

Essential Standards	Clarifying Objective
9.MEH.2 Create help-seeking strategies for depression and mental disorders.	9.MEH.2.1 Identify causes and symptoms of depression and mental disorders.

Materials Needed:

Appendix 1a, b – copies of Kyle’s Story

Appendix 2 – 5 different colored sets of Phone Booth Scenarios cut apart

Appendix 3 – More Than Sad program notes

Appendix 4- copies for groups of Mental Health Disorders of Children and Adolescents

Appendix 5 – copies of Wordle Instructions & Reflection Questions

DVD - More Than Sad, order from www.morethansad.org \$49.99

Focus:

Distribute a copy of Kyle’s Story (Appendix 1a, b) to each student. Read the short story as a class. Once the story has been read, ask the students to form groups of four with the classmates around them to discuss and answer the questions at the end of the story. Once each group has completed the questions, lead the class in a discussion; addressing the questions and elaborating on any thoughts or comments that students may have in regards to the story.

Discussion questions:

1. *Identify the causes of Kyle’s depression and his initial thoughts of suicide in the story.*
2. *Identify signs and symptoms of mental illness that were displayed in the story.*
3. *Do you think it was difficult for Kyle to seek help? If so, why?*
4. *How did the narrator of the story help Kyle through his freshman year?*
5. *Did the narrator have any idea of the impact he had made on Kyle’s outlook of life?*

Review:

Form groups of 7 students and give each group a set of the Phone Booth Scenarios (Appendix 2) cut apart. Use a different color for each group so they can be identified. Make signs for SAD, on one end of a wall, DEPRESSED in the middle and a sign for SUICIDAL on the other end.

Each group will decide where on the continuum they would place each of those situations in terms of the effect the stress might have on an individual. Once the groups have taken 10 or so minutes to discuss, ask them to arrange themselves along the continuum. Go down the row for each group and see where they placed the various situations.

Process the activity by asking:

*“Why do you think you have different ideas about where to place these different situations along the continuum?
Can two individuals react differently in the same situation? What makes the difference?”*

Explain that we do not know how an individual will react or be affected by a given stressor. For some, what might seem like “no big deal” could have serious implications or be devastating for someone else. A lot depends on what kind of coping skills a person has developed that determines how well or how poorly they handle issues like those described here. Keep this in mind as we continue our discussion today about understanding depression for yourself and being able to help others.

Statement of Objectives:

Today we are going to examine the factors and situations that can contribute to depression and identify ways to handle those situations, including treatment options.

Teacher Input:

Show the DVD, More Than Sad. (Refer to the Teacher materials provided and program notes in Appendix - 3)

The film features four character vignettes, each presenting a different manifestation of depression, and a different path to finding help.

After each vignette, stop and ask students to describe what is going on with the character. What is creating the stress in their lives? Is their response realistic? Remind them what was discussed earlier about individual responses to stress. What are they doing to cope? Is what they are doing healthy or unhealthy?

Synopsis:

(Brief [Video Clips](#), which provide an introduction to each of the film’s characters, can be viewed on this website, www.morethansad.org).

“Lana,” a 14 year-old Hispanic girl who becomes sad and withdrawn from her friends, is referred to treatment by her mother.

“Ray,” a 16 year-old African-American boy who excels in school and sports, seeks treatment on his own when his symptoms of anxiety and depression become unmanageable.

“Jake,” a 15 year-old Caucasian boy with a violent temper and an increasing drinking problem, gets help after his friends confide in a school counselor.

“Delia,” a lonely, chronically depressed 16 year-old girl, is referred to a therapist by her family doctor when she claims to be sick and unable to go to school after being humiliated by classmates over the Internet

In middle school healthful living, you learned how to identify your stressors and positive ways to deal with stressors. For this lesson, we are focusing on serious stressors that can lead to depression.

Ask students: *What is depression?*

Write this on the board or read to the class:

Depression is described this way: "People with major depressive disorder (clinical depression) are subject to a deep and long-lasting sense of sadness and loss of pleasure. Imagine having feelings that severely disrupt your ability to work, play, eat, sleep, and concentrate—then imagine having these feelings for weeks, months, or even years. That's what major depressive disorder is like. Sometimes major depressive disorder occurs in a single debilitating episode, and sometimes it recurs—but either way, it can be treated. (Source: www.samhsa.gov) Another source described clinical depression as, an illness when the feelings of sadness, hopelessness and despair persist and interfere with an individual's ability to function.

Group the students into 3's or 4's using whatever method you choose.

Explain: *Since you can probably think of a lot of situations facing youth like yourselves, choose one that your group agrees might lead to depression or worse for someone your age. Your group's job is to identify as many positive ways for a teen to cope with that situation as you can generate. Discuss and record numerous ways that an individual can attempt to deal with the stressor and make the situation more manageable or bearable.*

When all the groups have finished the assignment, call on each group to report on their situation that could contribute to depression and the suggestions the group came up with. Ask the rest of the class for more suggestions as each group finishes.

Once the groups finish reporting, summarize and write on the board the suggestions given, but also discuss general suggestions for dealing with the stress in our lives, such as:

I. Taking care of our physical body:

- Eating healthy, even though during stressful times, we have a tendency to not be hungry or overeat.
- Try to get enough sleep, even though during stressful times, we have a difficult time sleeping.
- Exercise is good for our body, but strenuous exercise can also be used as a stress management technique because chemicals called endorphins are released into the bloodstream during exercise. These chemicals cause us to feel good, give us energy and help us sleep.

II. Other suggestions might include:

- Ask for help when you need it.

- Don't be too hard on yourself. Sometimes we don't accomplish goals that we set for ourselves and/or make decisions that disappoint ourselves. In these situations, we have to recognize that everyone makes mistakes and to try and learn from our mistakes.
- Determine which stressors are within our control. For those we have control over, such as a project, we can plan ways to make that situation less stressful. For those stressors that are not within our control, such as death, divorce or separation, we need to determine ways to make it less stressful and ways to help us cope with the situation.
- Talk to a trusted friend, family member, teachers, counselors or another trusted adult.
- Get involved in a project designed to help others. Schools and clubs often have opportunities for community service.
- Adopt a pet or assist with the local Humane Society.
- Work with or talking to a counselor or therapist. There are many trained professionals that specialize in adolescent counseling.

III. Medication: After a thorough physical and diagnostic evaluation, medication is often used in the treatment of depression and other mental disorders.

Physicians sometimes prescribe medication in the treatment of individuals suffering from depression. Among the medications being studied are antidepressants, some of which have been found to be effective in treating children and adolescents with depression, if properly monitored by their doctor. When trying to select the best medication for their patient, the doctor considers the type of depression or disorder the patient suffers from, other medications he or she is taking, the patient's age, how well he or she will deal with the side effects, and other factors. In some cases, patients have to try three, four or more medications before one works with their particular body chemistry.

Conclude this activity with the definition of depression and tell students: *This activity is a reminder that serious stressors can become overwhelming when we are not equipped with good coping skills. Not only do we need to be able to recognize signs of depression in our friends, we also need to recognize those signs in our own behavior. When this happens, we can reach out for help.*

Guided Practice:

In any given year, 20% of American children will be diagnosed with a mental illness.

There are many factors, including heredity and brain chemistry that might be involved in the development of a mental disorder. As such, many mental disorders can be effectively treated with medication, psychotherapy (a type of counseling), or a combination of both. (www.webmd.com)

Keep the same groups or reconfigure them. Tell the class that each group has to create a pamphlet about youth depression or one of the other mental disorders that young

people develop, to be shared with middle school students. The pamphlet should include:

- statistics about the illness or disorder,
- the signs and symptoms
- where or who to go to for help,
- treatment options for youth

These are basic questions that your group needs to research.

- 1. What percentage of adolescents may suffer from this disorder?*
- 2. Who can help these young people that are suffering?*
- 3. What types of treatments have been found successful for treating youth?*
- 4. How many (or what percentage of) adolescents are actually receiving treatment for this disorder?*
- 5. Are there certain symptoms that are found more often in youth than adults?*

Each group needs to organize their notes into a report before creating their brochure.

Allow them to choose from list of Mental Disorders of Children and Adolescents, Appendix 4, and agency resources listed at the end of this lesson for research.

Once students have completed their research, ask each group to share the answers they found about their disorder. Remind the group to keep their target audience in mind, middle school youth, when creating their brochure to make it appealing, informative and useful.

Independent Practice:

Within this activity, students will develop their own personal data regarding the causes and symptoms of depression. This two-part activity will be conducted in groups of threes, fours, or fives.

Part 1:

Using recommended websites, each group will be required to create a list of seven causes and seven symptoms of depression. Encourage students to be creative and form a diverse list of causes and symptoms. Explain to the class that depression can be caused by a number of different events, and likewise, symptoms of depression can vary significantly from person to person.

Recommended websites:

<http://www.mayoclinic.com/>

<http://www.webmd.com/>

<http://www.nimh.nih.gov/index.shtml>

Part 2:

Using the list of causes and symptoms of depression from Part 1, each student will be required to ask 3 individuals outside of class to rank the causes and symptoms of each list from most common to least common. A number system will be used for this survey, **1** being least common and **7** being most common.

Once the survey has been completed, groups will compile their data into a “Wordle” at www.wordle.net. Example: if “Childhood Trauma” were given a 3, 4, and a 2, then that would account for 9 points. Therefore, students will enter “childhood trauma” into the “Wordle” 9 times (“Wordle” will give priority to the more frequently typed-in words by making them larger on the visual display, thus illustrating the rankings of each word).

Once the “Wordle” has been completed, each group member will complete a worksheet (Appendix 5) that encourages each individual to interpret their data and further understand not only the causes and symptoms of depression but also how our culture perceives depression.

To wrap up this activity, each group will briefly present their “Wordle” to the classroom; being sure to explain their data and share any information they found to be interesting or surprising.

Closure:

You did a great job identifying the situations that could cause depression, learning about other mental health disorders in youth and resources that you could reach out to for help or suggest to a friend who is coping with difficult situations.

Mental Health Resources:

American Psychiatric Association
1400 K Street, NW
Washington, DC 20005
(202) 682-6000
www.psych.org

American Psychological Association
750 First Street, NE
Washington, DC 20002-4242
(202) 336-5500
www.apa.org

National Alliance for the Mentally Ill
Colonial Place Three
2107 Wilson Blvd., Suite 300
Arlington, VA 22201-3042
(800) 950-NAMI (6264)
Website: <http://www.nami.org>

National Foundation for Depressive Illness Inc.
P.O. Box 2257
New York, NY 10116
(800) 239-1265
<http://www.depression.org>

National Institute of Mental Health
NIMH Public Inquiries
6001 Executive Boulevard, Room 8184, MSC 9663
Bethesda, MD 20892-9663
(301) 443-4513
<http://www.nimh.nih.gov>

National Mental Health Association
1021 Prince Street
Alexandria, VA 22314-2971
(800) 969- NMHA (6642)
<http://www.nmha.org>

Substance Abuse and Mental Health Services Administration
(SAMHSA)
U.S. Department of Health and Human Services
5600 Fishers Lane
Rockville, MD 20857
(301) 443-8956
www.samhsa.gov

Substance Abuse and Mental Health Data Archive
The University of Michigan
PO Box 1248
Ann Arbor, MI 48106-1248
(888) 741-7242
www.icpsr.umich.edu/SAMHDA

(800) 829-8289
www.narsad.org

Depression and Bipolar Support Alliance
730 N. Franklin, Suite 501
Chicago, IL 60601-7204
(800) 826-3632
<http://www.ndmda.org>

National Alliance for Research on Schizophrenia and
Depression
60 Cutter Mill Rd., Suite 404
Great Neck, NY 11021

Kyle's Story



One day, when I was a freshman in high school, I saw a kid from my class was walking home from school. His name was Kyle. It looked like he was carrying all of his books. I thought to myself, "Why would anyone bring home all his books on a Friday? He must really be a nerd."

I had quite a weekend planned (parties and a football game with my friends tomorrow afternoon), so I shrugged my shoulders and went on.

As I was walking, I saw a bunch of kids running toward him. They ran at him, knocking all his books out of his arms and tripping him so he landed in the dirt. His glasses went flying, and I saw them land in the grass about ten feet from him. He looked up and I saw this terrible sadness in his eyes. My heart went out to him. So, I jogged over to him and as he crawled around looking for his glasses, I saw a tear in his eye.

As I handed him his glasses, I said, "Those guys are jerks. They really should get lives." He looked at me and said, "Hey thanks!" There was a big smile on his face. It was one of those smiles that showed real gratitude. I helped him pick up his books, and asked him where he lived.

As it turned out, he lived near me, so I asked him why I had never seen him before. He said he had gone to private school before now. I had never hung out with a private school kid before. We talked all the way home, and I carried some of his books.

He turned out to be a pretty cool kid. I asked him if he wanted to play a little football with my friends. He said yes. We hung out all weekend and the more I got to know Kyle, the more I liked him, and my friends thought the same of him.

Monday morning came, and there was Kyle with the huge stack of books again. I stopped him and said, "Boy, you are gonna really build some serious muscles with this pile of books everyday!" He just laughed and handed me half the books.

Over the next four years, Kyle and I became best friends. When we were seniors, we began to think about college. Kyle decided on Georgetown, and I was going to Duke. I knew that we would always be friends, that the miles would never be a problem. He was going to be a doctor, and I was going for business on a football scholarship.

Kyle was valedictorian of our class. I teased him all the time about being a nerd. He had to prepare a speech for graduation. I was so glad it wasn't me having to get up there and speak.

Graduation day, I saw Kyle. He looked great. He was one of those guys that really found himself during high school. He filled out and actually looked good in glasses. He had more dates than I had and all the girls loved him. Boy, sometimes I was jealous.

Today was one of those days.

I could see that he was nervous about his speech. So, I smacked him on the back and said, "Hey, big guy, you'll be great!" He looked at me with one of those looks (the really grateful one) and smiled. "Thanks," he said.

As he started his speech, he cleared his throat, and began. "Graduation is a time to thank those who helped you make it through those tough years. Your parents, your teachers, your siblings, maybe a coach...but mostly your friends...I am here to tell all of you that being a friend to someone is the best gift you can give them. I am going to tell you a story."

I just looked at my friend with disbelief as he told the story of the first day we met. He had planned to kill himself over the weekend. He talked of how he had cleaned out his locker so his Mom wouldn't have to do it later and was carrying his stuff home. He looked hard at me and gave me a little smile. "Thankfully, I was saved. My friend saved me from doing the unspeakable."

I heard the gasp go through the crowd as this handsome, popular boy told us all about his weakest moment. I saw his Mom and Dad looking at me and smiling that same grateful smile. Not until that moment did I realize its depth. Never underestimate the power of your actions.

○ Kyle's Story: Questions

- Identify the causes of Kyle's depression and his initial thoughts of suicide in the story.
- Identify any signs and symptoms of mental illness that were displayed in the story.
- Do you think it was difficult for Kyle to seek help? If so, why?
- How did the narrator of the story help Kyle through his freshman year?
- Did the narrator have any idea of the impact he had made on Kyle's outlook of life?

Phone Booth Scenarios

1. Your parents have separated and are getting a divorce. Your Mom or Dad has moved away and you don't get to see them much at all anymore. This is the parent you are the closest to and you miss them a lot and miss your family.
2. You and your girlfriend/boyfriend that you have been going out with for over six months have broken up. The two of you talked about getting married after college. Now, he/she won't answer your calls or text messages. He/she acts like you don't exist.
3. A group of athletes are constantly picking on you and making fun of you. They bump into you in the hall and one time caused you to fall in the hallway. Everyone started to laugh. Now they do things all the time to you, especially in gym class and in the locker room where there aren't any teachers around.
4. You really struggle to do well in school. Your teacher's humiliate you for wrong answers and not having your homework. You've started pretending to be sick so you can stay home from school.
5. Your favorite uncle has been sent to Afghanistan. He used to spend a lot of time with you. He would take you to ballgames, movies and always come to watch you when you participated in any school activity.
6. Your grandmother/grandfather just passed away. Everyone seems to be concerned with how your Mom/Dad is dealing with the grief of losing a parent. No one seems to recognize that you miss your grandparent and are really sad.
7. Lately your best friend has been acting differently. She started hanging around with some of the popular students. She acts embarrassed when you walk up to him/her at school. When you call him/her on the phone, he/she acts normal, but won't commit to any plans with you. The other day he/she made fun of you when they were standing with the popular students.

More Than Sad: Teen Depression program was designed to achieve the following goals:

- Educate high school students and other teens to recognize the signs and symptoms of depression in themselves and others.
- Convey the de-stigmatizing notion that depression is an illness which, just like any other medical illness, responds to specific treatments.
- Promote the importance and acceptability of seeking help for oneself or a friend.
- Demystify the treatment process by showing how teens can get help for depression, what treatment involves and what it can achieve.

The film's core messages include:

- Depression is a common problem that can interfere with teens' ability to function well in school, enjoy previous hobbies or activities or interact effectively with friends or family members.
- Depression is an illness. It is not a character weakness or something that people bring on themselves or can change at will.
- Depression may develop after a particularly upsetting event or situation, but also develops in young people who don't seem to have any reason to be depressed.
- Depression usually doesn't go away on its own, and if left untreated, it may lead to serious consequences, including suicide.
- Treatments for depression are available, and treatment works. If you are depressed, ask for help. If someone you know is depressed, encourage them to get help.

More Than Sad: Teen Depression comes packaged with complete **Instructional Materials** to ensure that teachers and other school personnel are able to show it effectively as part of a comprehensive lesson on teen depression.

Mental Disorders of Children and Adolescents

There are several different types of mental disorders that can affect children and adolescents, including:

Anxiety disorders are the most common of the childhood disorders. They affect an estimated 10 of every 100 children and adolescents. These young people experience excessive worry, or uneasiness that interferes with their daily lives. Anxiety disorders include:

- Phobia- an unrealistic and overwhelming fear of some object or situation;
- Generalized Anxiety Disorder- a pattern of excessive, unrealistic worry not attributable to a recent experience;
- Panic Disorder- terrifying panic attacks that include physical symptoms such as racing heartbeat and dizziness;
- Obsessive-Compulsive Disorder- being trapped in a patterned or repeated thought or behaviors such as counting or hand washing; and
- Post-traumatic Stress Disorder- a pattern of flashbacks and other symptoms that occur in children who have experienced a psychologically distressing event such as physical abuse, being a victim or witness of violence, or exposure to some other traumatic event such as a bombing or hurricane.

Attention-deficit/hyperactivity disorder (ADHD): Children with ADHD generally have problems paying attention or concentrating, can't seem to follow directions, and are easily bored and/or frustrated with tasks. They also tend to move constantly and are impulsive (do not think before they act).

Eating disorders: Eating disorders involve intense emotions and attitudes, as well as unusual behaviors associated with weight and/or food.

Learning and communication disorders: Children with these disorders have problems storing and processing information, as well as relating their thoughts and ideas.

Affective (mood) disorders: These disorders involve persistent feelings of sadness and/or rapidly changing moods, and include depression and bipolar disorder.

Schizophrenia: This disorder involves distorted perceptions and thoughts.

Tic disorders: These disorders cause a person to perform repeated, sudden, involuntary (not done on purpose), and often meaningless movements and sounds, called tics.

Some of these disorders, such as anxiety disorders, eating disorders, mood disorders and schizophrenia, can occur in adults as well as children. Others begin in childhood only, although they can continue into adulthood. It is not unusual for a child to have more than one disorder. (Source: WebMD.com and Cumminsbhs.com)

Wordle Instructions & Reflection Questions

Instructions:

Step 1: In your group, develop 2 lists consisting of 7 causes and 7 symptoms of depression.

Step 2: With each list, each individual will survey 3 other people, asking them to rank the list from least common (1) to most common (7).

Step 3: Combine all of the data with your group members. Add up all of the numbers that each word accounted for.

Step 4: Using the website www.wordle.net, create a visual for the data that your group has collected.

- Go to the website and click “create”
- Enter each word the amount of times it is accounted for in the data (Copy and paste is recommended).
- Be sure to add creativity to your group’s Wordle.

Questions:

1. Do any of the results surprise you?
2. Does the collected data match your own personal rankings? If not, what is different?
3. Is it possible for two people to have the same cause for depression yet display completely different symptoms? How could this happen?
4. How could stereotyping limit one’s ability to recognize the many causes and symptoms of depression? Does this data show any signs of stereotyping?
5. Do you think there is one particular cause and/or symptom of depression that is often overlooked in our society? If so, why might it be overlooked?

Recommended websites:

<http://www.mayoclinic.com/>

<http://www.webmd.com/>

<http://www.nimh.nih.gov/index.shtml>