Depression

Symptoms or Behaviors

- Sleeping in class
- Defiant or disruptive
- Refusal to participate in school activities
- Excessive tardiness
- Not turning in homework assignments, failing tests
- Fidgety or restless, distracting other students
- Isolating, quiet
- Frequent absences
- Failing grades
- Refusal to do school work and general non-compliance with rules
- Talks about dying or suicide

About the Disorder

All children feel sad or blue at times, but feelings of sadness with great intensity that persist for weeks or months may be a symptom of major depressive disorder or dysthymic disorder (chronic depression). These depressive disorders are more than "the blues"; they affect a young person's thoughts, feelings, behavior, and body, and can lead to school failure, alcohol or drug abuse, and even suicide. Depression is one of the most serious mental, emotional, and behavioral disorders suffered by children and teens.

Recent studies reported by the U.S. Department of Health and Human Services show that as many as 1 in every 33 children may have depression; among adolescents, the ratio may be as high as 1 in 8. Boys appear to suffer more depression in childhood. During adolescence, the illness is more prevalent among girls.

Depression that occurs in childhood is harder to diagnose, more difficult to treat, more severe, and more likely to reoccur than depression that strikes later in life. Depression also affects a child's development. A depressed child may get "stuck" and be unable to pass through the normal developmental stages.

The most common symptoms of depression in children and teens are:

- Sadness that won't go away
- Hopelessness
- Irritability
- School avoidance
- Changes in eating and sleeping patterns
- Frequent complaints of aches and pains
- Thoughts of death or suicide
- Self-deprecating remarks
- Persistent boredom, low energy, or poor concentration
- Increased activity

Students who used to enjoy playing with friends may now spend most of their time alone, or they may start "hanging out" with a completely different peer group. Activities that were once fun hold no interest. They may talk about dying or suicide. Depressed teens may "self-medicate" with alcohol or drugs.

Children who cause trouble at home or at school may actually be depressed, although they may not seem sad. Younger children may pretend to be sick, be overactive, cling to their parents, seem accident prone, or refuse to go to school. Older children and teens often refuse to participate in family and social activities and stop paying attention to their appearance. They may also be restless, grouchy, or aggressive.

Most mental health professionals believe that depression has a biological origin. Research indicates that children have a greater chance of developing depression if one or both of their parents have suffered from this illness.

Children's Mental Health Disorder Fact Sheet for the Classroom

Depression

Educational Implications

Students experiencing depression may display a marked change in their interest in schoolwork and activities. Their grades may drop significantly due to lack of interest, loss of motivation, or excessive absences. They may withdraw and refuse to socialize with peers or participate in group projects.

Instructional Strategies and Classroom Accommodations

- Reduce some classroom pressures.
- Break tasks into smaller parts.
- Reassure students that they can catch up. Show them the steps they need to take and be flexible and realistic about your expectations. (School failures and unmet expectations can exacerbate the depression.)
- Help students use realistic and positive statements about their performance and outlook for the future.
- Help students recognize and acknowledge positive contributions and performance.
- Depressed students may see issues in black and white terms—all bad or all good. It may help to keep a record of their accomplishments that you can show to them occasionally.
- Encourage gradual social interaction (i.e. small group work).
- Ask parents what would be helpful in the classroom to reduce pressure or motivate the child.

Resources

The Council for Exceptional Children (CEC)
1110 North Glebe Road, Suite 300, Arlington, VA 22201
703-620-3660
www.cec.sped.org

NAMI (National Alliance for the Mentally Ill)
Colonial Place Three
2107 Wilson Boulevard, Suite 300, Arlington, VA 22201
703-524-7600 • 800-950-6264
www.nami.org
Medical and legal information, helpline, research, publications

National Institute of Mental Health (NIMH)
Office of Communications
6001 Executive Boulevard, Room 8184, MSC 9663
Bethesda, MD 20892-9663
866-615-6454
www.nimh.nih.gov
Free educational materials for professionals and the public

SAMHSA'S National Mental Health Information Center—*Center for Mental Health Services*
PO Box 42557, Washington, DC 20015
800-789-2647
www.mentalhealth.samhsa.gov

SA/VE (Suicide Awareness Voices of Education)
9001 East Bloomington Freeway, Suite 150
Bloomington, MN 55420
952-946-7998
www.save.org

Publications

- Both the NIMH and the SAMHSA websites have publications tabs that list several current and reliable publications. The other websites listed above also have extensive listings of resources.

While it is important to respect a child's need for confidentiality, if you work with children or families, you are legally required to report suspected child abuse or neglect. For more information, consult "Reporting Child Abuse and Neglect: A Resource Guide for Mandated Reporters," available from the Minnesota Department of Human Services.

This fact sheet must not be used for the purpose of making a diagnosis. It is to be used only as a reference for your own understanding and to provide information about the different kinds of behaviors and mental health issues you may encounter in your classroom.