

# Summary Notes

## Spot and Support: Low Mood and Depression

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### INTRODUCTION?

- 16% increase in those 5-16 years old with a probable mental health disorder which is 1 in 6 as compared to three years prior in 2017 at 1 in 9. This was for both males and females.
- Those with low mood and depression are twice as likely to live in a household which has financial difficulties with 54% saying that lockdown had made their life worse.
- This data comes from Mental Health Survey for Children and Young People, 2020 (MHCYP 2020) and is correct at the time of writing although a 2021 update is due within mental health data gathering so the predictions are that these figures will be higher.
- According to Young Minds, low mood and depression makes up a large percentage of these statistics with at least 80,000 young people experiencing this with Suicide remaining the leading cause of mortality for those under 30.
- The positive? There is a lot that we can do as professionals working with children and young people with low mood and depression and it starts with our ability to empathise.
- Low mood can be a normal and natural reaction particularly in light of stressful events or loss However, there has been longstanding confusion between low mood and depression with the term melancholia or melancholy originating back as far as ancient Greek civilisation.
- Low mood or general feelings of sadness usually resolve themselves within a short time through the individual distracting themselves with something more pleasurable, seeking support from family or friends, getting a good night's sleep and so on.
- However, depending on the type of depression, there may not be an apparent or identifiable trigger or it could be that the individual remains in a state of deep unhappiness with a limited ability to function as a result of a difficult life event. For young people, this could be illness of themselves or family, bereavement, and loss, bullying and much more.

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*What do you think a young person with low mood or depression needs in an adult? How could you now tell the difference between someone with low mood and someone with depression?*

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### HOW TO SPOT LOW MOOD AND DEPRESSION

- In accordance with the mental health spectrum, we can all move between feeling healthy or unwell or being in a state of coping despite the pressures we are under.
- Individuals with low mood and depression will move along this spectrum depending on several factors.
- We might compare life to a rollercoaster of ups and downs but an individual's resilience and ability to cope will be more limited in those experiencing depression.
- Young people often describe the feelings of having to effectively put on a show to others to appear that they are coping and doing ok for fear of reprisal from those around them.
- Many also speak of feeling exhausted due to having to wear a metaphorical armour- especially true for older students where impressing peers and fitting in is key to their perceptions of success.

- For young children, their feelings may be interpreted in more physical ways such as headaches or stomach aches.
- When it comes to that label of 'low mood' this is what we are referring to. A period of time where we aren't our usual self and we feel perhaps sad or simply just unhappy.
- We usually have a trigger or a life event which occurs which then elicits this reaction within us and young people are no different to this.
- Sometimes from an adult perspective, it can be difficult to relate to the stresses of a 4 year old child but these are still valid emotions and feelings.
- When such feelings continue for weeks, months or years and there might always be a specific trigger that happened in their life, they may be experiencing depression.
- We need to intervene early and put support in place whilst it is easier to manage.
- We are aware that children and young people might start to view their future as hopeless and negative.

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*How could you raise the awareness of your colleagues about how low mood and depression can present?*

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## HOW TO SPOT LOW MOOD AND DEPRESSION

- Any significant changes from their normal might pique or curiosity. That word curiosity is important when it comes to mental health provision and asking the right questions and not being afraid to talk about mental health can and does save lives.
- An individual who is more or less outgoing than before, eating more or less, showing less of an interest in activities, lessons and their peers, being less or more visibly more confident, looking tearful or upset often, easily agitated, appearing to be tired and lacking in energy, not taking care of their appearance or personal hygiene, excessive worry or complaining of feeling unwell particularly in children.
- Frequent thoughts about death and suicide ideation. In this case, no matter if they have other symptoms or not, we must always follow our safeguarding channels urgently to ensure that the young person is safe, making all necessary referrals.
- Sometimes there may be an initial trigger which initiates low mood which can sometimes lead to depression.
- It is impossible to predict the ways that a young person might react to a triggering event but it is often helpful to be observant when there are challenging home environments.
- Every person is different. It is also important to note that depression spans from mild or borderline where the young person will still be able to function well through to severe or major depression where things like school attendance might start to become problematic.
- Some individuals have extreme highs and lows which is known as bipolar disorder.

### *Other things to watch for:*

- Increasing isolation from friends, school, social activities and family
- Decreasing school performance including:
  - Being unable to make decisions around learning, or in tests
- Becoming edgy, like 'walking on egg shells', prone to 'disintegrate or fall apart easily' or 'flying off the handle'
- Acting out of character
- Increasing sense of fragility
- Tearful

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*How will this knowledge help you in your professional capacity?*

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## RISK FACTORS

- Peers are very important so any loss in number of friends, bullying or victimisation, poor relationships with their family and a general feeling of loneliness are strong risk factors.
- Concerns about their own school progress.
- Negative beliefs of themselves, their future and the world around them.
- They might be young carers taking on a lot of responsibilities, come from an area of social deprivation, have experienced bereavement and loss or traumatic situations.
- Have a diagnosis or symptoms of anxiety.
- Have a learning disorders.
- Addicted to substances such as alcohol or drugs.
- In some it will be biologically based e.g. lower levels of certain neurotransmitters (chemicals in the brain which can alter mood).
- Sometimes there will be family history of depression either learnt or biologically based.
- Those who have received a lack of professional support or not given opportunities to share their feelings, often leading to an elevation in the intensity.
- By 14 years of age, depressive disorders are more than twice as common in girls as in boys, possibly because of differences in coping styles or hormonal changes during puberty but it is important that we remember that this figure may not be truly representative due to stereotypes around males needing to be strong or fear of being viewed as weak if they talk about their true feelings.
- Therefore, we do need to keep a close on males too as they may not always approach us for support.

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*How can this knowledge help you in your professional capacity?*

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## PROTECTIVE FACTORS

- Access to professionals working with the child or young person, take steps towards achievement and positive experiences. This can help to instil a sense of high self-worth and self-esteem which correlates with greater resilience.
- Positive self-beliefs can reduce the effect of environmental stressors leading to a deterioration in mental wellbeing.
- Familial factors including supportive parenting which gave rise to a secure attachment style and a strong family network help to establish a strong sense of belonging and often lead to young people feeling that there are plenty of people who they could talk to.
- They may belong to religious establishments, sports or other extra-curricular activities which can also help in the recognition of a wider array of coping skills they can use.
- They will also attend a school which has an open-door policy for speaking with trusted adults with a whole school approach to mental wellbeing which is underpinned by clear policies and procedures.
- This isn't to say that young people who tick all of these boxes will never have low mood or depression. However, it does enable us to consider areas of greater risk and also how we might be able to work towards adding to a young person's protective factors.

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*What do young people need to know about protective factors?*

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## SUPPORTING IN SCHOOL

### Have 'that' conversation

- We might not know what is going behind a person's mask or how they are feeling.
- Sometimes people just need to feel listened to and young people are no different in this regard.
- It is important to encourage the young people we work with to talk about their emotions, to understand that others might be feeling differently to them in a given scenario and of course that we sometimes all need a little space.

### Be approachable

- Be curious and brave enough to ask the right questions.
- Equally so, a child or young person must find us or another member of the team approachable and feel that they can come to us because we will take their concerns seriously because we will empathise.
- We don't need to know the answers but acknowledging what is painful or challenging can validate the young person's experience. You might be the first person they have been brave enough to tell.

### Signpost but stay available

- Signpost young people and make ourselves available for them within our professional capacity.
- We can sometimes fall into the trap of thinking that because we don't understand enough, or we don't know the answers, or we can't fix things so we can't help.
- That's not true and it's important to understand from the outset that one of the most important roles we can play is simply to enable the person we're supporting to feel less alone on their journey.
- Look for opportunities to problem solve together and work out with the young person what the next steps should be.
- School based counselling and school nurses are good resources to use and ensure that you prioritise young people whose needs are more severe.

- Both counsellors and nurses also have good links and information to support and additional services too so it is always worth having that conversation.

### Understand the referral process

- Additionally, you will need to understand the referral process which is something that we will also cover in a separate course.
- It might be that within your position, you report to someone else for example a designated safeguarding lead that can make this referral or if you are the referrer.
- You will need to have policies and procedures in places and start to consider what information if needed on the referral form.

### Have a mentally healthy atmosphere

- Create an atmosphere where it is ok to talk about feelings as part of the day-to-day routine.
- Could a peer support service work in your setting? There is training available for young people often in year 11 or sixth form who can be available and are supervised by members of staff. This has been effective in cases of low mood or even picking up some warning signs that maybe a young person is struggling because often young people find it easier to talk to someone who is a similar age to them. This can be closely supervised and is a good way of providing a space that all young people can talk about things that are troubling them.

### Stay in the know about local and national services

- Continue to professionally empower yourself but knowing the key national and local services that you can share with young people.
- Many will have leaflets, posters etc that they are usually happy to give to you.
- Not overlook the voluntary sector as there is a lot of knowledge and skills from the professionals who work there.

### Be Non-judgemental

- Keep your language and communication non judgemental and not disciplinary in nature as we want to enable children and young people to realise that they are not in trouble for the way that they are feeling and that we are able to provide support for them either in school or externally.

### Make referrals where necessary

- If the young person is far from functioning adequately, you may need to get CAMHS involved or child and adolescent mental health services.
- This will usually be the designated safeguarding lead or the mental health lead who will make this referral within school or sometimes parents prefer to make the referrals themselves.
- The criteria and thresholds to refer a young person does vary between areas so I won't mention this today. However, information about how to make a referral is usually very clear on the NHS CAMHS website.
- This is something that you will need to get parent or guardian approval for, and it is important that the referral is written in a clear, objective way which demonstrates the severity of the situation. This is a finite service, with often lengthy waiting lists and so you will also need to consider other sources of quicker support whilst they are on the waiting list. For example, the services mentioned in the previous module.
- For any young person in imminent danger, who might have extremely heightened behaviour or you are fearful or them risking their life or that of others, you will need to seek emergency support and not wait for CAMHS referrals to be processed. **call 999** for an ambulance.
- The [stayingsafe.net](https://www.stayingsafe.net) website has an electronic and a pdf safety plan document that can be downloaded or completed electronically with a young person.

- This is something that they could do with parents, carers or a member of the pastoral team at school. It covers prompts to consider the protective factors, sources of support, who they can talk to when they are particularly distressed and so on. This is useful to help to remind the young person of how they can keep themselves safe. As always consider any risk to safety and whether abuse or neglect could be factors. The first contact wherever possible should be brief and share only vital info – it's not the time for thinking about longer term plans. Follow up with a written summary and signpost sources of support. Book in a follow up meeting swiftly so that plans can be made at a time of calm.

### Parent workshops

- Keep a look out for any parent workshops too in the local area surrounding strategies for addressing low mood and depression or how to support young people experiencing challenges.
- Do you know your local offer and are parents carers and young people knowledgeable about sources of help that can be found?

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*Which idea will you try first?*

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## WHAT CAN BE DONE AT HOME

### Think from a parent/carer perspective

- Knowing that their child is feeling depressed can be incredibly worrying as a parent.
- But remember that lots of young people go through depression and come out the other side and feel okay again, and that there are things you can do to help them - including providing emotional support, working on practical strategies together and finding the right professional support if they need it.

### Help the child to identify trusted adults and support systems

- They might even want to keep a list of the people they trust and can reach out to for support when they need it, together with their contact details. Doing this can help their child to feel less isolated, reminding them that there are people in their life who care about them.
- Together you can explore things like the type of support they would find helpful from you and others, the activities that help them to feel better and the people or services they can get in touch with when they need support.

### Provide opportunities

- See if parents or carers can be supportive by giving opportunities to do things rather than demonstrating a critical reaction if the young person doesn't want to. For example, 'I am going for a walk, let me know if you want to come' rather than 'you are so lazy-you have been in that chair all day.' This is a great strategy parents and carers can use to demonstrate their acceptance.
- Three good things...
- Individuals with a low mood or depression may have a difficult time remembering or even being able to see the positive so if parents or carers are able to work on gratitude or positivity journals, having conversations about three good things that happened that day can really help young people to even take comfort in the small things.
- One step at a time:
- On the really difficult days, we can also help the young person to break their day down into small, manageable tasks and trying to focus on the present moment for example five minutes at a time.
- This can make things much easier to cope with and give lots of praise when goals are met. For example, taking care in their appearance of completing one homework question. Establishing routine, even if it is a basic one such as breakfast time or what time we read and so on can also help with consistency.
- Explore healthy coping strategies:
- They might also like to explore some healthy coping strategies such as mindfulness activities which might include visualisations or breathing techniques such as square breathing.

- Alternatively, younger children might work with parents or carers to create a self-soothe box which might also be available in school too. We should try to include items which cover the 5 senses for example something to touch might be a soft feather.
- For older children, consider a mental toolkit they can refer to in low moments. For example, creating a visualisation board of either literally or mentally, perhaps both where the parent/carer and young person can remember happy events or funny stories which they can think about.

### Embrace nature and visualisations

- There is now a lot of literature around the powerful effect that nature can have. This is a great way of getting the whole family out with the young person.
- Even a simple walk around the local park or down the street can help. We could advise parents or carers to make this mindful by again bringing in our senses, this can provide a great distraction during challenging times.
- It might be that we can use the 5,4,3,2,1 technique of 5 things I can see, 4 things I can hear, 3 things I can smell, 2 things I can touch, 1 thing I can taste...this can be done in a any order.

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*If you could pick just one piece of advice for a parent or carer, what would it be and why?*

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## CLOSING THOUGHTS

- Hearing difficult information from students can drain our own emotional resources. We cannot pour from an empty cup and so it is so important that you learn to recognise signs within yourself when you are struggling.
- Remember that being there and supporting a young person to not feel so alone can and does save lives.
- We need to be curious and ask questions, treat them in an empathetic way and refer in a timely and appropriate way.
- Aside from CAHMS, there will also be many voluntary organisation within your local area that you will also be able to refer young people too as well.
- You might also want to consider some appropriate concessions for the age and stage of setting you are working in. For example, extra time to sit exams or a reduced timetable. Perhaps a quiet corner in a primary setting.
- It is also important that we teach mental health. Maybe start to think about how we can increase emotional literacy and the labelling of feelings from young children such as recognising the way our bodies feel when we are sad through to the young adults we might work with who need to be educated in a stigma free, supportive environment.

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*What will your next steps be following completing this training?*

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## CONTINUE YOUR LEARNING

### Courses

Meeting the mental health needs of SEND: <https://www.creativeeducation.co.uk/courses/meeting-the-mental-health-needs-of-pupils-with-send/>

Simple strategies to self-soothe:

<https://www.creativeeducation.co.uk/courses/simple-self-soothe-strategies/>

Support students who self-harm <https://www.creativeeducation.co.uk/courses/support-students-who-self-harm-8-ideas-that-work/>

### Websites

Low mood and depression guidance and some extra strategies: <https://www.mentallyhealthyschools.org.uk/mental-health-needs/low-mood-or-depression/low-mood-or-depression/>

CAHMS Resources: <https://www.camhs-resources.co.uk/downloads>

Stem4 have various ideas for supporting: <https://stem4.org.uk/>

### Books

- Kathryn Geldard-Practical Interventions for Young People at Risk.
- Jonathon Glazzard-Positive Mental Health, A Whole School Approach.
- Colin Howard-Children's Mental Health and Emotional Wellbeing in Primary School.
- Pooky Knightsmith-The Mentally Healthy Schools Workbook: Practical Tips, Ideas, Action Plans and Worksheets for Making Meaningful Change.
- Gillian Shotton and Sheila Burton-Emotional Wellbeing: An Introductory Handbook for Schools

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