

About Supporting Those Who Seem Depressed*

As part of their university experience, students working in our Center at UCLA often want to explore topics related to personal experiences. This was what led Hayley McAvoy to this topic. She wanted to learn and then share a perspective that would empower peers and school staff to help when someone seemed depressed. After reading these practice notes, let us know any changes you think will make this resource of greater use.

For someone who is depressed (perhaps even thinking about suicide) having valued support can be critical and potentially life-saving. Friends, family, school staff who are alert to warning signs can offer support and facilitate the individual's efforts to connect with appropriate help.

What is and isn't Depression?

Depression differs from just experiencing feelings of sadness or "the blues;" these are commonplace temporary emotional states. The reality is that a large number of people can be unhappy and emotionally upset for significant periods of time, but only a small percent are clinically depressed.

Clinical depression is characterized by pervasive, prolonged feelings of hopelessness that interfere with daily living and learning. The disorder has physical, emotional and cognitive effects.

Formal diagnoses include four subtypes: *Major Depressive Disorder* (MDD), *Persistent Depressive Disorder*, *Premenstrual Dysphoric Disorder*, and for children up to age 18, *Disruptive Mood Dysregulation*.

A formal diagnosis is based on an individual manifesting a critical mass of specific "symptomatic" behaviors most of the day and nearly every day. *Examples* of what may be seen include: (1) pervasive sadness, tearfulness/irritable mood, (2) decreased interest and pleasure in activities, such as school, friends, hobbies, (3) significant weight change/change in appetite, (4) insomnia or oversleeping, (5) psychomotor agitation or retardation, (6) fatigue or loss of energy, (7) feelings of worthlessness or excessive or inappropriate guilt, (8) difficulty concentrating/increased indecisiveness, (9) a subjective sense of being overwhelmed or out of control, (10) marked anxiety, tension, feelings of being "keyed up" or "on edge," (11) thoughts of suicide.

Note: *Depression in it of itself does not lead to suicide; one can be depressed for a long period of time and never show suicidal tendencies.*

Behaviors that are caused by factors other than internal pathology (e.g., a reaction to bad experiences at home, at school, in the neighborhood) often are similar to the symptoms of depression. Thus, great care is required to avoid misdiagnosing someone as depressed who is not. This is especially important in settings where toxic external factors are causing misery for many. Such toxic conditions call for all feasible efforts to deal with environmental causes of misery.

Note: *Misdiagnoses not only are harmful to the individual who is mislabeled, it leads to inappropriate policies and interventions.*

Changing the individual while leaving the world alone is a dubious proposition.

Ulric Neisser

*The material in this document was culled from the literature by Hayley McAvoy as part of her work with the national Center for Mental Health in Schools at UCLA. The center is co-directed by Howard Adelman and Linda Taylor in the Dept. of Psychology, UCLA, Email: smhp@ucla.edu Website: <http://smhp.psych.ucla.edu> Send comments to ltaylor@ucla.edu

Warning Signs

While evaluating symptoms and making diagnoses are functions of mental health professionals, an increasing emphasis is underway to encourage the general public to watch for “warning signs.” The signs are loose translations of formal symptoms. The following are prominently noted examples related to depression. Remember that these are meant to alert you, not turn you into a diagnostician.

Conveying feelings of depression or suicide. Frequently indicating feelings of hopelessness and pessimistic views of the future – including statements of emotional distress on social media (e.g., "I can't do anything right." "My life is a black hole.") This may manifest as direct expressions ("Everyone would be better off without me." "I want to die.") or more indirect expressions (such as joking comments, writings, or artwork).

Insomnia. Frequent trouble sleeping and restless sleep.

Drastic changes in behavior. Sudden and dramatic out of character changes.

Sudden change in appearance. Examples include rapid changes in weight (e.g., losses or gains); starting to neglect hygiene.

Withdrawal from everyday life. Removing self from friends, family, activities, and supports that the individual has valued in the past.

Risk-taking behavior. This one is tricky. It assumes that partaking in dangerous or aggressive behavior reflects a disregard for one's safety that may be caused by depression. The key here is whether the risky behavior is *out of character* for the individual (e.g., abusing substances, driving recklessly).

Self-harm. This includes significant efforts to harm oneself (e.g., through overdosing, serious self cutting and burning).

Making final arrangements. Unexplained planning and giving away of various prized possessions to others (e.g., photographs, journals, material goods).

Remember, the point is to recognize the need for support – not to psychopathologize.

Encouraging Someone to Seek Support

Being aware and empathic will help alert you to someone who needs support. Interacting with the individual involves conveying warmth, caring, nurturing, respect, and humility. It also requires avoiding rescue dynamics. Rescue dynamics arise when caring and support go astray, when someone offering to help becomes frustrated and angry because those being helped don't respond in desired ways or seem not to be trying. Honest discussion is essential, but frustration can turn words and actions into hurtful interactions that interfere with communication and exacerbate problems.

Here are some things to consider in working with a young person:

Is the individual ready and able to talk about the problem? At an appropriate time and place, you will want to explore with the individual what you have observed that has led to your being concerned and see if s/he agrees that some assistance would be helpful.

- *Prepare beforehand what you're going to say.* This is not an easy conversation to have; outlining the points can keep the discussion focused.
- *Starting the conversation.* Begin by owning the concern. Saying something like "I feel like you've been a bit down lately and not quite yourself. Are you okay?" By way of explaining your concern, it may be helpful to indicate specific examples of what you have observed but emphasize that these are just your perceptions, and you are checking it out with them.

If the individual indicates readiness to talk to you:

- *Be direct.* Don't talk around the concerns, but be sure you express them with caring and empathy and do not exert pressure for a response. (And avoid glib suggestions such as telling them to just cheer up). If there is reluctance to discussing specifics, remain supportive and keep the door open for subsequent exploration.
- *Be an active listener.* Periodically during the discussion, confirm what you are hearing with feed back (e.g., re-state, paraphrase using the individual's own words).
- *Don't make promises you can't keep.* For example, you can't promise secrecy when you are concerned about suicide. In such instances, you will need to contact someone who can take appropriate action (e.g., parents, principal, a school psychologist/counselor/nurse/social worker).
- *Encourage older youngsters to seek help.* Self-referral is a good step in solving one's problems. Help identify resources at school and in the community. If suicide is a concern, be sure the individual knows about hotlines such as the National Suicide Prevention Lifeline: 1-800-273-TALK (8255) and Crisis Text Line <http://www.crisistextline.org/get-help-now/> .

What's a School to Do? One Student's Perspective

When I was depressed my sophomore and junior years in high school, the academic world was the last place I wanted to be. ... The depression overwhelmed me so that I could only see things in the broad spectrum, as opposed to concentrating on one situation at a time, such as a single class.

I found that the majority of my teachers dealt with me in one of two ways. The solution easiest for them was to ignore the fact that I wasn't absorbing any of the information being taught and simply assume that the apathy they were perceiving was typical of high schoolers. The other path was that of talking to me on a personal level. I think we are all aware of the very well defined student-teacher line; therefore, for teachers to ask students to discuss their problems puts them in a very awkward position. Teachers are different from other adults because they hold a position of superiority over students that is especially apparent when discussing something of a personal matter.

Teachers can help lighten a depressed student's load by creating a classroom where the student knows he/she is cared for and where the student doesn't have a time limit to suddenly cheer up. Depression takes a lot of time to get over If I had had a teacher that did at least one of the following things during the period of time I was depressed, I might have turned my act around a little sooner, or I might have had a more positive outcome in school.

Three tips for dealing with students who are depressed in the classroom:

1. Don't ignore depressed students. It shows that you don't care and invites the students to give up, guaranteeing their failure. Draw them out in class discussion and do whatever it takes to stimulate their minds so that they don't, in turn, learn to ignore you.
2. Let them know that you care, but without getting too personal. Help them to update any missing assignments, or set up extra study time - whether they accept your efforts or not all depends upon the severity of the depression . The fact that you've proven you care can make all the difference in the world.
3. Never give up on the student - regardless of how long they haven't wanted to put forth any effort in your class. Students can tell when a teacher no longer believes in them and expects them to fail, and it only ends up making the situation worse than necessary.

Alexandra Madison – on HealthyPlace.com, Depression Community
<http://www.healthyplace.com/Communities/Depression/related/school.asp>

Note: *Some students do feel they can talk about personal problems with some teachers, student support staff, and/or administrators.*

What a Friend Can Do

A burgeoning body of literature focuses on formal ways peers can help peers. Anyone who has a friend they want help can learn a great deal from the many online resources.

In addition to the above, here are a few ongoing things a friend can do for a friend who appears depressed and/or is in treatment.

- *Stay a regular part of your friend's life during the tough times.* This may be difficult if the individual withdraws and acts in other ways that are uncharacteristic of the person you value. Try to normalize the situation. Talk about daily events, even try joking around. If the individual is in a treatment program, s/he may want to talk about the experience.
- *Invite involvement in meaningful activity.* Find ways to involve your friend in activities (e.g., games, movies, walks, exercise, hanging out with others).
- *Help out.* Offer to help with regular day-to-day tasks (chores, homework, etc.).
- *Support treatment efforts.* Throughout the process, offer help when it seems appropriate. If appropriate, offer to go along to counseling sessions as a support.
- *Continue your regular routines.* Don't abandon your own life and commitments.
- *Know your limitations.* Supporting a friend during a trying time can be mentally, emotionally and physically exhausting. Keep in touch with your own well-being and need for support. Make sure you know when you've taken on too much and need to take a step back (but not disappear). Never take your frustration and anger out on a person you are trying to help. Address frustrations in a gentle way, remain sensitive and empathic.
- *Don't gossip about the situation.* When others ask about your friend, avoid betraying sharing material conveyed in trust.

A Caution – The support of a friend cannot replace professional help in dealing with complex mental health problems such as depression and suicidal tendencies.

Concluding Comments

Our Center always stresses the school's role in supporting students who manifest warning signs. We view that role as enabling all students to have an equal opportunity to succeed at schools and beyond by (a) promoting whole child development, especially social-emotional learning to foster wide-spread empathic and supportive transactions among students and between staff and students, (b) preventing subsequent learning, behavior, and emotional problems, and (c) carefully monitoring for any additional problems that arise in order to address them as quickly as feasible. As with all mental health and psychosocial concerns, such a broad commitment requires development of a potent student and learning supports system.

For more on what a school can do, see our *National Initiative for Transforming Student and Learning Supports* – <http://smhp.psych.ucla.edu/newinitiative.html>. The initiative highlights a unified, comprehensive, and equitable approach designed to address barriers to learning and teaching and re-engage disconnected students.

A Sample of Resources Used in Developing this Document

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- Substance Abuse and Mental Health Services Administration. (2014). *Suicide prevention*. Online at <http://www.samhsa.gov/suicide-prevention>

For more, see the Centers online clearinghouse Quick Find on: *Childhood and Adolescent Depression* <http://smhp.psych.ucla.edu/qf/depression.htm>

Listed there, for example, is *Affect and Mood Problems Related to School Age Children*. (The direct link to this resource is: <http://smhp.psych.ucla.edu/pdfdocs/affect/affect.pdf> .)