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Adolescent development and depression

Project day for seventh graders

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Bachelor's thesis

November 2016

Social and Health Care

Degree Programme in Nursing

Jyväskylän ammattikorkeakoulu

JAMK University of Applied Sciences

jamk.fi

Description

Author(s)	Type of publication	Date
Tulkki, Anna-Mari Tuppurainen, Milla	Bachelor's thesis	November 2016
	Number of pages 43	Language of publication: English
		Permission for web publication: x

Title of publication

Adolescent development and depression

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Degree programme

Degree programme in Nursing

Supervisor(s)

Kuhanen, Carita; Raitio, Katja

Assigned by

Description

Depression is one of the most common mental health problems. It is also rapidly increasing among adolescents. One of the most important ways of prevention is early recognition and access to care.

The purpose of this thesis was to organize a project day about adolescent depression and its treatment. The aim was to raise awareness of the topic of adolescent depression, emphasizing the difference between normal development and depression itself as well as to increase communication between the pupils and teachers and to collect experiences of adolescents' attitudes towards the topic.

The thesis was implemented by organizing a project day in the spring of 2016. The day was organized for the seventh graders of the cooperation school. The topic for this information day was the concept of depression, its effects and treatment. During the day information stands were erected for the pupils where they could perform tasks concerning depression. For instance, they were given a task to connect the concepts of depression and adolescence with correct answers. The purpose was to evoke ideas in the pupils both individually and in groups. At the end of the information day an anonymous feedback was collected from the pupils and the teachers.

After the implementation of the project day, it was evident that the seventh graders' knowledge or understanding of the subject was quite limited. Their participation during the day varied, and focusing on the subject was difficult. On the basis of the feedback, it was possible to state that the adolescents found discussing in a group to be important and that they hoped presence and listening skills from their teachers. The results will be given to the cooperative school to be used in case the results are seen essential for the development of the teaching of mental health work in the upper grades of comprehensive school.

Keywords (subjects)

depression, adolescent depression, adolescent development, depression treatment

Miscellanous

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Kuvailulehti

Tekijä(t)	Julkaisun laji	Päivämäärä
Tulkki, Anna-Mari Tuppurainen, Milla	Opinnäytetyö, AMK	Marraskuu 2016
	Sivumäärä 43	Julkaisun kieli Englanti
		Verkkojulkaisulupa myönnetty: x

Työn nimi
Nuorten kehitys ja masennus
Projektipäivä seitsemäsluokkalaisille

Tutkinto-ohjelma
Degree programme in Nursing

Työn ohjaaja(t)
Kuhanen, Carita; Raitio, Katja

Toimeksiantaja(t)

Tiivistelmä

Masennus on yksi yleisimmistä mielenterveys ongelmista ja sitä tavataan nuorten parissa yhä enenevissä määrin. Yksi tärkeimmistä ehkäisykeinoista on aikainen tunnistaminen ja hoitoon pääsy.

Tarkoituksena on järjestää projektipäivä nuorten masennuksesta ja masennuksen hoidosta. Tavoite on lisätä tietoutta aiheesta, korostaen normaalin kehityksen ja masennuksen eroja, lisätä kommunikaatiota nuorten ja opettajien välillä, sekä kerätä kokemuksia nuorten asenteista aihetta kohtaan.

Työ toteutettiin projektipäivän muodossa. Päivä järjestettiin yhteistyökoulun seitsemäsluokkalaisille, aiheena nuorten masennus, siihen liittyvät ilmiöt ja sen hoitokeinot. Päivän aikana nuorille järjestettiin erilaisia pisteitä, joissa he suorittivat masennukseen liittyviä tehtäviä, näistä esimerkkinä käsitteen ja sen selitteen yhdistäminen ryhmissä. Pyrkimyksenä oli herättää nuorissa ajatuksia aihetta koskien sekä itsenäisesti, että ryhmissä. Toiminnallisen päivän päätteeksi kerättiin nimetön palaute niin opettajilta kuin oppilailtakin.

Projektipäivän tuloksena saatiin selville, että seitsemäsluokkalaisilla ei vielä ole suurta tietoa tai ymmärrystä aihetta kohtaan. Osallistuminen oli vaihtelevaa ja nuorten keskittyminen aiheeseen haastavaa. Palautteen perusteella voidaan todeta, että nuoret kokivat ryhmässä keskustelun tärkeäksi ja toivoivat opettajilta läsnäoloa ja kuuntelutaitoja. Tämän opinnäytetyön tulokset tarjotaan yhteistyökoululle käytettäväksi, mikäli he kokevat tulokset tarpeelliseksi kehittäessään mielenterveystyön opetusta yläkoulussa.

Avainsanat (asiasanat)

Masennus, nuorten masennus, nuorten kehitys, masennuksen hoito

Muut tiedot

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1 Introduction

Researching and treating mental health is a topic of constant discussion and therefore current subject to take a closer look at in more profound way. Depression is one of the most common mental health disorders during adolescence. When reaching puberty, depression becomes more common, within a year about five percent of adolescents experience depression, about a tenth of these are long term illnesses. The more there is knowledge, the easier it is to pay attention to the symptoms of depression and to create a safe environment for the adolescent's normal growth. One major avert for adulthood mental health disorders is early and comprehensive care during adolescence. (Friis, Eirola & Mannonen 2004, 118; Heiskanen, Huttunen & Tuulari 2011, 356; Terveyskirjasto 2015; Toivio & Nordling 2013, 187-188.)

Psychological illnesses are still considered to be some sort of a taboo, there is more shame and denial involved. Especially young people are vulnerable to others expectations and preconceptions. Adolescents are experiencing distinct transitional period; transition from lover grades of comprehensive school to the upper grades and from childhood to early adulthood. Young adults' minds and bodies are all the time evolving and changing. Treatment adjusted to each person's own developmental stage increases the chances of surviving developmental challenges throughout adolescence. (Hietala, Kaltiainen, Metsärinne & Vanhala 2010, 72; Toivio & Nordling 2013, 185-187.)

The function of this thesis is to support learning based on the comprehensive school curriculum. According to this curriculum upper grades' pupils' health education teaching should include pupil guidance in developing emotional and interaction skills in addition to develop their self-knowledge, own values and attitudes as well as recognizing messages of their body and mind. According to the upper grade's curriculum teaching should cover common characteristics, diversity and personality of adolescent growth and development. Building identity, self-image and self-knowledge as

well as sexual development, caring and meaning of family and close relations, mental well-being and appreciating oneself are emphasized both in the curriculum and in this thesis. (Peruskoulun opetussuunnitelma 2014, 399-400.)

2 Aims and purpose

The purpose of this thesis was to organize a project day about adolescent depression and its treatment. The aim was to raise awareness of the topic of adolescent depression, emphasizing the difference between normal development and depression itself as well as to increase communication between the pupils and teachers and to collect experiences of adolescents' attitudes towards the topic.

3 Adolescent development

Adolescent growth includes physical, social, psychological, mental and sexual development. Puberty is a stage in life that includes all of these developmental phases. Puberty starts approximately when the child reaches the age of 10 to 12 and continues until the age of 17 to 20. This is usually the time when the adolescents are in the upper grades of comprehensive school, making them the biggest puberty influenced age group. Puberty is one of the most dramatic phases in life therefore it can be very tiring emotionally. (Koistinen, Ruuskanen & Surakka 2004, 72.)

Physical development - From childhood into adulthood

"Puberty is a time when gender specific qualities develop and the physical aspect where the child reaches adulthood" (Koistinen et al. 2004, 72). Physical development during puberty is a time of dramatic changes. The most dramatic changes are the growth spurt, primary sex organ development, achievement of fertility and the development of secondary gender characteristics such as breast and body hair growth. These developmental changes happen because of gender hormones. (Aalberg & Siimes 2007, 15; Koistinen et al. 2004, 72.)

During adolescent years gender hormones start to increase growth rapidly and this is known as growth spurt. Girls tend to start their growth spurt earlier and can temporarily be taller than boys. Adolescents reach their own maximal height during puberty and after that the growth cycle ends at full maturity. (Hietala et al. 2010, 41; Koistinen et al. 2004, 72.)

In the course of puberty there are other physical changes in addition to growth spurt that happen to both genders and are all in all similar despite the gender factor. Body hair starts to grow in new places, for example pubic hair and armpit hair. Skin changes might occur due to abundant hormonal secretion, such as formation of pimples and even acne. In addition to these changes there are major physical attributes that are gender specific. (Koistinen et al. 2004, 72-73.)

In the beginning of puberty girls' breasts start to develop and the fatty tissue increases, which causes gain in body weight. Genitals develop, menstrual cycle begins and girls become fertile. The first sign of puberty in boys is the development of testicles, after this the penis starts to grow and the first ejaculation takes place. Fatty tissue in midriff stays approximately the same, but from limbs it reduces. Physical changes last around three years and the difference between adolescents in the same age group vary greatly. (Kauppinen 2011, 13; Koistinen et al. 2004, 72-73.)

Psychological development - Becoming independent

Psychological development includes multiple aspects and many of them happen during youth. The way of thinking changes into more abstract, wide and future-oriented. Decision making and planning skills develop. In the upper grades of comprehensive school pupils have to make decisions for example about further education and profession. Before the age of 12 child's world is quite limited to their family and surroundings. When the thinking develops adolescent become more independent and view the world more comprehensively. (Hietala et al. 2010, 42; Nurmi, Ahonen, Lyytinen, Lyytinen, Pulkkinen & Ruoppila 2010, 128-129.)

Self-image is based on people's perception of themselves and their social surroundings, this affects ability to survive demanding situations according to Nurmi and colleagues (2010, 132). They also state that transitioning from lover grades of comprehensive school to upper grades can affect formation of adolescents' self-image. Sometimes these changes might occur negatively. (ibid., 143.)

Identification of one's true self becomes especially strong during puberty due to physical changes, occupational, educational and social choices and the expectations of parents and friends together. Reaching the self-acquired autonomy is one of the developmental goals in the adolescent years. During the formation of identity they try to find their role in society and ideal way to function in the surrounding world. This process can be very demanding and frustrating which can make adolescents feel anxiousness and concern about their functions in life and in the society. This situation can be referred as an identity crisis. (Aalberg & Siimes 2007, 67, 72-73.)

Social development - Effect of the surroundings

Social behavior is the expression of social development, it is a factor that continues through lifetime but is essentially important to acknowledge when talking about adolescent years. For example when transition from lover grades to upper grades of comprehensive school takes place, the expectations of parents, friends and teachers change due to the rapid change of social environment. (Nurmi et al. 2010, 131.)

Nurmi and colleagues (2010, 130) state that parents have great influence on young person's way of thinking and functioning. Family surroundings are one of the first social situation a child encounters, which gives a base on how to develop child's own ability to socially interact. This carries out to the early years of puberty. At this point the adolescents can develop interaction skills they have learned and gain more independence.

During youth the relationships with friends become more important and the need of belonging to a group increases. At this period of time the significance of friends and their personal conducts grows stronger and this can change the attitudes and mores learned in the childhood. (Hietala et al. 2010, 44-45.)

In addition to the influences listed above, school and activities play a big role in young persons' life. Adolescents spend most of their time in school, where they interact with their closest friends, fellow pupils, teachers and other multi professional staff such as school nurses. When all of these influencing factors are connected or working together, healthy development in adolescents' life is easier to achieve. (Aalberg & Siimes 2007, 125-130; Hamburg & Hamburg 2004, 87-89.)

Sexual development - Exploring personal interests

Sexuality forms through genetics, upbringing, culture and experiences, whereas sexual behavior is defined by sexual identity, gender roles and sexual orientation. Out of the social surroundings and influences, friends and peers have the most significant effect when adolescents are forming their own sexuality. The courage to show own sexual preferences and behavior is highly opinion related when interacting with those of own age. During youth, the factor of fitting in to the group is often valued more than showing own interests that might differ from others. Despite this, the importance of family and parental impacts should not be underrated. (Jaari 2012, 3-4.)

Sexuality and gender roles become more interesting when maturity is achieved in both physical and psychological ways. The interest towards others grows. Gender has a role when first encountering own sexuality. Boys tend to have more physical approach such as the willingness to experience intercourse and girls look at sexuality on more personal level, how they view themselves. Through time these differences moderate. (Piiroinen 2006, 44-47.)

Sexuality is often perceived as a frightening matter, this fear is usually associated with the first experience of intercourse. First intercourse can cause youth to set pressure on themselves and others which may lead to premature experiencing even though one might not be ready for it. Sexual intimacy can be frightening to young people and can include shame, if young person does not view themselves sufficient. (Jaari 2012, 34-35.)

Bringing up the discussion of sex and sexuality can be very difficult to adolescents. The idea of talking about it with parents may seem embarrassing and therefore the channel for speaking about it is often with friends. As sexuality is a difficult topic to bring up by the adolescent themselves, youth would wish to hear more about this

topic at school. Adolescents who belong to sexual minorities often struggle with finding their own sexual identity. Belonging to a certain minority can make it a difficult subject to talk about as there are still strong preconceptions towards it. (Piiroinen 2006, 7.)

When talking about sexual development it is important to remember its significant effects to the adolescent's entire developmental range including physical and psychosocial areas. Individual differences in sexual growth during adolescence are highly consequential. (Hietala et al. 2010, 45.)

Delayed puberty - Following others

As the bodily chances take place, the differences within adolescent's age group can be extreme. Delayed puberty is a state in which adolescent needs additional support and information about development. The idea in these situations is to ensure adolescent's acceptance of the situation and that it is temporary. This is done in order to avoid damage in mental development. Delayed puberty is part of this difference variation. According to Välimäki, Sane and Dunkel (2009) about two and a half percent of youth develop more than two years later than others of the same age. (Koistinen et al. 2004, 72; Välimäki et al. 2009, 606.)

4 Adolescent depression

When taking a closer look at adolescent depression it is important to recognize the difference between adolescent's normal emotional state alteration and what sort of emotional behavior is a distinct warning sign of depression. Adolescents can express

their emotions in very colorful tones and their emotional state alteration can be quite intense. The word depression can be used to describe momentary feelings of anger or sadness. It is easier to explain to oneself and others by using the word depressed, rather than explaining the situation or reasons for those feelings. After saying that, it is important to realize that youth should be allowed to express their emotions but it is equally important to know what the cause and background of it is. This helps to separate actual depression and typical emotional responses. (Toivio & Nordling 2013, 179.)

It is important to acknowledge what are considered to be normal feelings of emotional life and what is clinical depression. Depressed emotional state, such as feelings of sadness, fear, anxiety and hopelessness, is a natural way of coping with difficult situations. This is usually short-term and transient. When depressed state of mind becomes prolonged and prevalent, and in addition one experiences other symptoms like fatigue, sleep disorders and concentration deficit the definition changes in to clinical depression ergo mental health disorder. (Aalto-Setälä 2002, 21-22, 41; Toivio & Nordling 2013, 179.)

Risk factors - Reasons behind depression

Youth is the time when similarity is seen as one of the most important factors. For example own puberty and slow development compared to others can cause significant psychical stress. At worst this can cause even bigger and prominent mental health disorders. (Välimäki et al. 2009, 607.)

It cannot be stated that depression is caused only by one actor or happening in one's life. Background, social environment and human's biological factors can all be derivatives into mental health disorders of some degree, without excluding one another.

Along with puberty and genetics there are multiple risk factors for adolescent depression. (Heiskanen et al. 2011, 9, 361; Toivio & Nordling 2013, 178.)

Heredity has a great impact when discussing about risks of developing depression. Adolescents have greater risk of developing this sort of mental disorder themselves if they have depression related family history or if their parents have experienced it. According to Toivio and Nordling (2013, 178) and Heiskanen and colleagues (2011, 359) heritage inflicts about 40 % to the risk of becoming depressed. Other mental health disorders, other chronic diseases and worrying about parents' health have also an impact as risk factors. (ibid., 361.)

In social relations the risk factors are victimization and intimidation, lack of supporting friends or adults and isolation. Most important ones are relationships outside family, such as friendships. Usually environmental causes for depression are closely related to situation at home or school. At home parents are the biggest influential factor but financial situation might cause adolescent to experience unnecessary stress. At school the most significant risk is being treated as an outcast or being bullied. (Friis et al. 2004, 118; Hietala et al. 2010, 74.)

Sometimes depression is triggered by unpleasant events, such as violence, previously stated bullying or trauma. One negative life event, for example parents' divorce or relative's death, can act as a triggering factor to young person's depression. Especially domestic violence and sexual abuse are great risk factors for adolescent to develop depression. That being said, it is good to take in to mind that one significant situational change alone is not necessarily considered as the whole reason for the depression. (Aalto-Setälä 2002, 43-44; Friis et al. 2004, 118; Heiskanen et al. 2011, 10, 360.)

Usually adolescent depression is connected to stress, sleeping disorders, intoxicant abuse, lack of support and difficulties in learning. So, even though adolescents are

seeking for ways to strengthen their own independence that does not mean that their need for support and adult presence is no longer there. Stress alone does not cause depression, but stressed young person is vulnerable to it. There might be multiple sources for stress. Usually stress factors are related to social relationships, in home- or school environment. Struggling with school work is quite normal for adolescents, but if no one gets involved in this and tries to help adolescent with these problems the stress might evolve to be unbearable. Every negative event causes stress, such as losing someone, family troubles or financial problems. Usually adolescents develop stress also due to pubertal changes, which might cause decrease in self-esteem. (Aalto-Setälä 2002, 43; Friis et al. 2004, 118; Heiskanen et al. 2011, 10, 360.)

Symptoms - Hidden emotions and acting out

Depression is classified in to mild, moderate and severe. This classification is based on the quality, severity and duration of the symptoms. Overall the symptoms are similar but in mild and moderate depression they are less strong compared to severe depression. In mild depression, symptoms might disturb normal everyday life, but do not prevent it. In moderate depression ability to function is decreased, this affects school performance and relationship in degenerative way. Severe depression requires hospital care. (Helin2016, 9; Toivio & Nordling 2013, 180.)

Table 1 demonstrates ICD-10 disorder classification which is used when diagnosing depression also with adolescents. Therein the symptoms are well assembled and presented. (Martin 2005, 22.) According to Toivio and Nordling (2013, 180) depression diagnosis requires at least two main symptoms and two other symptoms, occurring at least for two weeks.

Table 1. Symptoms of depression (ICD-10). Toivio & Nordling 2013, 180

Main symptoms:
Depressed state of mind
Inability to feel interest and satisfaction
Inability to enjoy life
Powerlessness, tiredness and decrease of activity
Other symptoms:
Reduction in concentration and attentiveness
Decrease in self-esteem and dignity
Feelings of guilt and worthlessness
Scanty and pessimistic image towards future
Self-destructive and suicidal thoughts
Sleep disorders
Diminished appetite

On top of the ICD-10 symptoms adolescent depression has some significant symptoms. Sometimes instead of sadness or additionally to it so called acting out –behavior might occur. This means that young person is agitated and unable to concentrate. Specific symptoms for young people are also alcohol abuse, anger and tenseness, fatigue, suicidal thoughts or even suicide attempts and poor school performance. (Heiskanen et al. 2011, 362-364; Martin 2005, 22.)

Adolescents' severe depressions are commonly long term and recurring. This is why the early recognition and efficient care are especially important. Long-term depression, also known as chronic depression, is a situation where one experiences depression continuously at least for two years. Normal feelings such as joy, pleasure and satisfaction are difficult or impossible to feel which can lead to experiencing lack of energy and feeling inefficient. This can impair ability to function. Depression is always evaluated through adolescent's own feelings. On top of this parents and even the school's staff should be heard to receive comprehensive image of the depression and

its stage. (Luhtasaari 2009, 97; Lönnqvist, Henriksson, Marttunen & Partonen 2011, 565-566; Toivio & Nordling 2013, 183.)

Treatment – Finding the right way

The treatment of adolescent depression can be more complicated than adult's treatment for the incomplete psychological and biological growth. Treatment starts with composing a development profile. This profile describes the condition of a young person when compared to his or her age group. When starting the treatment making of a care plan and forming good care relationship is essential. These ground rules for the care are made together with the adolescent. This is important because a young person is usually the expert of his/her condition and illness and acts as the decision maker. (Luhtasaari 2009, 97; Lönnqvist et al. 565-566; Haarala, Jääskeläinen, Kilpinen, Panhelainen, Peräkoski, Puukko, Riihimäki, Sundman & Tauriainen 2010, 20.)

An adolescent with mild or moderate depression is usually treated with different kind of psychosocial support and psychotherapies. Therapy is often necessary when a young person experiences significant current psychosocial stress factors, mental conflicts, relationship problems or personality disorders. For an adolescent who has experienced traumas, psychotherapy can be substantially better solution than medical treatments. Social treatments include family and couple meetings, group treatments and networking. There are various types of psychotherapy treatments which from a few are described in the following text. (Käypähoito 2016.)

Psychoeducation is an essential part of psychosocial treatment where the adolescent experiencing depression receives valuable information about it as a concept but also about its treatment from a healthcare professional such as nurses and doctors. This

will then create a supportive base for conversation and increase adolescents understanding about his or her situation and feelings. The goal of psychoeducation is to bring forth transferable skills concerning self-treatment and increase motivation. Psychoeducation is important to start as soon as depression has been diagnosed and to continue throughout the whole treatment. (Tuisku & Rossi 2010, 44.)

In short term psychodynamic therapy the idea is to choose a certain problem or sector to concentrate on. Meetings take place few times a week and the duration is around twenty meetings. This type of psychotherapy can be executed with a longer version also, where idea is to continue the treatments until the goal of the treatment is achieved. In cognitive psychotherapy adolescents are guided to recognize the beliefs and negative feelings that cause their depression. The effectiveness of the cognitive psychotherapy is described to be the best therapy when treating young people with re-occurring depressions. Interpersonal psychotherapy in turn helps adolescents to recognize the indicators that appear in the beginning of depression and how to adapt to those situations. These situations can be for instance the loss of a close relative or a divorce. (Haarala et al. 2010, 12-13; Lönnqvist et al. 2011, 190-191; Äijö 2005, 6-7.)

Also various group and family meetings can act as great treatment options for a young person who experiences mild depression. Group psychotherapy is a recommended treatment type for children and adolescents as it can be implemented in a supportive functional way. Functional treatment in this case can be executed through activities such as reading, listening music, making art or physical training. Physical training and exercising can be also counted as biological treatment. When treating mild or moderate depression, regular exercising can be as effective as antidepressants or cognitive psychotherapy. Physical activity often relieve depression symptoms by increasing energy, decreasing negative thoughts and sleep disorders. It can also be used as a preventive treatment for re-occurring depression. The exercise should be comfortable and moderately heavy so that good results are met. Physical activities are often hard to maintain as a continuous treatment if there is a lack of

support, this is why it is often included in group psychotherapies. (Heiskanen et al. 2011, 209)

As the depression gets more severe, biological treatments will be added to the care, most common of these is the use of antidepressants. To maximize the effect of treatment, psychotherapies are also used, therefore medication often reinforces therapies and vice versa. Therapy, rehabilitation, enjoyable activities and enabling normal interactions increase the effect of antidepressants. (Käypähoito 2016.)

The duration of antidepressant treatment depends on the severity of the depression and its symptoms. With the recurring and severe depressions the medication is often continued for a long time even though the symptoms are alleviated. All in all medication treatment for depression often includes three phases; acute care, follow up care and maintenance care. In acute phase the idea is to reach a quick and complete recovery, follow up and maintenance care focus on preventing recurring. There are no significant differences in the effectivity of the medications, but the individual differences can be major. It is common to try multiple medicines before finding the adequate response. Most common antidepressants are Selective serotonin reuptake inhibitors (SSRI) and tricyclic antidepressants. (Haarala et al. 2010, 15-17; Luhtasaari 2009, 58; Lönnqvist et al. 2011, 185.)

When deciding the best treatment form, also parents' possible mental disorders, self-destructiveness and possibility of bipolarity should be taken into consideration. Studies have shown that cognitive behavioral therapies and interpersonal psychotherapy are the best choices for young people. Also the use of antidepressants is very necessary, because therapy treatments alone might not be enough and vice versa. When adolescents start antidepressant treatment initiation ability grows before mood betters which might then cause self-destructiveness, SSRI's are a good example of causing this kind of reaction. This is why extra caution should be implemented

when describing antidepressants for adolescents. (Haarala et al. 2010, 17; Luhtasaari 2009, 97; Lämsä 2011, 25; Lönnqvist et al. 2011, 573-574.)

5 Project work

Usually the basis of projects are demand, participation and goal-directed way of working. Clear realistic goals are set for projects, these goals describe the pursued change or result. Usually the results are meant to develop a certain thing or to produce solutions to different kinds of problems. In this case the purpose was not to aim for a change but to increase knowledge among adolescents and develop writers own perception of adolescents' mental health and strengthen the skills as nurses. To achieve these goals, evidence based information was used, based on this information the final result, the project day was implemented. (Patel 2008, 1; Uotila 2011, 56-58, 67.)

Projects are almost always one time things and have a clear and exact schedule. Like many other projects, the scheduling during this work turned out to be difficult. Projects have clear working stages, usually there are many of them, but for this project three most important stages were chosen. These three are detailed planning and scheduling, implementing the project day and evaluating the results and feedback. Working phases of this project can be seen more detailed in the figure 1.(Patel 2008, 9; Virtanen 2009, 16.)

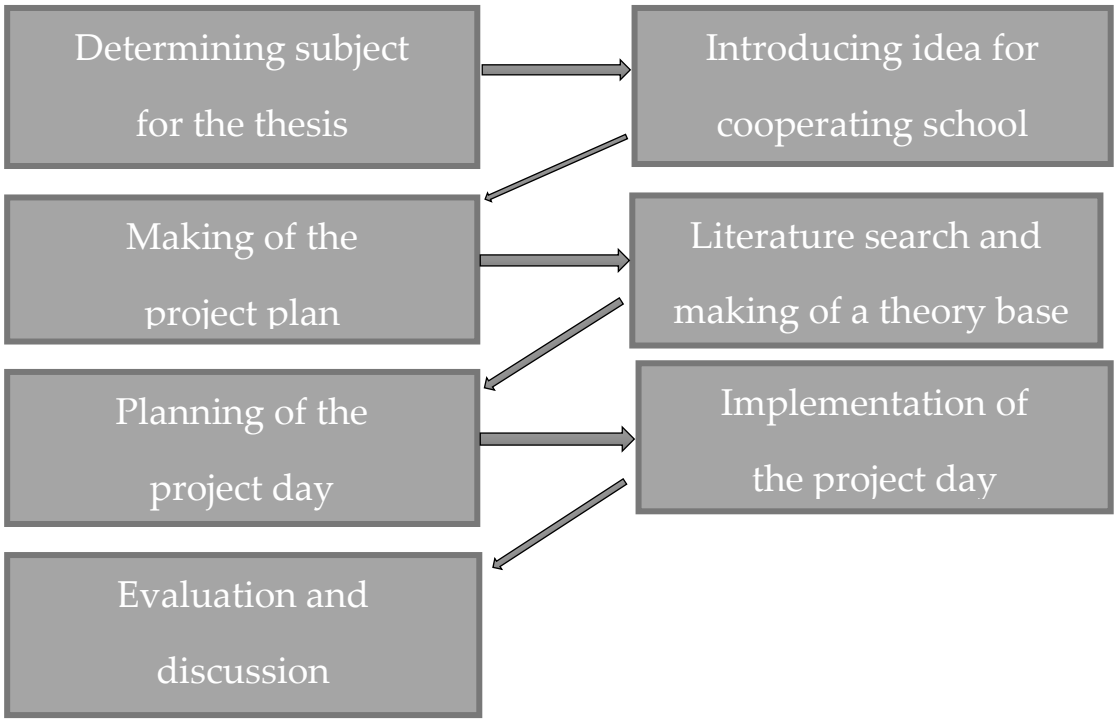

Figure 1. Working phases

Most of the projects have challenges and risk factors, quite many times they are associated with the timetable and participation. Timetables are usually too optimistic and it affects the outcome negatively. Projects depend a lot on participation, how many people are willing to take part in the project. Participating adolescents can be even harder than with adults. (Pavel 2008, 59.)

Project based works can be justified for their affiliation with quick changes in societal level. Positive attribute for a project is that it is beneficial for both the maker and the target group. It reflects developmental needs in the working life which enables needed improvement to take place and allows the maker to experience a multidimensional learning process. By multidimensional learning process it is meant that the maker will adapt already written information but is also learning something new both content and method wise. (Kotila 2003, 85-86; Silfverberg 2006, 9.)

Project plan

All projects start with the development of a project proposal, which includes the reasons and background for the project. Project proposal was presented to the cooperating school in January 2016 and together with the staff was determined what will be the main objectives for the project. After the proposal was accepted project planning was started. Planning was started with determining the vision for the project, what is trying to be accomplished, who will benefit from this project and how. In this case information sharing and knowledge developing were the main goals and the ones benefitting are the seventh graders and the writers of this thesis. Project plan was used in the execution of the project day. Planning phase included the information searching, to create a firm foundation for the actual project day. By relying on the theory base the tasks for project day were picked. (Pavel 2008, 31, 44, 68-69, 77.)

After the planning literature search was conducted. Most important concept of this work is adolescent depression, other important entries used were adolescent development, treatment of depression and depression. When planning the project day important concepts were learning theories and the theory of conversation which develops learning. On top of these the information about projects were included with the entries project and project work. All of the entries were used in Finnish and in English.

In the collection of the material scientific articles, dissertations and textbooks about adolescent development, adolescent depression and treatment of depression were used. The theoretical information used as the base of this thesis was collected with profound critical deliberation and it is used without changing other researchers' results. Textbooks used were found mainly from Janet network and the library of Jyväskylä University of Applied Sciences. Most databases were found from Nelliportaali and from there databases such as Ebrary. Additionally Pro Gradus and academic dissertations were found from Jyväskylä University library's database Jykdok.

To support the work national comprehensive school curriculum was used. Additionally to these previously known reliable internet sources, such as EBM Guidelines and Mannerheimin lastensuojeluliitto, were used.

Sources were chosen based on reliability and as recent as possible. Both Finnish and English sources were used. The main questions used in the information search were how does adolescent depression occur and how it is observed? How adolescents view depression and how they understand it? What should the teachers do when recognizing depressed adolescent and what the adolescents want them to do?

Implementation

Projects are executed according to the plan and the schedules. Project execution includes all the prior information searching and procedures designed to deliver the wanted outcome. (Pavel 2008, 156.) The project day took place on 26th of May 2016. During this day adolescents got to know depression as a concept and worked in groups to solve three different assignments. Project day was implemented in Finnish.

Three different kinds of assignments for the adolescents were chosen for the implementation of the project day. Behind all of these three was the desire to provoke conversation among adolescents and between adolescents and their teacher. For this purpose theory of conversation which develops learning was used, this theory is described specifically in the book Puhe pulppuamaan, oppimista kehittävä keskustelu by Eskelä-Haapanen and company. Learning developing conversation means sharing ideas and thoughts in a group, these conversations always have a goal which supports asked questions and guiding of thoughts. When the pupils receive a model for asking questions and pondering, they start to present arguments for their opinions,

which develops interactions- and conversation skills. (Eskelä-Haapanen S., Hannula M. & Lepola M. 2015, 15-16.)

One of these assignments was performed with the teacher, who was guiding the conversation. The goal was to provoke discussion about adolescents suffering with depression. This kind of assignment was chosen because according to Paalasmaa (2014, 85-86.) asking and discussing way of teaching works well specifically with upper grades of comprehensive school and high school students. During the assignment teachers gave pupils cases, which were already written on the basis of mental health websites, such as Mielenterveystalo or Mannerheimin lastensuojeluliitto (Appendix 1). With this case a couple of questions were asked, pupils tried to answer to these questions. Teacher was meant to be the guiding element and offer extra questions if needed, all this in the limits of their own knowledge. In this assignment the answers were not supposed to be exact, the point was to find out different kind of possible outcomes. Teachers were given example answers to support the conversation.

In the second assignment pupils were combining concepts with the right explanation (Appendix 2), the assignment was performed by the adolescents in a group, they were helped if needed and the concepts were explained more detailed if asked to. This assignment's closed questions work as a counterbalance for the open questions of the first assignment. According to Paalasmaa (2014, 85-86.) teaching should include closed questions, which need exact answers and open questions which are meant to provoke conversation and make people think.

In the third assignment adolescents went through terms, feelings and action related to depression. Some of the words were written beforehand but the pupils were allowed to write down their own ideas as well. They placed these different terms on a wall, where they thought it suited the best. On the wall there were three heads, describing a depressed adolescent, his friend and teacher (Appendix 3). This form of assignment allowed the adolescents to express their own thoughts and discuss in a

group. A few questions were asked about the placements of the words, such as why do you think that anxiety goes with the friend and could it also go somewhere else. This assignment was chosen mainly because of this thesis' goal of provoking conversation and collecting information about the attitudes of seventh graders towards depression.

Evaluation

The purpose of evaluation phase is to assess the outcome of the project and the performance of the project team. This is best reached with feedback. In this project feedback was gathered anonymously from the pupils and the teachers. (Appendices 4 and 5) The feedback from this project can be helpful with possible future projects. The handling and analyzing of results took place during the autumn of 2016. (Pavel 2008, 16-17, 313.)

Participation is mentioned to be one of the hardest thing to accomplish when implementing a project. During project day it became evident how hard it is to get adolescents to take part in the activities designed for them. Notes were taken about the amount of pupils participating on the concept assignment. To be counted as a participating pupil they had to pay attention and help the group with the assignment. In table 2 is demonstrated how big the groups were, how many of the pupils participated on the concept assignment and the percentage of the pupils who participated.

Table 2. Participation on the concept assignment

Pupils per group	Pupils participating	Percent
7	7	100 %
6	3	50 %
8	5	62,5 %
8	7	87,5 %
8	8	100 %
8	5	62,5 %
8	8	100 %
5	5	100 %
7	7	100 %
7	2	28,6 %
7	7	100 %
8	8	100 %
9	8	88,9 %
4	2	50 %
Average: 7.14	**Average: 5.11**	**Average: 80.71 %**

Altogether the feedback collected from the adolescents were all somewhat equivalent. It turned out that depression and mental health disorders as concepts are still taboos on some level in the early adolescent years. Discussing about and focusing on the subject was challenging for the adolescents and for that reason their interest towards the topic was rather limited. Most of the feedback suggested that the adolescents had not learned anything new, but during the assignments many asked additional questions about the topic. Most of the groups participated well, groups were

between the sizes of five and nine pupils and almost everyone participated in the discussions. Regardless the lack of interest the feedback showed that adolescents felt like sharing ideas and discussing in groups when seeking information regarding depression is important. When they were asked to think from the point of view of a depressed young the most important thing was to discuss with friends about their situation. Discussing with teachers did not come up in the feedback, but the biggest thing that pupils expect from their teachers were listening and presence. Help with schoolwork and if needed contacting professionals rather than the family was wished from the teachers.

Feedback collected from the teachers gave more information about how the day succeeded. Overall the feedback was positive and teachers experienced that the assignments were useful even though time given was too limited. All of the teachers felt that the instructions given to them were sufficient. One of the teachers thought that the assignments were too demanding for seventh graders. Teachers were asked what they would like to know more about encountering depressed adolescent, the importance of cooperation between teachers and school nurses came up. Teachers wished for guidance about how to discuss the situation of depressed adolescent with the pupil and the parents. Additionally need for basic knowledge about crisis work and how the responsibility is divided between home and school or school nurses and other staff came up.

6 Discussion

The biggest problem with the implementation of the project day was definitely with the time. There were around 15 minutes per task and after 15 minutes most of the adolescents had just started to calm down and actually think about the topic. Longer time would allow deepening on the topic and provide more conversation. To assure

controlled conversation and limit useless commotion smaller groups would be better, groups of five and six pupils performed better than the groups of eight.

This research does not describe adolescents' behavior in general level and because of the small compaction it cannot be used as a common denominator. Project day was conducted with co-operative school and with specific age groups, not on a national level or with each age group from upper grades of comprehensive school.

Ethical implementation was brought up in the thesis and during the project day in the following matter. Adolescents are written about with a common nominator in order to ensure their privacy. When collecting feedback the same system was used so that the adolescents could keep their anonymity. Anonymity allows people to express the thoughts which would otherwise be hard to be told and increases certainty. (Crow & Wiles 2006, 2)

The parents of the adolescents' were informed about the project day beforehand so that they would be aware of what the day consisted of. Through the information letter the parents were given the possibility to prohibit adolescents' attendance if it would have been problematic for them. During the project day adolescents' participation rate was aspired to increase by requesting rather than forcing. If the adolescent did not want to participate he or she was able to do so. The aspiration was that every wish and opinion from the participants of this project were paid attention to in an ethical manner throughout the planning, implementation and evaluation of this thesis.

Writing process strengthened writers' knowledge base concerning depression and adolescent development which could be helpful with the nursing profession in the

future. Project day increased ability to understand more about behavior and attitudes of seventh graders in general level and towards the topic itself.

For future research it could be interesting to find out if it is useful to teach mental health already for younger adolescents. Wahlbeck mention's on his blog entry for Suomen mielenterveys seura (2016) about the development of mental health work, that starting from the next autumn schools will have mental health education included in the curriculum, this is a positive improvement and will most likely develop better understanding on mental health issues among youth. Also otherwise to continue this research, future topics could concern information for the teachers about the ways of confronting depressed adolescents and clear information about dividing responsibility. It could be interesting to research if it would be beneficial for teachers to get proper mental health training included in their studies or as an extra education. It might make recognizing depressed children and adolescents and helping them easier. It could also provide right kind of attitudes towards mental health problems already in the beginning. (Tetri 2009, 34-36.)

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8 Appendices

Appendix 1: Cases and model answers

Antti:

Antti on 13-vuotias 8-luokkalainen. Antti saa satunnaisesti hallitsemattomia kiukunpuuskia ja vetäytyy sosiaalisista tilanteista. Antin vanhemmat ovat eronneet huonoissa väleissä ja kanssakäyminen tapahtuu pääasiassa Antin kautta. Antti asuu äitinsä luona, äiti on mennyt uusiin naimisiin eikä Antti ole vielä sinut uuden miehen kanssa.

Kysymykset:

1.Mistä Antin kiukunpuuskat ja sosiaalinen eristäytyminen voivat johtua?

2.Miten Antti voisi sopeutua uuteen tilanteeseen kotonaan?

3.Miten Antin vanhemmat voisivat auttaa häntä?

Mallivastaukset:

1.Kotiongelmat, uusi tilanne perheessä, äidin "nopea" ylipääseminen erosta, välikappaleeksi joutuminen, stressi

2.Uuteen aikuiseen tutustumiseen täytyy saada aikaa, on luonnollista että nuori haluaa surra pettymystä perheen hajoamisesta. Antin täytyy antaa tilaisuus äidin uudelle miehelle ja yrittää tutustua häneen. Perheen pelisäännöistä täytyy sopia yhdessä, vaikka uusi isäpuoli olekkaan vanhempi, on hän silti perheen toinen aikuinen. Antin tulee kertoa omista toiveistaan selkeästi, eikä keskittyä kertomaan vain asioista joista hän ei pidä.

3.Äiti ja isä eivät käytä Anttia välikappaleena riidoissaan/keskusteluissaan, vaan hoitavat asiat itse. Vanhempien täytyy keskustella toistensa kanssa Antin tilanteesta.

Äidin ja isän täytyy muistaa, että Antti ei ajattele toisesta vanhemmastaan samalla tavalla kuin he itse. Vanhempien pitäisi rohkaista Anttia puhumaan tunteistaan ja ajatuksistaan sekä antaa sille aikaa. Vanhempien on tärkeää kertoa perheessä tapahtuvista muutoksista opettajille ja muille tärkeille aikuisille, tämä lisää tukea ja ymmärrystä.

Lähteet: (MLL, nuorten netti, 2016; Ensi- ja turvakotien liitto, 2016)

Salla:

Salla on 15-vuotias 9-luokkalainen. Hän ei kykene keskittymään koulussa, saa impulsiivisia paniikkikohtauksia, nukkuu miten sattuu ja ruoka ei maistu. Salla käyttää runsaasti alkoholia ja on uhkaillut myös itsemurhalla. Olet Sallan kaveri, miten auttaisit häntä? Keneltä tai mistä voit pyytää apua?

Mallivastaukset:

- Ole läsnä ja kuuntele. Tämä antaa Sallalle kokemuksen, että asioiden jakaminen helpottaa oloa. Pidä huolta, että teette myös muuta kuin juttelette Sallan huolista, jotta hän saa taukoa negatiivisista ajatuksistaan.

- Muista viettää aikaa myös perheesi ja muiden ystäviesi kanssa, etteivät Sallan murheet ala painaa sinuakin. Voit myös jutella luotettavan aikuisen kanssa ystäväsi ongelmista, ilman että kerrot hänen nimeään, näin voitte miettiä yhdessä miten voisit auttaa ystävääsi.

- Kerro aikuiselle, miksi olet huolissasi Sallasta. Näin varmistat sen, että Salla saa tarvitsemaansa apua ja ongelmaan löytyy ratkaisu. Voit tarjoutua menemään hänen mukaansa kertomaan asiasta.

- Luotettavia aikuisia ovat Sallan vanhemmat tai joku koulun henkilökuntaan kuuluva kuten terveydenhoitaja, psykologi, kuraattori tai opettaja. Apua voi pyytää myös tukipuhelimesta tai –sivustoilta.

Lähteet: (MLL, nuorten netti, 2016)

Jesse :

Jesse on 12-vuotias ja aloittanut 7-luokan. Hän on ujo eikä ole vielä löytänyt uusia kavereita koulustaan. Jesse kokee, että muut nauravat hänelle ja vähättelevät hänen sanomisiaan. Jessen keskittymiskyky ja kiinnostus koulua kohtaan on alentunut, eikä hän pysty seuraamaan tunneilla. Jesse ei ole kertonut kenellekkään ajatuksistaan. Opettajat ovat kiinnittäneet huomiota Jessen laskeviin arvosanoihin.

Kysymykset:

1.Miten kiusaamistilanteissa tulisi menetellä?

2.Mitä Jessen opettajat voisivat tehdä?

Mallivastaukset:

1.Älä mene mukaan kiusaamiseen, äläkä jää sivustakatsojaksi, vie kiusattu pois tilanteesta. Kiusaajan puolustajat ovat tutkimuksen mukaan suosituimpia oppilaita, heikomman puolustamista ihaillaan ja suurin osa ihmisistä pitää kiusaamista vääränä. Jos sinua kiusataan tai tiedät toisen oppilaan kiusaamisesta, kerro siitä opettajallesi tai muulle läheiselle aikuiselle. Jo pienikin ystävällinen ele voi auttaa kiusattua jatkamaan eteenpäin. Moikkaa tai juttele hänelle tai ystävysty hänen kanssaan.

2.Opettaja on lain mukaan velvoitettu puuttumaan koulussa tai koulumatkalla tapahtuviin ongelmiin. Opettaja voi keskustella Antin kanssa oppimisvaikeuksista ja syistä sen takana. Opettaja voi ottaa yhteyttä Jessen vanhempiin. Opettaja voi antaa tarvittaessa tukiopetusta ja ohjata ottamaan yhteyttä terveydenhoitajaan, koulukuraattoriin tai psykologiin.

Lähteet: (MLL, nuorten netti, 2016)

Appendix 2: Concepts and explanations

Mielenterveys: Tärkeä osa ihmisen hyvinvointia. Inhimillisen olemassaolon tila, jonka keskeisiä osa-alueita ovat itsetunto, itsenäisyys, sopeutumis-, toiminta- ja ongelmanratkaisukyky sekä kyky tyydyttäviin ihmissuhteisiin ja virkistäytymiseen. (Nuorten mielenterveystalo 2016; Terveyskirjasto 2016.)

Henkinen hyvinvointi: Yhdistetään usein onnellisuuteen, iloisuuteen ja hyväntuulisuuteen. Koostuu kuitenkin myös elämälle tyypillisistä häpeän, pettymyksen, vihan ja surun tunteista ja niiden oikeanlaisesta käsittelystä. (Hyvis 2016.)

Depressio: Sairaus, jolle on ominaista mielialan lasku, aloitekyvyn puute, sosiaaliset ongelmat ja unihäiriöt. (Koffert & Kuusi 2004, 7; Luhtasaari 2009, 117.)

Mieliala: Tunnetila, pitkäjänteinen mielenliikutus ja sen vaikutus ihmisen toimintoihin ja käyttäytymiseen. Esimerkiksi alakuloinen, masentunut, ärtynyt, epävakaa, tasainen. (Luhtasaari 2009, 118.)

Identiteetti: Kaikki se millaiseksi ihminen käsittää itsensä ja kokee oman arvonsa. Niiden perusominaisuuksien kokonaisuus, joiden perusteella ihminen tunnistaa itsensä ja muut tunnistavat hänet. (Suomen mielenterveysseura 2016; Terveyskirjasto 2016.)

Psyyke: Aktiivinen elimistölle tarpeellinen tehtävä. Ilman tätä ei ole ruumiillista hyvinvointia eikä terveyttä. (Ahlberg & Siimes 2007, 239.)

Psykoterapia: Yksi masennuksen hoitomuodoista. Nuori tutustuu itseensä tämän avustuksella, tavoitteena on parantaa nuoren psyykkistä vointia ja elämänlaatua. (Nuorten mielenterveystalo 2016.)

Itsetunto: Hyvä --------- ei tarkoita ulkoista menestymistä, vaan se on sisälläsi oleva tunne siitä, että olet hyvä ja arvokas. Kertoo siitä, millaisia kykyjä itsessäsi arvostat. Esimerkiksi joillekkin hyvä opintomenestys on tärkeää, toisille se, että saa helposti kavereita. (MLL: nuorten netti 2016.)

Puberteetti: "Sukukypsyyden alkamisikä, noin 11. ja 17. ikävuoden väliin sijoittuva ikävaihe, jolle on ominaista suvunjatkamiskyvyn alkaminen ja toissijaisten sukupuolitunnusmerkkien kehittyminen." (Terveyskirjasto 2016.)

Nuoruusikä: Fyysisten ja psyykkisten muutosten elämänvaihe, joka ajoittuu noin ikävuosiin 12-22. Vähittäistä psykologista sopeutumista sisäisiin ja ulkoisiin muutoksiin. (Nuorten mielenterveystalo 2016.)

Psykologinen kehitys: Nuoren ajatusmaailma muuttuu abstraktimmaksi ja laajemmaksi. Päätöksenteko- ja suunnitelukyky parantuu. Itsenäistyminen on osa tätä. Jatkuu koko elämän ajan. (Hietala, et al. 2010, 42; Nurmi, et al. 2010, 128-129.)

Taantuma: Psyykkinen kehitys etenee fyysistä kehitystä hitaammin, mielen yritys sopeutua tilanteeseen näkyy yleensä lapsenomaisena käytöksenä. Välttämätön osa kehitystä. (Ahlberg & Siimes 2007, 244.)

Relapsi: "Taudin uusiutuminen; taudinoireiden palaaminen näennäisen paranemisen jälkeen, (taudin) uudelleen paheneminen." (Terveyskirjasto 2016.)

Koulukiusaaminen: Esimerkiksi toistuva haukkuminen ja nimittely sekä porukan ulkopuolelle jättäminen. Voi aiheuttaa mm. itsetunnon ja itsearvostuksen alenemista, masennusta, ahdistuneisuutta tai itsetuhoisia ajatuksia/tekoja. Voi näkyä myös fyysisessä terveydessä. (MLL: Nuorten netti 2016.)

Seksuaalisuus: Antaa mahdollisuuden nauttia läheisyydestä ja mielihyvää tuottavista kokemuksista mielessä ja kehossa. Koostuu biologisista, psykologisista ja sosiaalisista tekijöistä. (THL 2016.)

Vertaistuki: Luottamuksellista tunteiden ja kokemusten jakamista. Auttaa löytämään uusia selviytymiskeinoja ja ehkäisee kriisin pitkittymistä, yksinäisyyttä ja syrjäytymistä. (Suomen mielenterveysseura 2016.)

Stressi: Yksi masennuksen aiheuttaja. Rasitus, paine tai henkinen rasitus. Myös normaali osa elämää, esimerkiksi motivaation lähteenä. (Terveyskirjasto 2016.)

Kaksisuuntainen mielialahäiriö: Mieliala vaihtelee syvästä masennuksesta yliaktiiviseen, kiihtyneeseen käytökseen eli maniaan. Masennuksen ja manian

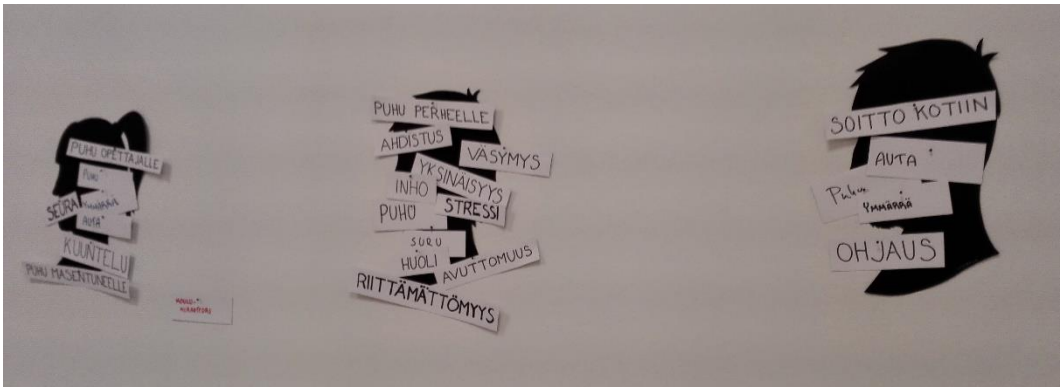
jaksojen ohella voi esiintyä myös oireeton jakso. (Mielenterveyden keskusliitto 2016.)

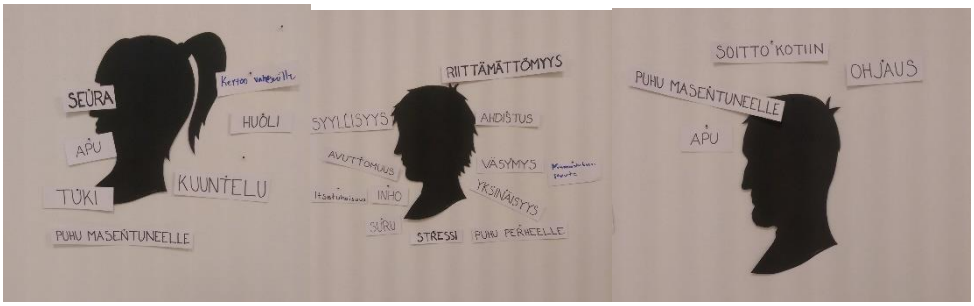
Ahdistuneisuushäiriö: Pitkäkestoista, tilanteeseen nähden liiallista ja selvästi elämää haittaavaa ahdingon tuntua. Esiintyvät esimerkiksi paniikkihäiriönä, erilaisina pelkoina sekä pakko-oireisena häiriönä. (Mielenterveyden keskusliitto 2016.)

Nuoren masennuksen hoito: Perusterveydenhuollossa ja koulussa arvioidaan ensin nuoren tilaa ja selvitetään hänen tunteitaan ja ajatuksiaan, sekä perhe- ja koulutilannettaan. Tärkeää on nuoruusiän psyykkisen kehityksen tukeminen hoitosuhteessa ja yhteistyö nuoren vanhempien ja muun lähipiirin kanssa. (Käypähoito 2016.)

Antidepressantit: Masennuksen hoidossa käytettävä lääkitys. Käytetään usein yhdessä terapian kanssa. (Käypähoito 2016.)

Appendix 3: The "three heads"





Appendix 4: Feedback form for pupils

Palautekysely

Opitko jotain uutta tänään, jos opit niin mitä? (1-2 lausetta)

_____

_____

Mikä oli mielenkiintoisin aihe tämän tunnin aikana? (1-2 lausetta)

_____

_____

Mitä näistä pidit tärkeimpänä keskustellessasi ja etsiessäsi tietoa masennuksesta?

- ○ Opettajan kanssa aiheesta keskustelu
- ○ Ryhmässä pohtiminen ja keskustelu
- ○ Itsenäinen pohtiminen

Minkä näistä kokisit tärkeäksi masentuneen/alakuloisen nuoren näkökulmasta katsot taessa?

- ○ Ystävien kanssa puhuminen
- ○ Perheen kanssa puhuminen
- ○ Opettajan kanssa keskusteleminen
- ○ Koulupsykologin, kuraattorin tai terveydenhoitajan kanssa keskustelu

Mitä toivoisit opettajalta nuoren masennusta kohdatessa?(Valitse max. 2)

- ○ Kuuntelemista ja läsnäoloa
- ○ Ohjausta / tietoa aiheesta
- ○ Apua koulun käyntiin mikäli tilanne sitä vaatii
- ○ Yhteydenottoa nuoren perheeseen
- ○ Yhteydenottoa ammattiauttajiin
- ○ En mitään

Kiitos osallistumisestasi. Tämä palaute on nimetön ja sitä tullaan käyttämään opinnäytetyössämme.

Appendix 5: Feedback form for teachers

Opettajan palautekysely

Kiitos osallistumisestasi ja avustasi rastin pitämisessä. Käytämme tätä palautekyselyä opinnäytetyömme raportoinnissa. Palaute on nimetön.

Miten koit tilanteen, jossa keskustelit oppilaiden kanssa?

_____

_____

_____

_____

_____

Koitko tehtävän hyödylliseksi itsesi ja nuorten kannalta?

_____

_____

_____

_____

_____

Haluaisitko tietää lisää masentuneen nuoren kohtaamisesta? Mitä?

_____

_____

_____

_____

_____

Koetko saaneesi riittävän ohjeistuksen tehtävää varten?

_____

_____

_____

_____

_____

Avoin palaute

_____

_____

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