

Depression in Children and Adolescents



INFORMATION FOR FAMILIES AND EDUCATORS

Information for School Personnel

By *Ralph E. Cash, Ph.D., NCSP*

“What we do to children, they will do to society” (*Menninger*)

Definition

Depression is a serious health problem that can affect people of all ages, including children and adolescents. It is generally defined as a persistent experience of a sad or irritable mood as well as “anhedonia,” a loss of the ability to experience pleasure in nearly all activities. It also includes a range of other symptoms such as change in appetite, disrupted sleep patterns, increased or diminished activity level, impaired attention and concentration, and markedly decreased feelings of selfworth. Major depressive disorder, often called clinical depression, is more than just feeling down or having a bad day, and it is different from the normal feelings of grief that usually follow an important loss, such as a death in the family. It is a form of mental illness that affects the entire person. It changes the way one feels, thinks and acts and is not a personal weakness or a character flaw. Children and youth with depression cannot just “snap out of it” on their own. If left untreated, depression can lead to school failure, substance abuse, or even suicide. ☀

Scope of the Problem

As many as one in every 33 children and up to one in eight adolescents are victims of depression (Mayo Clinic, 1998). Research indicates that the onset of depression is occurring earlier in life today than in past decades and often coexists with other mental health problems such as chronic anxiety and disruptive behavior disorders. In 1997 in the United States, suicide was the third leading cause of death among those 10 to 24 years old. Among adolescents who develop major depressive disorder, up to 7% may eventually commit suicide. ☀

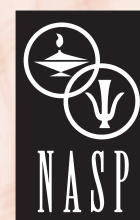
Risk Factors

Children and teens who are under stress, who have experienced a significant loss, or who have attention, learning, or conduct disorders are at greater risk for developing clinical depression. In childhood, there is no difference between the sexes in their vulnerability to depression, but during adolescence, girls develop depressive disorders twice as often as boys. Children who suffer from major

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As one of many NASP public service programs, the Center fosters best practices in education and mental health by providing information on topics affecting today's youth, families, and schools. The Center's goal is to improve outcomes for children and youth by helping parents, teachers, and other related professionals work more effectively together to promote healthy learning and development. The Center offers free or low cost resources, programs, and services that promote effective strategies, greater collaboration, and improved outcomes on a wide range of psychological, social/emotional, and academic issues. Resources can be downloaded or ordered from the Center website or ordered directly from the Center.

For materials or further information contact the Center by phone at (301) 657-0270; by e-mail at center@naspweb.org; or on the web at www.naspcenter.org.

Risk Factors

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depression are likely to have a family history of the disorder, often a parent who also experienced depression at an early age. Depressed adolescents are also likely to have depressed relatives, although the correlation is not as high as it is for younger children. Other risk factors for child and adolescent depression include cigarette smoking, loss of a parent or loved one, break-up of a romantic relationship, chronic illnesses such as diabetes, abuse or neglect, and other traumas, including natural disasters. ☀

Signs and Symptoms

Characteristics of depression which usually occur in children, adolescents and adults include the following:

- persistent sad and irritable mood
- loss of interest in activities once enjoyed
- significant change in appetite and/or body weight
- difficulty sleeping or oversleeping
- physical signs of agitation or excessive lethargy and loss of energy
- feelings of worthlessness or inappropriate guilt
- difficulty concentrating
- recurrent thoughts of death or suicide

The way symptoms are expressed varies with the developmental level of the youngster. Symptoms associated with depression more commonly in children and adolescents than in adults include:

- frequent vague, non-specific physical complaints (e.g., headaches, muscle aches, etc.)
- frequent absences from school or unusually poor school performance
- outbursts of shouting, complaining, unexplained irritability, or crying
- chronic boredom
- lack of interest in playing with friends
- alcohol or drug abuse
- social isolation and poor communication
- fear of death
- extreme sensitivity to rejection or failure
- increased irritability, anger, or hostility
- reckless behavior
- difficulty maintaining relationships

The presence of one, or even all, of these signs and symptoms does not necessarily mean that a particular individual is clinically depressed. If several of the above characteristics are present, however, it could be a cause for concern and may suggest the need for professional evaluation. ☀

Evaluation and Treatment

The good news is that depression is treatable. Virtually everyone who receives proper, timely intervention can be helped. Early diagnosis and appropriate treatment are essential for depressed children and adolescents. Youngsters who exhibit signs of clinical depression should be referred to and



evaluated by a mental health professional who specializes in treating children and teens. A thorough diagnostic evaluation may include a physical examination, laboratory tests, interviews with the youngster and his or her parents, behavioral observations, psychological testing and consultation with other professionals. A comprehensive treatment plan often involves psychotherapy, ongoing evaluation and monitoring, and, in some cases, psychiatric medication. Optimally this plan is developed with the family and, whenever possible, the child or adolescent participates in treatment decisions. ☀️

What Adults Can Do to Help

It is important that all adults who have frequent contact with children and/or adolescents know the warning signs of depression. If you suspect a young person may be depressed, make sure parents and/or guardians are informed. Don't hesitate to ask a young person if they have thought about, intend, or have plans to commit suicide. You won't give them any new ideas, and you may save a life by asking. If a youngster admits to feeling suicidal, stay with them and get professional help immediately. School personnel can also provide important support by linking families with information and referral to community agencies. ☀️

What Schools Can Do

Schools can facilitate prevention, identification and treatment for depression in children and adolescents. Students spend much of their time in schools where they are constantly observed and evaluated, and come into contact with many skilled and well-educated professionals. Effective interventions must involve collaboration between schools and communities to counter conditions that produce the frustration, apathy, alienation and hopelessness experienced by many of our youth. Involvement in research-based programs such as the Surgeon General's "Call to Action to Prevent Suicide" can greatly enhance schools' efforts to organize prevention and intervention programs to combat depression. Some of the most important steps for schools to take include:

- develop a caring, supportive school environment for children, parents and faculty;

- ensure that every child and parent feels welcome in the school;
- prevent all forms of bullying as a vigorously enforced school policy;
- establish clear rules, publicize them, and enforce them fairly and consistently;
- have suicide and violence prevention plans in place and implement them;
- have specific plans for dealing with the media, parents, faculty and students in the aftermath of suicide, school violence, or natural disaster;
- break the "conspiracy of silence", i.e., make it clear that it is the duty of every student to report any threat of violence or suicide to a responsible adult;
- ensure that each student has at least one responsible adult in the school who takes a special interest in him or her;
- emphasize and facilitate home-school collaboration;
- train faculty and parents to recognize the risk factors and warning signs of depression;
- train faculty and parents in appropriate interventions for students suspected of being depressed;
- utilize the expertise of mental health professionals in the school (school psychologists, school social workers and school counselors) in planning prevention and intervention, as well as in training others. ☀️

Resources

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

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

National Mental Health Association, 1021 Prince Street, Alexandria, VA 22314; (800) 969-NMHA; www.nmha.org

National Association of School Psychologists, 4340 East West Highway, Suite 402, Bethesda, MD 20814; (301) 657-0270; www.nasponline.org

National Institute of Mental Health, Office of Communications and Public Liaison, Information


**Resources**

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Resources and Inquiries Branch, 6001 Executive Boulevard, Room 8184, MSC 9663, Bethesda, MD 20892; (301) 443-4513; *www.nimh.nih.gov*

U.S. Public Health Service (1999). The Surgeon General's Call to Action to Prevent Suicide. Washington, DC: Author. (*www.surgeongeneral.gov*)

World Health Organization (2000). Preventing suicide: A resource for teachers and other school staff. Geneva: Mental and Behavioral Disorders, Department of Mental Health (WHO).

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