>
<td>Tiredness</td>
<td>Overeating</td>
</tr>
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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. Automatically thought: “I’m not good at anything.”

(Negative) STOP.

Take a breath.

Thought Challenge:
Is this really true?
I did well on my history test...
More helpful thought:
“Okay, so I didn’t do as well as I would have liked on this test, but I did do well on my history test!”

(Positive) GO

RELaxation

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 feet, arms, shoulders, legs, etc.
- Muscles 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 (breathe in for a count of 4), and then breathe out (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 counts and then breathe out forcefully like the very last breath in your body.
5. Finally, let the breath move on its own back into your body, like a wave.

GUIDED IMAGERY
- Position yourself comfortably and close your eyes.
- Breathe in 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 scene, involve your senses by allowing yourself to imagine what it looks like, if there are any special scents around you, what it feels like, and what is around you.
- When you are ready to return to reality, count backwards from 10.
- Take a deep breath in and exhale.
Spotlight (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 going in and then out ... Like a wave ... In and then out ...

**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., clock ticking, hum of the ventilation, earl hockey 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 sides).

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 knowing how to get support and asking for help when you need it.

HELPFUL RESOURCES

- MoodGym: https://moodgym.anu.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 by youth. It is a place where you can get info, resources and the tools to help you manage stress, crisis and mental health problems.
- TeensHealth: http://kidshealth.org/teen/
your_mind
  TeensHealth is a safe, private place for teens who need honest, accurate information and advice about health, emotions, and life.
- Kids Help Phone for immediate help

For more information about the StressOFF Strategies Program please contact
Amy Shapiro amy.shapiro@msgill.ca
or Nancy Heath nancy.heath@msgill.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/depressyc_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

Resource: Mental Health Online Resources for Educators
Website: http://www.albertahealthservices.ca/info/Page9167.aspx