UNIT 4 DEPRESSION AND SUICIDE

Structure

4.0 Objectives

4.1 Introduction

4.2 Concept of Depression
   4.2.1 Definition of Grief and Depression
   4.2.2 Differences between Grief and Depression
   4.2.3 Magnitude of Depression

4.3 Causes of Adolescent Depression

4.4 Types of Depression

4.5 Recognition of Depression in Adolescent

4.6 Management of Depression

4.7 Definition and Magnitude of Suicide
   4.7.1 Magnitude of Adolescent Suicide
   4.7.2 Causes of Suicide
   4.7.3 Alarming Signs of Suicide
   4.7.4 Myths about Suicide
   4.7.5 Prevention of Suicide

4.8 Role of Teacher in Prevention, Identification and Management of Depression and Suicide
   4.8.1 Role of Teacher in Prevention Suicide
   4.8.2 Identification of Signs of Depression and Suicide
   4.8.3 Teacher Role in Managing Depression and Suicide

4.9 Let Us Sum up

4.10 Answers to Check Your Progress

4.11 References

4.0 OBJECTIVES

After going through this unit, you will be able to:

● explain the concept of depression;
● differentiate between grief and depression;
● identify depression in adolescents;
● explain the magnitude of adolescent suicide;
● describe the role of teacher in prevention of suicide; and
● explain the role of teacher in identifying and management of depression and suicide among adolescent students.
4.1 INTRODUCTION

Let us begin with the story of Kajol a 14 year old girl studying in 9th standard. Lately Kajol was not feeling like herself even her friends had noticed it. To the surprise of her friends she kept away from the play ground during the recess periods. There was really no reason for that but kajol just didn’t feel like playing and she spent most of the recess period sleeping. Miss Malini, her class teacher also noticed this. Kajol had been a bright and active student but over the past couple of months her grades have fallen and she was not paying attention in the class. Miss Malini noticed that Kajol had lost weight too. Her mother found Kajol crying and feeling very sad though nothing particularly bad had happened. Miss Nalini an observant teacher wondered whether Kajol is suffering from Depression!! Yes depression is very common and affects as many as 1 in 8 people in their teen years. Depression affects people of every color, race, economic status, or age. There is no single cause for depression. Many factors play a role including genetics, environment, life events, medical conditions and the way people react to things that happen in their lives. Present unit will describe depression in detail alongwith the recognition of depression in adolescent and its management further, the unit will discuss the magnitude of suicide in adolescent with detail discription of causes. at the end you will learn the management of depression and suicide at school/ family level by teachers and parents.

4.2 CONCEPT OF DEPRESSION

Depression is a type of mental disorder that affects a person’s mood. It presents with depressed mood, loss of interest or pleasure, feelings of guilt or low self-worth, disturbed sleep or appetite, low energy and poor concentration. These problems can become chronic or recurrent and lead to substantial impairment in an individual’s ability to take care of his or her everyday responsibilities. At its worst, depression can lead to suicide. Depression occurs in persons of all genders, ages and backgrounds. The Diagnostic and Statistical Manual of Mental Disorders states that a depressed mood is often reported as feeling sad, helpless and hopeless. Depression can affect anybody, including teenagers. Most people with depression can be helped with treatment, but many depressed people never get the help they need. Untreated teen depression can lead to severe depressive disorders in adulthood. Besides, adolescents with depression can take to drinks or abuse drugs, computer addiction, unsafe sex, bullying and even self-mutilation and suicide.

4.2.1 Definition of Grief

Grief or grief reaction is normal and natural consequence of personal or collective loss. The loss may be related to death or illness of near and dear ones, financial setback, failure to achieve the desired goal, non-fulfislement of ambition, etc. Grief often manifests as sadness, weeping or crying spells and general lack of interest in routine activities, which the person was pursuing before the event or loss. They often fear that the tragic and untoward event or incidence might recur. Thus, grief gradually becomes an internalized reaction to apprehension and imaginary insecurity about future.

4.2.2 Differences between Grief and Depression

Grief is a natural reaction that might last up to 12 weeks or less depending upon the severity and magnitude of the tragic event. However, if grief reaction persists
beyond three months it is called depression. The word depression in medical term means ‘prolonged and pathological grief reaction’ to a real or imagined tragic event or loss. Grief can be managed by reassurance from friends and counselling by family doctor and at times a small dose of anxiolytic drugs may be needed. Counsellors often offer practical suggestions to overcome the grief by looking at the tragedy or loss as a fact of life. On the other hand depression requires medications, antidepressants and psychiatric consultation by way of treatment. When depression occurs as a result of loss and tragedy, it is called reactive depression and the chances for full recovery are very good.

4.2.3 Magnitude of Depression

The statistics on teen depression are not very encouraging. Studies indicate that one in ten children may have a serious emotional problem. Among adolescents, one in eight may suffer from depression. Among the teenagers with depression and behavioural problems, only 30% receive any treatment. Almost 70% of them carry the burden of depression which can lead to severe depressive disorders in adulthood.

Suicide is the third leading cause of death among young people between the ages of 15 to 24. Studies have revealed that even parents who have good communication with their children may miss signs of depression in them. You may note that:

- The prevalence of major depressive disorder in children is approximately two per cent.
- In adolescence, there is a prevalence of 4 to 8 per cent.
- In puberty, adolescent girls are two to three times more likely to have major depression than boys.
- By age 18 years, the cumulative incidence of major depression is 20 per cent.

Pointing out that depression mostly affected adolescents and youth, Dr. R.N. Sahu said that psychological disorders were on the rise and depression constituted a major part. People affected by cardiac disorders, diabetes, sexual ailments, joint pain and other diseases also suffered depression.

“If timely attention is not paid then by 2020 India will have the largest number of depression sufferers,” said Dr. Sahu, while quoting the World Health Organization.

![Fig. 4.1 : Suicide rates by age and gender, ages 10-18, 2006](image-url)
Activity 1
Identify a student from to your school or locality who is undergoing depression and study the measures for depression. Discuss the same with your colleagues.

Now you might have understood magnitude the problem. Let us discuss the Cause to depression among adolescent.

4.3 CAUSES OF ADOLESCENT DEPRESSION

Now you might have understood the magnitude to the problem. Let us discuss the change to depression among adolescent. The Exact cause of depression is not fully known. According to contemporary research, depression runs in families and that some people inherit the genetic vulnerability. However, environment also plays an equally important role in depression. This would explain the reason for some individuals with genetic predisposition not developing depression and some individuals with no apparent family history developing symptoms of depression.

Some of the common causes for adolescent depression are:-

a) Life Events

The death of a family member or friend, other events like parental separation by divorce, remarriage, economic upheaval in the family, change of school can lead to depression.

b) Family and Social Environment

For some teens, a negative, stressful, or unhappy family atmosphere like parental discord, abuse by parents, violence, homelessness, stressful living conditions, poverty etc. can lead to depression. The negative social and personal consequences of substance abuse also can lead to severe unhappiness and depression. Rejection by friends and teachers for not being able to maintain good grades in school, any kind of victimization can lead to depression.

c) Cognitive Factors

An adolescent with negative mind set (pessimistic) react more passively, helplessly and ineffectively to negative events and are more prone to develop depression.

d) Medical Conditions

Certain medical conditions like hypothyroidism is known to cause depressed mood in some people. When these medical conditions are diagnosed and treated by a doctor, the depression usually disappears.
Figure 4.2 depicts the various aspects of depression like; situations, thoughts, emotions, physical state and action. You may see that there is strong linkage of all these aspects in making a depressed person.

### Activity 2

Arrange a discussion with your peer group on the situations leading to depression among adolescents and the ways and means to come out from it.

### 4.4 Types of Depression

Depression can be mild or severe. At its worst, depression can create such feelings of despair that a person thinks about suicide.

a) **Major depression**: Depression can be intense and occur in bouts that last for weeks at a time. The more severe and short-lasting type is called major depression.

b) **Dysthymia**: In some cases depression can be less severe but can linger at a low level for years. This type is called dysthymia.
c) **Reactive depression or Adjustment disorder with depressed mood:** A third form of depression is called *adjustment disorder with depressed mood*. This is a depressive reaction to a specific life event such as a death, divorce, or other loss, which develops when a person is not able to adjust to the loss within the expected timeframe and he is not able to attend to his roles and responsibilities without help.

d) **Bipolar disorder:** It is another depressive condition that involves periods of major depression mixed with periods of mania. Mania is the term for abnormally high mood and extreme bursts of unusual activity or energy.

### 4.5 RECOGNITION OF DEPRESSION IN ADOLESCENT

It is a widely accepted fact that teenagers go through tough time putting up with the academic load, hormonal changes and family expectations. It is a relief to note that a well adjusted teenager with the strength of parental support, peer acceptance and strong sense of self is able to adjust and wade through the teen years successfully.

It is not always easy to differentiate between depression and normal teenage moodiness. Unlike depression in adults, teens with depression do not appear sad, nor do they always withdraw from others. In some depressed teens, symptoms of irritability, aggression and rage are more prominent. Unlike adults, who can seek assistance on their own, teenagers usually rely on parents, teachers, or other caregivers to recognize their suffering.

Depression in teens can look very different from depression in adults. Adolescents with depressive disorders often display irritable mood and they are not aware of the extent of their irritability or its effects on others. Some times they may say that everything makes them angry. One may notice an active adolescent withdrawing from his favorite sports activities and friends. Parents often fail to recognize the symptoms of depression in an adolescent but they are challenged by the task of dealing with extremely irritable adolescent. Adolescents with depression are brought for medical help on account of poor scholastic performance, substance abuse, suicidal attempt or change in behaviour.

Following symptoms are more common:

- **Irritable or angry mood:** Irritability, rather than sadness, is the most prevalent mood in depressed teens. A depressed teenager may be hostile, easily frustrated and is prone to angry outbursts.

- **Vague aches and pains:** They often complain about physical ailments such as headaches, stomach aches and other body aches. Gets tired very easily and often take a nap after school. Even a thorough physical exam may not reveal a medical cause, these aches and pains may indicate depression.

- **Extreme sensitivity to criticism:** Depressed teens are overwhelmed by feelings of worthlessness which make them extremely vulnerable to criticism, rejection and failure. This is more so in the case of “over-achievers.”

- **Withdrawal from some but retains ties with some friends:** While adults tend to withdraw themselves when depressed, teenagers usually keep up at
least some friendships. Depressed teens may socialize less than before and may even remain distant with their parents and friends.

- **Sleep disturbance**: That leads to late night TV watching.
- **Weight loss** is more common than weight gain.
- **Inability to concentrate** is evidenced by declining academic performance in school and skipping classes.
- **Feeling of worthlessness** which is expressed by statements like no one likes him or her, including peers, teachers and family members.
- **Thoughts of death or suicide**.
- **Loss of interest in activities** and general lack of enthusiasm and motivation.

When someone has five or more of these symptoms most of the time for 2 weeks or longer, that person is probably depressed.

### Activity 3

This is a drawing made by a 14 year old child suffering from depression.

Organize a drawing competition among the adolescent children in your school/locality on the theme how they feel about themselves when they are depressed. Before the competition give them an orientation about the term depression and write the competition brief also.

### Clinical Characteristics

The diagnostic criteria and key defining features of major depressive disorder in children and adolescents are the same as they are for adults. However, recognition and diagnosis of the disorder may be more difficult in youth for several reasons. The way symptoms are expressed varies with the developmental stage of the youngster. In addition, children and young adolescents with depression may have difficulty in properly identifying and describing their internal emotional or mood states. For example, instead of communicating how bad they feel, they may act out and be irritable toward others, which may be interpreted simply as misbehaviour or disobedience. Research has found that parents are even less likely to identify major depression in their adolescents than are the adolescents themselves.

### Symptoms of Major Depressive Disorder – Common to Adults, Children and Adolescents

- Persistent sad or irritable mood
- Loss of interest in activities once enjoyed
Significant change in appetite or body weight
- Difficulty sleeping or oversleeping
- Psychomotor agitation or retardation
- Loss of energy
- Feelings of worthlessness or inappropriate guilt
- Difficulty concentrating
- Recurrent thoughts of death or suicide

Signs that May be Associated with Depression in Children and Adolescents
- Frequent vague, non-specific physical complaints such as headaches, muscle aches, stomach-aches or tiredness
- Frequent absences from school or poor performance in school
- Talk of or efforts to run away from home
- Outbursts of shouting, complaining, unexplained irritability, or crying
- Being bored
- Lack of interest in playing with friends
- Alcohol or substance abuse
- Social isolation, poor communication
- Fear of death
- Extreme sensitivity to rejection or failure
- Increased irritability, anger or hostility
- Reckless behaviour
- Difficulty with relationships.

While the recovery rate from a single episode of major depression in children and adolescents is quite high, episodes are likely to recur. In addition, youth with dysthymic disorder are at risk for developing major depression. Prompt identification and treatment of depression can reduce its duration and severity and associated functional impairment.

If you are not able to make out whether the teenager is depressed or is just being a teenager check the following:
- How long the symptoms have been present
- How severe are those symptoms
- How different is he from his usual self

If you find long lasting changes in his behaviour, mood and personality take it as warning signs of serious problem.
**Check Your Progress 1**

a) List four signs and symptoms of adolescent depression.

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4.6 MANAGEMENT OF DEPRESSION

When you observe some of the above mentioned signs of depression in your student take action right away because depression is very damaging when left untreated.

In case you suspect depression the first step is to talk to your student about it in a non-judgmental way. Share your concerns with him about the specific signs of depression that you have noticed in him and why it is a matter of concern to you.

Offer support and encourage him or her to open up about what he or she is going through. Inform parents or guardians and urge them to take professional help from a psychiatrist. Following are effective tips for communicating with depressed teen:

- Convey your support while talking. Avoid asking probing questions
- Be gentle and persistent in your effort to know what is going through his mind. However respect his comfort level and be patient while conveying your willingness to listen to him
- Listen to him and resist passing judgment. Avoid giving untimely advice
- Acknowledge their feelings and emotions and empathize with them.

Talking with Parents

It is very important for parents to understand their child’s depression and the treatments that may be prescribed. Physicians can help by talking with parents about their questions or concerns, reinforcing that depression in youth is not uncommon and reassuring them that appropriate treatment with psychotherapy, medication or the combination can lead to improved functioning at school, with peers and at home with family.

*Depression in adolescent can be managed by a combination of supportive measures, psychotherapy, medication and yoga and exercises*

a) **Psychotherapy**: Psychotherapy by a psychologist or counsellor helps the teenager to explore events and feelings that are painful. Psychotherapy also helps them to develop better coping skills.

b) **Cognitive-behavioural therapy**: Cognitive behaviour therapy helps the teen to identify negative pattern of thinking that leads to sad thought and helps them to develop positive pattern of thinking and behaving.
c) **Interpersonal therapy:** Interpersonal Psychotherapy (IPT) is one of the short term therapies that are effective in the treatment of teen depression. Therapy focuses on developing healthier relationships at home and at school.

d) **Medication:** In moderate to severe depression medication is needed to improve persistent sad moods and low energy. Medication is often prescribed along with other therapies. There are different types of antidepressant medication but adolescents respond well to selective serotonin reuptake inhibitors (SSRIs) example fluoxetine.

### 4.7 DEFINITION AND MAGNITUDE OF SUICIDE

In this section we will discuss about definition and magnitude of suicide among adolescent.

Suicide is defined by Webster’s medical dictionary as an act of causing ones own death. Suicide may be positive or negative and it may be direct or indirect. Suicide is a positive act when one takes ones own life. Suicide is a negative act when one does not do what is necessary to escape death such as leaving a burning building.

Suicide is direct when one has the intention of causing ones own death to escape from condemnation, disgrace or debt.

Suicide is indirect (and not usually called suicide) when one does not desire it but commits an act intentionally to court death. For example, providing care to a person with communicable disease without taking any precaution.

#### 4.7.1 Magnitude of Adolescent Suicide

- Suicide is the eighth leading cause of death regardless of age, sex or race. It is the fourth leading cause of death for persons between the ages of 10 to 14.

- Highest suicide among young women in the age group of 15 to 19 was reported from South India.

- The average suicide rate for girls in this age group from Vellore was found to be 148 suicides per one lac in comparison to 2.1 suicides per one lac in UK. (Reported by Lancet).

- Global suicide rate is 14.5 deaths per one lakh. In western countries men are three times more likely to commit suicide than women. In India young women were found to be more prone.

- Suicide accounts for 50 to 75% of all deaths in adolescent girls and about 25% of all deaths among boys between the ages of 10 to 19.

- In the last 45 years suicide rates have increased by 60% worldwide. Suicide is now among the three leading causes of death among those aged 15-44 years.
4.7.2 Causes of Suicide

A number of factors or problems may be behind these teen suicides. Untreated mental illness including depression, bipolar disorder or schizophrenia is the causes for majority of suicides. Other common causes are:

- Lack of parental support and love especially for children from broken families, conflicts with parents.
- Love failure or break up of very close friendship.
- Domestic violence, rape or assault or any other type of abuse.
- Failure to make expected grades in school and academic under achievement. Some times suicide may be triggered by depression due to negative life experiences like loss of loved ones, loss of a job, house, or money.
- Children with learning disability may suffer from depression and low self esteem due to scholastic backwardness and lack of peer acceptance.

4.7.3 Alarming Signs of Suicide

An informed parent or teacher can be alerted by subtle or obvious behavioural and verbal cues of suicidal intentions of an adolescent. An adolescent who is at risk of attempting suicide may be on the edge going through feelings of worthlessness and hopelessness. There may be noticeable change in weight, appetite, personal appearance and sleeping pattern. Sudden changes in behaviour may occur in some cases and they may become disruptive, violent, or hostile toward family and friends. One must remember that unsuccessful suicidal attempts are more than the actual completed suicide. Timely intervention can prevent suicide and save the life of the teenager. Hence teachers and parents must be aware of the following alarming signs described by American Academy of Pediatrics.

- Unusual show of affection in an otherwise depressed kid
- Recent loss of parent or very dear friend
- Noted isolation or withdrawal from friends
- Love failure or break up with a very close friend
- Talking about suicide even jokingly or indirectly
- Giving parting gifts to friends and saying good bye
- Drawing pictures of death
- History of previous suicidal attempt
- Difficulty in getting along with classmates and rebellious behaviour
- Running away from home, drug or alcohol abuse
- Bullying behaviour and obsession with violence (watching violent scenes in movies)
- Feeling worthless, shame, overwhelming guilt, self-hatred, “everyone would be better off without me” Hopelessness and conviction that things will never get better
- Becoming extravagant
4.7.4 Myths about Suicide

There are a number of Myths about suicide. One must understand that most of the teens that attempt or commit suicide let out some clues e.g., ‘you will repent after my death’. Awareness about the facts and myths about suicide can help parents and teachers to take timely steps to prevent suicide. Here we will discuss some of the common myths about suicide.

Common myths

- Adolescents who talk about suicide will never attempt it. On the contrary that may be a desperate call for help.
- Talking about suicide will put such ideas into the mind of the adolescent. Actually discussing about the suicide is very helpful for the teen to talk about his problems.
- Suicidal people are mentally ill. On the other hand out of the entire suicidal act only 25% suffer from mental illness.
- Often it is thought that alcoholism has nothing to do with suicide. But the fact is that both go hand in hand.
- Suicidal people always want to die. Fact is that they are not sure and it may be a call for help.

4.7.5 Prevention of Suicide

The most important aspect of any suicide prevention is early recognition of children and adolescents in distress and at increased risk of suicide. To achieve this goal, emphasis should be on the school environment which includes the teachers and students. According to experts, issues relating to suicide can be dealt with a positive mental health approach. Following are some general steps to prevent teen suicide:

- Strengthen the mental health and balance of school teachers by organizing supportive sessions and providing information materials that enhances their understanding of children.
- Strengthen student’s self-esteem through positive life experience (Treating the child with respect and valuing him as an individual). Positive self esteem protects children against mental distress and improves their coping or adjusting. Development of self-esteem is dependent on their development of physical, social and academic skills. For high self-esteem, the teenager needs to establish final independence from family and must be able to relate well with school mates.
- Avoid pressurizing the teens for more better performance.
- More personalized teacher-student relationships with undercurrent of love and respect to be encouraged.
- Introduce training in life skills, as part of the regular curriculum.
- Promote emotional expression. Teach Children and adolescents to take their own feelings seriously and encourage them to confide in parents and other adults.
- Prevent bullying and violence at school to create a safe environment.
- Provide information on suicide help or crisis cell in school.
- Look for and identify suicidal behaviours in teenagers. A teacher or parent must know a lot about what is going on in the teenager’s life. Teenagers who have mood swings, who directly or indirectly express hopelessness have to be watched carefully. Evidence of substance abuse and declining interest in school work and extracurricular activities should be taken seriously.
- Another important aspect of teen suicide prevention is support. The teenager needs to know that his teachers and parents love him and when in trouble they understand him the best and will be there to help him without criticizing or lecturing.
- On identifying suicidal behaviours in the adolescent never hesitate to alert parents and seek professional help from a psychiatrist.
- Some of the most effective teen suicide prevention programs consist of identifying and treating the following problems:
  - Mental illnesses like depression, learning disorders
  - Substance abuse problems
  - Problems dealing with stress
  - Behaviour problems like aggressive and impulsive behaviour.

**Activity 4**
Organize padyatra in your locality or school involving adolescent students to create awareness about suicide. Prepare a report of the programme and discuss with the colleagues.

**Check Your Progress 2**
a) List any five alarming signs of suicides.

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4.8 ROLE OF TEACHER IN PREVENTION, IDENTIFICATION AND MANAGEMENT OF DEPRESSION AND SUICIDE

4.8.1 Role of Teacher in Prevention of Suicide
Suicidal attempts are often desperate calls for help. One way to deal with issues relating to suicide is to improve the quality of life of the adolescents. As the school is the place a teen spends most of his time, emphasis should be on enhancing the school environment especially the interactions between teachers and students. Following are a few measures that will improve the school environment for the
adolescents and can indirectly prevent suicide.

- Strengthen students’ self-esteem by focusing on his strengths.
- Arrange remedial teaching for children with learning disability to improve their scholastic performance.
- Emphasize on variety of extracurricular activities for the youth.
- More personalized teacher-student relationships with undercurrent of love and respect to be encouraged.
- Introduce training in life skills by experts.
- Hold Periodic parent-teacher meetings to alert the parents on the risk of depression and suicide.
- Offer stress management workshops for teens.
- Train peer counselors to establish support groups for teens.
- Establish a referral network of psychiatrists, psychologists and social workers to contact in case of emergency.
- Timely identification of signs of depression and suicidal behaviour.

4.8.2 Teacher’s role in Identification of Signs of Depression and Suicide

As a teacher, you are in daily contact with your students and some of them may be at risk of self-harm (suicide). An alert and observant teacher can take the following steps to identify young children at risk:

- Look for changes in academic performance like declining grades, neglecting assignment, cutting classes, remaining absent.
- Do not ignore tell tale signs of self-mutilation like cutting wrist, leg.
- Look for over indulgence in themes of death in writing, poetry or obsession for watching violent movies or video games.
- Watch for risk taking behaviours like, taking drugs, using abusing alcohol, sexual promiscuity.
- Be vigilant about change in behaviour like acting out or becoming silent and withdrawn.
- Watch for signs of depression (Refer point 4.5)
### 4.8.3 Teacher’s Role in Managing Depression and Suicide

A teacher can take the following measures when she or he suspects a student to be depressed and at risk for suicide.

- Ask directly about suicidal thoughts and plans. A person in mental distress is often relieved that someone cares enough to inquire about his well-being.
- Encourage him to open up. If you think that the student is at risk of harming self, be ready for action.
- Do not leave a student who is at risk of suicide alone. Let the student know that you care and that you are there to help.
- Inform the parents if a troubled teenager opens up about self destructive thoughts.
- Refer the child for thorough assessment and treatment to psychiatrist.
- Organize regular programs on personality development
- Provide facility for overall development of physical psychological and social skills through extracurricular activities and life skill training.

### 4.9 LET US SUM UP

In this unit you have learnt about the concept of depression, causes of adolescent depression, types of depression and how to recognize signs of adolescent depression. Further, you have read management of adolescent depression and magnitude of adolescent suicide. As teachers your role in prevention, identification and management of depression and suicide is also dealt in detail which will help in prevention and control of depression and suicide among adolescents.

### 4.10 ANSWERS TO CHECK YOUR PROGRESS

**Check Your Progress 1**

- Irritable or angry mood
- Complaints of vague aches and pains
- Declining grades in school
- Feelings of worthlessness and guilt

**Check Your Progress 2**

- Talking about death even jokingly
- Unusual show of affection from an otherwise depressed kid
- Themes of death in poetry and writings
- Saying good byes and giving away prized possessions
- Bullying behaviour

**Check Your Progress 3**

- Strengthen students’ self-esteem by focusing on his strengths.
- Arrange remedial teaching for children with learning disability to improve their scholastic performance.
- Emphasize on variety of extracurricular activities for the youth
- More personalized teacher-student relationships with undercurrent of love and respect to be encouraged

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