

# *CHILDHOOD DEPRESSION*



- ❖ SIGNS AND SYMPTOMS
- ❖ WHAT IT LOOKS LIKE AT SCHOOL AND HOME
- ❖ HOW SCHOOLS CAN HELP



# *AGENDA*



- ❖ Introduction
- ❖ Questionnaire
- ❖ Signs and Symptoms
- ❖ Video
- ❖ How Schools Can Help
- ❖ Questions

# *QUESTIONNAIRE*

- ❖ Take a few minutes to answer the true/false depression questionnaire.



# *WHAT IS DEPRESSION?*

- ❖ Depression is a medical disorder that causes a person to feel persistently sad, low, irritable, or disinterested in daily activities. Diagnosing depression can be confusing because there are different types of depression.
- ❖ Depression was not widely accepted in children as a mental health issue until the 1980' s.
- ❖ Children can be diagnosed with Major Depression, Dysthymic Disorder, Bipolar Disorder, and Cyclothymic Disorder.





# *DIAGNOSING DEPRESSION IN CHILDREN*



- ❖ In order for children to be diagnosed with clinical depression, multiple, significant symptoms of depression must persist nearly every day for at least two weeks.
- ❖ Major depressive disorders affect about 18% of children and adolescents. It can develop in response to a stressful situation or it may develop on its own.

❖ Dysthymic Disorder, a milder form of depression, affects many children, and like major depression, impacts their functioning at home and school.

# *DEPRESSIVE SYMPTOMS AFFECT THESE FOUR AREAS OF FUNCTIONING*

- ❖ Feelings
- ❖ Thoughts
- ❖ Behavior
- ❖ Physiological Processes



# *DEPRESSIVE SYMPTOMS IN CHILDREN ~ Feelings*



- ❖ The main symptom of depression is a depressed mood nearly every day.
- ❖ Children feel down, sad, or blue. This may include tearfulness.
- ❖ They might have a sad and downcast facial expression and little change in their emotions.



# *DEPRESSIVE SYMPTOMS IN CHILDREN ~ Feelings*



- ❖ They can also feel irritable, angry, agitated, or hostile.
- ❖ Depressed children have feelings of worthlessness, guilt, shame, hopelessness, and are highly self-critical.



# *DEPRESSIVE SYMPTOMS IN CHILDREN ~ Thoughts*

- ❖ Low self-esteem and heightened sensitivity to perceived criticism especially about performance. The following examples are statements you might hear depressed children say.

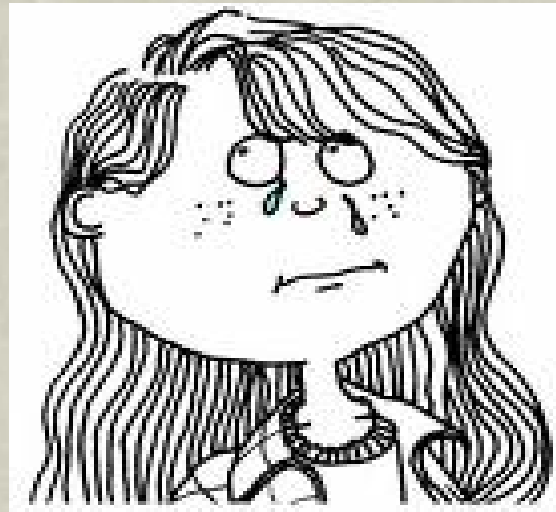
“I am no good.”

“I never get anything right.”

“I hate my life.”

“Nobody likes me.”

“I wish I was dead.”



# *DEPRESSIVE SYMPTOMS IN CHILDREN ~ Thoughts*



- ❖ Diminished ability to think or concentrate.
- ❖ These children have difficulty concentrating and/or forgetfulness, which may affect many aspects of school activities, from following directions and completing assignments to paying attention in class.
- ❖ They have difficulty planning, organizing, and using abstract reasoning, remembering or making decisions, and their mind often goes blank.

# *DEPRESSIVE SYMPTOMS IN CHILDREN ~ Thoughts*



- ❖ Irrational worries or fears of being watched or listened to by others.
- ❖ Unusual worries of having thoughts or internal voices controlled by others.
- ❖ These children can appear very self-conscious.



# *DEPRESSIVE SYMPTOMS IN CHILDREN ~ Thoughts*



- ❖ Thoughts of death and suicide. Self-harm behavior such as cutting.
- ❖ Some children think about wanting to die, while others specifically think about how they will kill themselves.
- ❖ Preoccupation with death themes in literature, music, drawings, speaking of death repeatedly, fascination with guns/knives.



# *DEPRESSIVE SYMPTOMS IN CHILDREN ~ Behavior*



- ❖ During a depressive phase, children might appear restless, always on the go, and/or fidgety, have increased irritability, frequent tantrums, or greater frustration.



- ❖ They can also appear lethargic, unmotivated, and behave passively. Not having enough energy to get through the day.

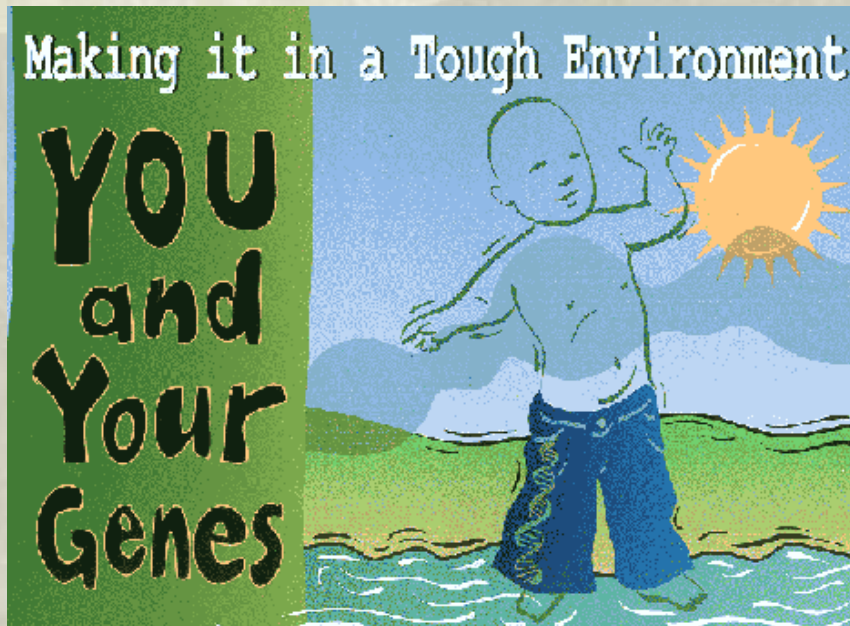
# *DEPRESSIVE SYMPTOMS IN CHILDREN ~ Behavior*



- ❖ You might see problem behaviors at school such as increased fighting, arguments, threats of violence against other students, or unusual behaviors.
- ❖ Social isolation or withdrawal from interactions with peers. Not interested in activities they used to enjoy.
- ❖ Inability to get along with peers.



# *DEPRESSIVE SYMPTOMS IN CHILDREN ~ Physiology*



- ❖ Because physiological processes are disrupted depression is thought to be partly biological and not simply environmentally produced.
- ❖ Meaning that individuals can be genetically predisposed to depression.

# *DEPRESSIVE SYMPTOMS IN CHILDREN ~ Physiology*



- ❖ Children can experience an appetite disturbance, either eating much more or much less than usual.
- ❖ A change in weight could occur. Children might lose or gain a significant amount of weight.

# *DEPRESSIVE SYMPTOMS IN CHILDREN ~ Physiology*



- ❖ Children might experience sleep disturbances. Insomnia; trouble falling asleep, frequent waking throughout the night, waking up early in the morning and not be able to fall back asleep.
- ❖ Children can also be hypersomnia and require excessive sleep throughout the night, or excessive sleeping throughout the day after a normal night's sleep.



# *DEPRESSIVE SYMPTOMS IN CHILDREN ~ Physiology*



- ❖ Another physiological symptom is chronic fatigue. These children will often complain of being tired, not feeling motivated, and often will have stomachaches, headaches, and other various aches and pains.
- ❖ These students will have many visits to the nurse's office and might be frequently tardy or absent.

# *DEPRESSIVE SYMPTOMS IN CHILDREN ~ Comorbidities*



- ❖ Having one mental health condition does not inoculate the child from having other conditions as well.
- ❖ Depressed children might also have a learning disability, anxiety disorder, ADD or ADHD, or experienced a recent loss.

# *VIDEO*



CHILDHOOD DEPRESSION  
DOCTOR IS IN SERIES  
PRESCRIPTION FOR  
LEARNING FROM  
DARTMOUTH-HITCHOCK  
MEDICAL CENTER



# *HOW SCHOOLS CAN HELP*



- ❖ Children who have experienced an untreated depressive episode are at risk for continued reoccurrence of depression.
- ❖ Teachers have the greatest contact with children in the course of a day or a year. A student's school performance and achievement can be jeopardized by poor health.
- ❖ The average depressive episode if left untreated, can last at least 9 months, so a student can lose a whole year of school functioning.

# *HOW SCHOOLS CAN HELP*



- ❖ If you observe symptoms of depression in a child, contact the school counselor and/or school psychologist. Develop a plan of how to proceed to support the student.
- ❖ Hold a meeting with the counselor, school psychologist, teacher, and parents of the student and discuss concerns.
- ❖ Obtain permission to perform screening assessments and rating scales.

# *SCREENING ASSESSMENTS*



- ❖ Depression and Anxiety in Youth Scale (DAY5)
- ❖ Children's Depression Rating Scale-Revised
- ❖ Child Depression Inventory
- ❖ Beck Depression Inventory for Youth



# INTERVENTIONS AT SCHOOL



- ❖ Close monitoring is especially important during the first four weeks of treatment. A psychiatrist should monitor effects of medication carefully.

- ❖ After screening assessments and rating scales have been completed, share information with parents. If the child is at risk for depression or another disorder, parents should consult with their pediatrician and a mental health clinician outside of school. Outside clinicians will diagnose and make treatment recommendations which could include medication.
- ❖ Certain antidepressant medications, called selective serotonin reuptake inhibitors (SSRIs), can be beneficial to children and adolescents with depression. Prozac, Paxil, Celexa, Lexapro, and Luvox are all SSRIs that are prescribed for depression. Prozac is the only medication approved by the FDA for use in treating depression in children ages 8 and older.



# *INTERVENTIONS AT SCHOOL*



- ❖ Student should participate in school based counseling program. Scheduled check-ins with counselor or psychologist.
- ❖ Check-ins provide an opportunity for student to share or identify worries the child has for the day. Some children might want less attention, finding the right balance will be helpful.



# INTERVENTIONS AT SCHOOL



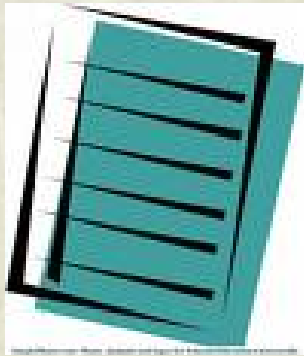
- ❖ Provide more time to complete certain types of assignments.
- ❖ Adjust homework load to prevent child from becoming overwhelmed. Academic stressors, along with other stresses, are difficult for children to manage during a depressive episode.
- ❖ Grade the student based on work completed or attempted, rather than work assigned.
- ❖ Be aware that some situations might be particularly difficult for the child. When a depressed child refuses to follow directions, the reason may be anxiety, rather than intentional oppositionality.



# *INTERVENTIONS AT SCHOOL*

- ❖ Break down tasks.
- ❖ Encourage positive self-talk.
- ❖ Acknowledge the student's feelings.
- ❖ Provide the student a time/place beforehand to regroup if the student feels weepy or fatigued.
- ❖ Allow the student to take himself out of an activity when irritability is starting to disrupt others.
- ❖ Provide opportunities for student to "fix" problems or inappropriate classroom behaviors.
- ❖ Anticipate issues such as school avoidance if there are unresolved social and/or academic problems.





# *RESOURCES*

- ❖ Childhood Depression School-Based Intervention by Kevin Stark
- ❖ Kid Power Tactics for Dealing with Depression by Susan and Nicholas Dubuque
- ❖ Help Me, I'm Sad: Recognizing, Treating, and Preventing Childhood and Adolescent Depression by David Fassler, M.D.
- ❖ The Childhood Depression Sourcebook by Jeffrey A. Miller, Ph.D.
- ❖ A Parent's Survival Guide to Childhood Depression by Susan Dubuque
- ❖ Raising Depression-Free Children by Kathleen Panula Hockey
- ❖ Dartmouth-Hitchcock Medical Center  
[www.dhmc.org](http://www.dhmc.org)
- ❖ Massachusetts General Hospital  
[www.massgeneral.org/schoolpsychiatry](http://www.massgeneral.org/schoolpsychiatry)
- ❖ National Mental Health Association  
[www.nmha.org](http://www.nmha.org)

# *QUESTIONS*



Are there any questions that you would like to discuss regarding childhood depression and how the school can help?