YOU ARE NOT ALONE

Adolescent Mental Health Awareness Program for Parents
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Parenting is an endurance sport. Raising a child in this day and age isn’t easy, given the changes in our lifestyle and structural changes in the Indian family. Parenting an adolescent is a different challenge altogether. As they move towards their early teens, they go through a phase of transition that includes both physical pubertal changes and emotional ones as well. As part of their process of identity formation, through stages of experimentation, they experience confusion too. As they make the shift towards this stage, it is also important to ensure that these changes are taken into account and communication is adapted accordingly.

While many parents and care-givers are able to do understand this, the child striving for independence and autonomy can be interpreted as disobedient.

Family, along with school, becomes an important part of a child’s support system, playing an important role in their mental health and overall wellbeing. Research shows that young people who experience a nurturing environment and are provided with emotional, social and physical support are most likely to experience positive wellbeing and reach their full potential.
Health comprises of our physical and mental state of well-being.

Being healthy isn’t an absence of sickness. It means we ensure good practices (like eating right, sleeping well, being active, etc.) to keep ourselves fit, so that our body is able to cope with any illness that it encounters.

In the same manner, being mentally healthy isn’t a lack of worry and stress. Feeling worried, sad or fearful is normal. When we are mentally healthy, we feel like we are able to handle challenges better.

Mental health is “a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.”

(defined by WHO)

Simply put, it means we are able to face challenges and stresses in our daily life without letting our feelings overwhelm us. We are able to focus and concentrate; we are able to be with friends, enjoy and relax; we are able to look after ourselves and others.
As adults, we are aware that in order to maintain good health we exercise, eat right and have a basic understanding of how to treat common illnesses like a cold or a fever. We also take measures to avoid these common illnesses – for example, wearing warm clothing during winter to avoid falling sick.

What do we then do to ensure that we are mentally healthy? This is an important question to ask as we face psychological injuries more often than physical ones. Injuries like failure, rejection or loneliness can get worse if we ignore them and can impact us just as much as a physical injury would.
For children between the ages of 12 to 18 years, there are so many different things going on physically and mentally.

**Physical changes**  
Puberty is a period of rapid physical maturation involving hormonal and bodily changes that occur primarily during early adolescence. From growth spurts to questions about the future and career aspirations, they have a lot to navigate through.

Changes in their physical stature could also lead to a period of confusion. In some cases, they could also develop body image issues where they are conscious of their appearance, highlighting what sets them apart from their peers or the perceived norm.

**Social changes**  
They may also work towards understanding themselves better in terms of what their preferences are, and what defines them. This is referred to as their temperament and is characterized by experimentation, as this is the first time they try things outside of their comfort zone. With regard to their behaviour, they tend to be more impulsive and prone to taking risks, believing in a level of invincibility about themselves.
All of these changes may make them feel more worried than usual. They may have a hard time with seemingly simple tasks like going to school or working on a subject that is difficult for them to understand. The tendency to avoid feeling left out of a group, could be the driving factor for most common behaviour patterns amongst teenagers.

**Dealing with conflict**

While most parent-child relationships are largely expressed as fulfilling and continuous over time, conflicts during this phase may be at its peak. What tends to happen is that neither parents nor children typically recognize the fact that the relationship has two perceived realities. These different perceptions of the nature of the relationship can lead to miscommunication and tension.

Addressing a conflict situation is also largely a result of the parenting style, which in this period may need to be altered to strike a balance between being a strict authoritarian and going ‘easy’ on your child. One of the objectives that parents and adolescents should aim to establish during the teenage years is to maintain a strong bond while negotiating autonomy. While a lot of the changes and worries they face now are a normal part of this phase in their lives, not feeling heard or supported through this phase may lead to ineffective coping mechanisms that impacts the way they view themselves and the world. The added pressure, feelings of isolation maybe intensified and could lead to the development of a clinical illness.
What is Stress?

While the word stress is used quite often and in a negative sense, it isn’t always bad.

Stress is a normal part of life.

It is the body’s reaction to any change that it experiences, which requires an adjustment or response. The body reacts to these changes with physical, mental, and emotional responses.

There are two kinds of stress – eustress (positive stress) and distress (negative stress)

You can experience stress from your environment, your body, and your thoughts. Even positive situations such as getting a good grade on your exams or winning a sports competition leads to stress – and this is positive stress.

Ideally, stress helps the body adapt to the situation as per the need, by energizing you and giving you additional strength and energy to cope.

When children are preparing for an exam or swimming in a competition, they are naturally under pressure. The body identifies this and accordingly helps them cope with the situation.

Stress helps us stay focused, energetic, and alert. It may help you meet deadlines, sharpen your concentration when you’re competing, or compels you to study for an exam when you would rather be watching TV.
However, when the stress becomes overwhelming for you to handle and gets in the way of your normal routine, it can be damaging to your overall health. It may affect your moods, your ability to work and your relationships.

While exams are a part of every child’s life, not everyone experiences it the same way. There are different methods used to study for an exam. While some of them like to read aloud, others may prefer to read silently, and underline their books with a variety of coloured highlighters instead. This is because each of them has a different learning style that helps to understand the material easily.

In the same way, exam stress too, can affect each one of them differently. While some of them are able to cope with it, others may find it difficult to cope, and have trouble concentrating.
Anxiety

Both good and difficult situations that we face in our everyday lives cause us some amount of fear and worry—like stress, this fear could serve as a motivating factor to help us perform tasks better. For instance, while preparing for an exam, the fear of getting bad grades may motivate one to spend more time studying.

Anxiety is that feeling of fear, worry, or nervousness you experience when you’re about to do something challenging.

Everybody experiences anxiety across different situations and it is a normal experience.

Situations ranging from writing an assignment, preparing for an exam, meeting new people to dealing with traffic and deadlines—all cause some amount of anxiety. Every individual reacts to each of these situations very differently and it’s important for us to remember that what may be easy for one person to handle, may cause extreme discomfort for another.
However, when the anxiety you experience becomes a constant part of your daily life, and the fear overshadows most other emotions you experience, it is a sign of extreme stress and a possible illness.

Writing an exam maybe a very common stressful situation for most children and while some are able to use this stress in a way to motivate them to perform better, for some others it could lead to extreme anxiety. In certain situations, it could cause students to develop fevers, headaches and body pains when the exam are close by.

While shopping for new clothes maybe an enjoyable experience for most people, for someone who is anxious about the way they look, it may cause them to avoid such situations altogether.
Someone who experiences excess anxiety may -

• Experience intense worry about seemingly simple situations like attending school, or working on an assignment
• Feel restless often and may show edginess/nervousness in their behavior
• Experience physical symptoms like headaches, body pains, not caused by other bodily ailments
• Experience panic attacks – while everyone experiences different symptoms, the common ones include shortness of breath, trembling hands and feet, chills/cold sensations despite no change in weather, heat sensations despite no change in the weather, sweating, nausea, dizziness, possible crying spells
• Have difficulty sleeping because of thoughts that worry them

Individuals who experience excessive anxiety/worry occurring frequently, for a period of 6 months and over, may have developed a clinical condition. In addition to seeking support from family and friends, it would be beneficial to consult a mental health professional.
Feeling low or upset is a very natural part of our range of emotions, which we experience at different points in our lives.

The ups and downs are both natural and pronounced during the teenage years. As mentioned earlier, the varied experiences they go through as individuals in the same age group affects each of them differently.

Their identity, academic performance and relationship with friends and family, could be different and that could cause them to feel alone, not heard or not understood.

The word depression gets used in everyday conversation when one experiences sadness or is upset at an outcome that is not in their favour.

**Depression**

One of the main differences between feelings of sadness or low mood and clinical depression which is a mental illness, is the duration of the experience.

It’s when the sadness becomes persistent, day after day, and is present for a long period (mostly over two weeks), that it could be diagnosed by a professional as a clinical illness.

Clinical depression can be experienced very differently by different people. A formal diagnosis requires at least five depressive symptoms to be present for 2 weeks.
Some common symptoms are

- Low mood
- Loss of interest or pleasure in all or most activities
- Changes in appetite
- Changes in sleep patterns (too much or too little sleep)
- Tiredness or persistent loss of energy
- Thoughts of self-harm or suicide
- Difficulty concentrating

These could translate to experiences like

- Not wanting to get out of bed
- Sleeping for extremely long hours or not getting enough sleep as one regularly would
- Constant headaches/stomach aches
- Avoiding eating or over eating
- Irritability – snapping at people often, trying to start fights without reason
- Avoiding social situations/attending school
- Lack of energy, and not wanting to do things that he/she liked doing before

Clinical depression, when severe, can be life-threatening as it can lead people to hurt themselves. In other forms, it can still have a major and lasting impact on a person’s life and relationships.
Many people are uncomfortable using the term ‘depression’ because they fear it will associate them with a serious mental illness or a sense of personal failure – this comes from a strong stigma attached to the illness itself and is the wrong notion to hold on to.

Experiencing depression isn’t anyone’s fault. While this maybe a simplified take, it is like experiencing a common cold – it’s a result of the environment and one’s body chemistry, not something anyone willingly invites to experience.

There is no single, identifiable cause – it could be a combination of genetic, biological, socio-environmental and psychological reasons. Some depressive episodes can also occur without a specific trigger (i.e. due to a chemical imbalance in the brain).

In addition to these factors, depression could also develop due to the presence of other conditions like learning disabilities, autism spectrum disorders, attention deficit hyperactivity disorder (more commonly referred to as ADHD) and mood disorders (e.g. bipolar disorder). At the core of it all, these conditions may make them feel ‘different’ and thus isolated, highlighting that certain tasks that may be easier for their peers, require additional effort from their end, thus affecting their self esteem as well.
Bullying comes in many different forms and can happen anywhere: at school, at home, at work, or online (texts, emails, Facebook, Instagram, Snapchat, etc.)

For the person being bullied, it is a very stressful experience that can have a serious and long term impact on their life. It can also cause stress for the people watching it, who may feel helpless and afraid that they’ll be next.

Bullying comes in many different forms and can happen anywhere: at school, at home, at work, or online (texts, emails, Facebook, Instagram, Snapchat, etc.)
Some common examples of bullying are:

- Talking badly about someone behind their back (online or in person)
- Teasing someone, calling them names, giving nasty looks or making rude gestures
- Spreading rumours or lies about someone (online or in person)
- Hurting someone physically by pushing, hitting, slapping, ganging up on or restraining them
- Excluding someone from a group (online or in person)
- Harassing someone because of their race, sex, religion, gender or a disability
- Sharing embarrassing photos of someone online
- Posting mean things about someone on social media
- Stalking someone online with texts or instant messages, or in person by intimidating them or following them.

Cyberbullying differs from traditional, or offline bullying, as it transpires on the Internet. However, there is a high chance of both forms of bullying occurring together. The two forms of bullying also differ slightly in their demographics.

While traditional bullying is more prevalent among boys, cyber bullying, is equally likely to occur for both girls and boys. Additionally, traditional bullying tends to decrease as children move from middle school to high school, while cyber bullying tends to increase as children move into adolescence.

Victims of both traditional and cyber bullying attacks can suffer from low confidence, leading to more severe forms of anxiety and depression. In extreme cases, it can lead to self-harm and suicide. Bullying can also take a toll on the bullies themselves.
Some common signs to watch out for are:

- Reluctance to go to school – complains of ill health/ aches and pains that are not related to other illnesses
- Is irritable and withdrawn more than usual
- Secretive, avoids contact more than usual
- Has injuries that they try to hide
- Is more cautious, scared than usual – may ask to sleep with the lights on/in the same room as someone else at home

The first step is to ensure that the child feels safe. Reinforcing the idea that they are safe and secure can go a long way in keeping the lines of communication open. Telling children that you’re willing to listen without judgment or getting overwhelmed is a good start.

Prolonged exposure to bullying may lead to serious illnesses and it’s important to address any concerns that the child brings up in relation, making it at least worthy of a first level conversation. While there is a very thin line between good-natured jokes and bullying, a basic indicator would be the level of discomfort a child feels – irrespective of the intentions of the person cracking the joke.
Help and Support

A guide for caregivers to help children cope with their exam stress and anxiety

While exam time is a stressful period for students, it can be a difficult time for teachers and parents too. As a parent, worrying about your children’s state of preparation for the exams is only the tip of the iceberg. You are additionally concerned about whether they’re taking care of themselves, eating and sleeping regularly, and ensuring that this anxiety-ridden time goes as smoothly as possible.

Here are some tips to help you aid children during this period of stress and anxiety -

• Remember to have compassion and empathy. Children are already going through a tough time. Ensure that you are not adding more stress to an already difficult period by placing strict expectations from their results
• Recognize the child’s effort. Try to emphasize that these exam times are about putting in the required amounts of hard work, and remind them that it is not just about the marks.
• Relieve some of your child’s pressure by ensuring them that bad grades are not the most important, defining factors for their futures. Reminding them that there is more out there can help them feel less anxious about their exams. Help shift the focus to hard work rather than being ‘smarter’ or competing with their peers, basis the academic performance.

• Reinforce the importance of regular sleeping and eating patterns in your child. Remind children that while it may feel like sacrificing sleeping and eating times will allow for more time to study, both sleep and food are necessary to nourish their brain and allow for it to work at its best capacity.

• Give your children the option of approaching you in case of any doubt or clarification – sometimes, just hearing them out will give them a chance to work the problem out verbally. In other cases, a change of perspective may help your children find the solution as required. As a parent, there is a natural tendency to fix a problem immediately, rather than help your child to do so. One of the ways is to control the urge to question or suggest solutions immediately as your child is sharing a challenging situation with you. Instead, just listen. It also helps them be more receptive to you. Life’s lessons are of great value but mostly when they are your own. It may be tempting to narrate your learnings from your experiences but instead of communicating it as ‘In my life...’ or ‘When I was young..’ maybe try phrasing them as tentative suggestions when the time is right. ‘Do you think it may help if you came up with a rough study schedule to guide you through the week? Should we try that for a few days?’

• Be their emotional support during this stressful journey. Let your children know that that you are a safe space for them to emote, vent out and even cry, should the need arise.

When we experience anxiety, it is extremely important for us to recognize the stress we are facing and take measures to help ourselves.
Talking to one’s support system plays a vital role in an adolescent’s wellbeing, and you as parents, are the first people to both notice changes in behavior and attitude, and to be of help. It is important to lend a listening ear to understand what they are going through, so that they feel supported, and less isolated.

Encourage them to reach out to others in their circle that they trust, and if required, put them in touch with a certified mental health professional that you trust. Since you are someone that they look up to and trust, having you by their side when they seek professional help will help them feel more secure and supported.

Simple breathing exercises, meditation, yoga are practices that have been proven to help deal with stress and anxiety. This helps ensure well-being. In cases of clinical illnesses, it is important for them to also receive the right medical help in conjunction with these practices. Help them see that they are on the right track, encourage them to become involved in activities previously enjoyed, and support them in making healthy choices.
Seeking Professional Help for Mental Health

When you’re physically hurt or develop a fever, you usually know what needs to be done and you may see a doctor as well - either a general physician or a specialist. When it comes to mental health however, it can get confusing because most of us may not have the information we need to make a decision.

When we talk of mental health professionals, psychologists and psychiatrists are the first ones that come to mind. However, there is a difference in the kind of services they offer.

It is important for you to know these differences so that you can make an informed decision about the type of support you, or your loved ones require.
When choosing what works for you, it is important to note that psychologists and psychiatrists work closely with each other and will prescribe the course of treatment as required.

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| Psychiatrists are trained, medical doctors. This means that they have an MBBS degree (4-5 years after high school) and pursue psychiatry as their post-graduate specialization. | Psychologists usually obtain the following degrees:  
• Master of Arts/ Science in Counselling/ Clinical Psychology  
• PhD in counselling/ clinical psychology (3-5 years after high school) |
| **Elements of work & mode of treatment** |              |
| • Psychiatrists can prescribe medication. This is because they are medical doctors.  
• The emphasis for psychiatrists is more on diagnosing different disorders; however, some psychiatrists also administer psychotherapy | • Psychologists do not prescribe medication. They are trained in mainly diagnosis and therapy techniques  
• One of the mainstays of their practice is ‘talk therapy’ – therapy sessions. These sessions are generally structured for an hour but may differ basis the therapists style of intervention or other factors |
Helpline Information

If you or anybody close to you feels like they need to speak to someone immediately, please call the helplines listed below. They are good resources for emergencies or if you are unable to visit a therapist in person.

Professionals on these helplines have been able to help individuals who are worried about their academic concerns, trouble in their relationships with friends and loved ones, or are just feeling very lost about the way ahead and have tough decisions to make.

• iCALL
http://icallhelpline.org/
Helpline: 022-25521111 | 08:00 AM to 10:00 PM | Monday to Saturday
Email: icall@tiss.edu

• Parivarthan
Helpline: +91 7676 602 602 | 04:00 PM to 10:00 PM | Monday to Friday
Website: www.parivarthan.org

• Sahai
Helpline: 080 – 25497777 | 10:00 AM to 08:00 PM | Monday to Saturday
Email: sahaihelpline@gmail.com

• Sumaitri
Helpline: 011-23389090 | 02:00 PM to 10:00 PM | Monday to Friday | 10:00 AM to 10:00 PM on Saturday & Sunday
Email: feelingsuicidal@sumaitri.net

• Aasra
Helpline: 022-27546669 | 24 Hours | Monday to Sunday
Email: aasrahelpline@yahoo.com

• Sneha
Helpline 1: 044-24640050 | 24 Hours | Monday to Sunday
Helpline 2: 044-24640060 | 08:00 AM - 10:00 PM | Monday to Sunday
Email: help@snehaindia.org
• **Lifeline**  
  Helpline 1: 033-24637401 | 10:00 AM - 06:00 PM | Monday to Sunday  
  Helpline 2: 033-24637432 | 10:00 AM - 06:00 PM | Monday to Sunday  
  Email: lifelinekolkata@gmail.com

• **COOJ Mental Health Foundation (COOJ)**  
  Helpline: 0832-2252525 | 01:00 PM - 07:00 PM | Monday to Friday  
  Email: YouMatterByCooj@gmail.com

• **Roshni Trust**  
  Helpline: 040-66202000, 040-66202001 | 11:00 AM - 09:00 PM | Monday to Saturday  
  Email: roshnihelp@gmail.com

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**Disclaimer:** The Live Love Laugh Foundation (“TLLLFF”) is not in the business of providing counselling services and does not own, operate or control the helpline numbers listed on the website. The helpline numbers are listed for referral purposes only, and TLLLFF does not make any recommendations or guarantees regarding the quality of response and medical advice you might receive from any of the helplines. TLLLFF does not endorse these helplines and makes no representations, warranties or guarantees as to, and assumes no responsibility for, the services provided by these entities. TLLLFF disclaims all liability for damages of any kind arising out of calls made to these helpline numbers.
The Japanese art form ‘Kintsugi’, translates more or less as ‘joining with gold’. This art form mainly repairs broken pottery with a seam of lacquer and precious metal.

The core philosophy behind Kintsugi is to identify the breakage and treat it as an important part of the object’s history, rather than something to be disguised. The broken pot is not looked at as something to discard, but as something that has gained higher value on its journey.
These stories have been shared by brave individuals like you and I, who have experienced different kinds of mental illnesses. Their stories showcase their resilience and the strength in their voices and their narratives, with the hope that these stories inspire you, move you, and give you hope to know that you are not alone in your journey.

While they may have had similar diagnosis of the illness, their experiences are varied and what helped them are also unique to their personalities.

**Trigger warning:** Please note, some of these stories may describe certain instances in graphic detail that could serve as a trigger for you. If you feel uneasy/uncomfortable, please reach out to a mental health professional or any of the helpline partners who are mentioned in this book for your reference.

*Rachel’s Story*

(*Name changed to protect confidentiality)

*With my mother and my mentor’s support, I realized that being depressed is a normal thing. Contrary to what everyone says, you can fight it.*

Depression is an important issue that needs to be addressed. It’s not a state of mind that you can change whenever you wish to. I mean, if that was the case why would anyone voluntarily CHOOSE to feel so miserable and hopeless?

I am a 17-year-old girl studying in a boarding school. In the beginning of my autumn term, I had these recurring bouts of sadness where I would feel like I was sinking all the time. I just felt hopeless most of the time even though everything in my life was perfect. I had grown up being completely honest about my emotions and I could cry freely. But all that changed. I could hardly cry anymore and I felt numb most of the time.

I wouldn’t have even realized what was going on had my friend not pointed out to me that I had really lost my appetite and suggested that I might be depressed. She forced me to go to the school doctor in front of whom I broke down and cried profusely.
Everyone just assumed that I was overworked and stressed about academics and college admissions. I didn’t think I should correct them because I didn’t have an explanation for why I was feeling low and depressed.

Throughout this phase, I got the typical responses like “be grateful for what you have”, “you need to distract yourself”, “don’t lose focus” and “pull yourself out of this”, and this made me feel even worse about my helplessness.

Fortunately for me, this phase didn’t last very long. With my mother and my mentor’s support, I realized that being depressed is a normal thing. Contrary to what everyone says, you can fight it. My depression was triggered because I had repressed certain emotions that I didn’t want to face. Sometimes I feel like allowing yourself to feel your sadness is your best shot at getting better.

Meghana’s Story

Meghana shares how seeking help made it easier to cope with depression

I felt like I could live a normal life without having to hide from society. Sophomore year came up and little did I know that this year would be a life-changing one. I worked hard and loved my life. I had everything I ever wanted.

Suddenly my grades dropped and I lost interest in social interactions. But there was this feeling, this feeling of emptiness and guilt, this feeling of extreme fatigue that arose in me. I didn’t understand what was causing this. I couldn’t get up in the morning or eat properly. I couldn’t focus on anything. I would hole up in my bed or in the bathroom and cry for no reason. I didn’t want to face anyone either.

I was confused. My upper body and chest used to hurt so much that I would be on the floor in pain. During tests, my palms would get sweaty and I would forget everything. I would come home, feel dizzy and just pass out.
I still didn’t tell anyone. I didn’t want to tell anyone because I didn’t want to seem weak. I didn’t want to be a burden on my parents so I hid it. I don’t know how but one of my teachers knew something was wrong. He used to observe me and make sure that I was okay. When he knew that I needed help, he informed my counselor and I was called in. She told me what my teacher told her and I looked at her in disgust. I yelled, "I don’t need any help. I’m fine the way I am. I don’t know what he’s saying."

Yes, I was in denial. I refused to talk to her about anything but eventually I opened up. Tears rolled down my eyes. I started talking so fast that she couldn’t understand anything. She told me that I was overwhelmed and that I had a problem. She told me that I was suffering from Major Depression and General Anxiety Disorder. (btw, I am SO thankful to my AP World teacher and my counselor for everything they did.) I didn’t know what to do or where to go.

I couldn’t tell my parents because they would think I’m crazy. I didn’t tell anyone. The only two people who knew were my teacher and my counselor. I kept everything inside and dealt with it on my own. I am going to be honest. It was hard. My cheeks used to be red from crying and my shoulders would hurt from the knots in them. I was normal around my friends but I was struggling inside to hold up a presentable face.

The year passed and no one knew about my depression. That’s what I thought. Little did I know that my mom knew something was wrong and I got better with her realizing that there was a problem. I am not going to disclose how I got better and how I recovered because I am not ready for that yet. The bottom line is that I got better and I’m healed now. I recovered completely. Sometimes it creeps up on me but I just remember god and sleep on it. I love my life now and I can say for a fact that these experiences in my life have made me stronger and happier. I am who I am today because of what I have experienced. I’m thankful for the people who stuck by my side and everyone who gives me so much love every day.
My own mother was a depression patient. ‘Patient’, yes, this is what I thought she was, a mental patient who needs support of every other person to do the small stuff of daily life. But one incident changed my life and my perspective about what depression actually is.

It was the time of March when I was in 12th standard and like every other student of my age, I too was busy in preparing for my boards. Being a bright student I always got appreciation regarding my marks and my performance. But those days were not so easy for me. My father is a heart patient. He had never really got any attack, but back then, he suffered from a series of attacks – because of which we had to admit him to the hospital several times.

The situation got worse when my board exams were about to start and my mother decided to admit him in Delhi for pacemaker implantation. The next day I had my exam. I was always very tensed about my scores and grades in class. This time since everybody expected a lot and that brought more stress to me. The next day when I went to school. I was writing my paper when suddenly I felt a pain in my stomach. I felt as if something was howling inside me. As a result my mind stopped working and having an English language paper needs proper concentration. I felt weak and disgusted. I just couldn’t believe I did my board exam so badly. This feeling was killing me. I felt as if this would happen to me again and I would be blank in my next exam too. Having fear, anxiety, tension and stress all at the same time made me weak. I was not able to put my mind in anything. As a result I used to revise my stuffs daily and even 4 times a day so that I would not be blank in my next exam. I used to cry in silence. My next exam went well but this feeling didn’t go.
During my last exam, my father had already shifted to Delhi along with my mom and my brother. Those days were full of this disgusting feeling. I used to cry, weep and feel so lonely every moment. They left me in my granny’s house. Days passed and I gave my exam well. Everything was fine then. My father had returned but I still faced that feeling of being broken inside. I felt like a part of me needs help, needs someone who can hear me, someone who would understand what I’m going through. But I found no one.

I then read about the Live Love Laugh Foundation. I read about depression and its symptoms. I felt connected. I didn’t feel alone anymore. There are people going through the same feeling. Something made me feel supported. I went out to seek a counsellor. I didn’t tell my parents as they already had much problems to deal with back then. Things went smoothly. I found much relief after I shared what I felt with someone. Life took another turn and it was time for me to decide a good career option. I opted for CA and my life was back on track again.
FAQs

What do I do if I feel suicidal or I know someone who is?
If you feel suicidal or you know someone who is suicidal, do not take it lightly. Talk to family and friends - asking for help is the first step. They will help you feel heard, and while it may take them sometime to understand your experience, they can support you and help you reach out to mental health professional. Remember you are not alone. This can be treated. Previous suicide attempts increase the risk for future suicide attempts and completed suicide. All thoughts of suicide or self-harm must be taken seriously.

What do I do if I feel that I am depressed or knows someone who is?
If you or someone you know is experiencing symptoms of depression for two or more weeks, seek help from family and friends. Do not be quiet about it or delay much longer. Depression can be treated and the sooner the treatment, the better. If you’re looking for help for yourself or others, the address below has a list of therapists in your city you can reach out to, apart from helpline numbers that are immediately available. The helpline information has also been listed in this booklet. http://www.thelivelovelaughfoundation.org/find-a-therapist/

How do I know counselling is for me or my kids?
Counselling is for anyone who is going through a difficult time in their lives. Counselling often looks like talking - but it is treatment as it is a structured process, designed to help you. Through counselling, people learn about themselves. They discover ways to overcome troubling feelings or make changes in themselves or their situations. Counselling is a combination of building trust, talking and listening. It also involves receiving support and guidance. Through talking, listening and observing, a counsellor can evaluate the problem that needs attention.

I have heard that counsellors are meant for people with serious mental health conditions. Would my child still benefit from sessions, even if there wasn’t an illness present?
This is a misconception about counselling. While counselling is offered for people with severe illnesses as well, it also benefits anybody who is looking for support and help in dealing with a difficult situation.

Here are a few popular myths -
• It is exclusively for suicidal or aggressive people who don’t have any control over themselves
• Visiting a counsellor implies you are incapable or incompetent
• It involves medication, hypnosis, and other scary things.
I am afraid that if my child goes for counselling, they will have to continue for the rest of their lives. Is it true?
Counselling relationships are working relationships with a purpose. The objective is to make you feel empowered, by setting realistic goals and working towards them. In a few cases your immediate need may be satisfied in a few sessions over a couple of months, while in other cases it can be more long term – entirely depending on what you are looking to work on. Going for counselling does not mean you will need to do so for the rest of your life.

What typically happens in a counselling session?
Regular counselling sessions are held in a room that is private, and in a safe location where no one can hear you. Everything you tell a counsellor will be confidential, unless there is a threat to your life or someone else’s. In case of minors below 18, the counsellor maybe required to update the parents regarding the treatment process/progress, while not sharing confidential information discussed during sessions.

The relationship with the counsellor and patient is built on trust and this rapport develops over the course of the sessions.

During the session, you will see your counsellor listening to you, asking you about what brings you to see him/her and by gaining a better understanding about you. In subsequent sessions, you will mutually set goals with your counsellor and work towards them.

He/she will help you sort out any difficulties, confusions, conflicts etc. and explore your many options. He/she may challenge you if they find inconsistencies in what you say and recognize what and how you can help yourself.

Your counsellor may want you to take up different activities like role plays, writing, etc. after explaining to you what purpose it may serve in the counselling process. It is important to work through the hesitation of trying something new as it will eventually be beneficial to you.

I lead a satisfied happy life. Why do I need counselling?
Counselling is a process of empowerment which gives you the tools to be happier, aim higher and much more. While you may lead a satisfied life, counselling sessions can also help you chart and achieve specific goals that could lead to a better quality of life.

Reading lists for your reference
• The Teenage Brain, APA: http://www.apa.org/monitor/apr07/teenage.aspx
• Mind Matters: https://www.mindmatters.edu.au/explore-modules/meeting-parents-information-needs

References
http://raisingchildren.net.au/articles/social_and_emotional_development_teenagers.html/context/2027