

Depression: Helping Handout for School

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INTRODUCTION

The National Institute of Mental Health (n.d.) estimated that in 2015 approximately 3 million students were experiencing depression—almost 12.5% of the U.S. population 12 to 17 years old, or about three or four students in a typical classroom of 30 students. Moreover, studies indicate that mental health issues for youth are actually underdiagnosed (e.g., Merikangas et al., 2010), and barriers to treatment, such as cost and inconvenience, prevent access to support for those who are identified (e.g., Owens et al., 2002). Importantly, students with mental health issues who do receive counseling are most likely to receive it at school (Jones, Pastor, Simon, & Reuben, 2014). Therefore, school personnel have an essential role in influencing the support students with depression receive.

Depression is defined as a period of two or more weeks with either “depressed mood” or “loss of interest or pleasure” in things previously enjoyed, plus at least four other symptoms that show a change from how the person normally is (American Psychiatric Association [APA], 2013). These problems are typically related to sleeping (changes in amount of sleep or problems with falling or staying asleep), eating (changes in weight or appetite), energy (changes in activity level), concentration difficulties, problems with self-image (feelings of worthlessness or inappropriate guilt), or suicidal thoughts and feelings (APA, 2013).

In identifying depressive-like symptoms, the withdrawn aspect of the student is typically emphasized (APA, 2013). However, each student will likely look different. One student might be failing classes or submitting low-quality work, despite being

capable of more. Another might cut class altogether, appearing not to care about school performance or the consequences of missing. One student might be quiet and shy away from engaging with others. Another might be irritable and aggressive toward peers and adults. One might use limited words and deny feeling depressed. Another might want to talk about the overwhelming feelings being experienced. It should be noted that these external behaviors may not match the student's internal feelings toward school or those in the school environment. These behavioral problems and changes are symptoms of the depression.

WHAT TO CONSIDER WHEN PLANNING INTERVENTIONS AND SUPPORTS

Depression has no single cause. Instead, depression develops from a complex web of genetic, environmental, and life event factors. These influences may make it more likely (risk factors) or less likely (protective factors) that depression will occur.

Risk Factors

Risk factors are influences that increase the likelihood of depression developing. Risk factors might include characteristics of a person or an environment, or exposure to certain experiences. Some of these risk factors may be a single or specific stressful event (e.g., death of an important family member) or could also be persistent stress that occurs due to a series of events (e.g., medical issues or homelessness). In general, the greater the number of risk factors, the higher the chances of a child developing depression or other mental health difficulties.

Family

Youth with parents who have experienced depression are two to four times more likely to have depression during their lifetime (APA, 2013).

Temperament

Students differ in the ways they experience the world. Those with more neuroticism (i.e., negative affect or moodiness) and who tend to think more negatively are more at risk (APA, 2013). For example, they might see good things that happen as luck, yet feel overly responsible for bad things occurring. They also might feel hopeless or as if nothing good will ever happen. Additionally, a tendency to use negative coping and emotion regulation strategies (e.g., substance use, avoidance of action to solve problems) puts students more at risk of depression (Cairns, Yap, Pilkington, & Jorm, 2014).

Developmental Changes

Although depression can occur in young children, those transitioning into puberty are at higher risk. Symptoms that occur more in younger children and might be overlooked include increased irritability, behavioral problems, and physical complaints (e.g., stomachaches; American Academy of Child & Adolescent Psychiatry, 2013). The younger the age of onset of depression, the more severe and pervasive the symptoms reported in later childhood and adolescence (Luby, Gaffrey, Tillman, April, & Belden, 2014).

Environmental Stressors

Stressful events (e.g., bullying by peers, divorce of caregivers) can also be linked to depression (APA, 2013). In particular, youth who have had adverse childhood experiences such as abuse, neglect, or disrupted caregiving are at increased risk for depression (Mandelli, Petrelli, & Serretti, 2015). Depressive symptoms and disorders tend to be even higher in sexual minority youth compared with heterosexual youth because of the compounded effects of multiple stressors or events (Baams, Grossman, & Russell, 2015).

Protective Factors

The presence of risk factors does not necessarily lead to depression. Research has identified various protective factors—either traits within the individual or supports in the individual's environment—which provide a buffer against risk factors. Protective

factors build resilience to depression and promote positive development for children and youth. These characteristics of an individual, an environment, or an experience may reduce the likelihood that an individual will become depressed.

Relationships

Students with positive relationships with peers, parents, and other adults are less likely to experience depression. For example, youth who talk with their parents about their friends, feelings, and experiences report lower levels of depression (Cairns et al., 2014). The school setting is an ideal location to foster positive peer and adult relationships. In fact, school connectedness is “the belief by students that adults in the school care about their learning as well as about them as individuals” (Wingspan Declaration on School Connections, 2004, p. 233). Thus, the “extent to which teachers are supportive, responsive, and committed to students' well-being” (Wang, 2009, p. 242) and the ability of the school system to develop a stable network of peers can provide a buffer against risk factors or other stressors.

Health Hygiene

Students who get enough sleep, participate in sports, have a healthy diet, maintain a healthy and consistent weight, do not use alcohol or drugs, and spend less time with media are at lower risk for developing depression (Cairns et al., 2014).

RECOMMENDATIONS

There are many strategies teachers can use to support students who are experiencing depression. These are summarized as relationship strategies, classroom activities, and school-wide advocacy efforts.

Interpersonal or Relationship Strategies

1. **Destigmatize mental illness.** Stigma, or shame, can be associated with having a mental health challenge, and it is important to assure your students that asking for help is okay. Begin by having open discussions in class about mental health. Likening mental health to physical health can help take the stigma away from these issues (e.g., people are not blamed for developing pneumonia and they should not be blamed for experiencing depression). However, be cautious when discussing suicide; avoid normalizing suicide as an acceptable way of coping.

2. **Encourage a supportive classroom environment for all students.** It is vital that all students feel supported and safe. Educators are responsible for setting the climate of classrooms and the school. This responsibility means knowing what is happening in that environment and taking the time to really understand the nuances of students' experiences. For example, what might seem like a simple over-the-top reaction to an event may actually be linked to years of being bullied. Finding and encouraging the positive ways all students contribute to the class is also important, such as through one-on-one, small-group, and collaborative assignments that allow students to get to know each other and share experiences.
3. **Get to know students, their lives outside of school, and their mental health.** Make a plan to do this systematically so that no student is missed, as in the following:
 - When new students enter school, ask them every day about their lives until you know them well.
 - Develop procedures to ensure that every student is connected to at least one adult on campus. It is important for schools to be intentional about providing a supportive adult to take the time to listen to and validate feelings and experiences, even negative ones. Listening to negative thoughts can be difficult; adults often want to move students into happier feelings more quickly than they may be ready to, but being able to validate the continuum of a student's feelings should be an essential part of these procedures.
 - Build relationships so that students see you as a person to whom students are willing to go when things become difficult. Relationships are protective, and talking with a trusted adult can benefit the student and decrease feelings of isolation. It is also important to remember that sometimes it is the most challenging students who need adult support the most.
4. **Know the resources on campus.** School-based mental health service providers (e.g., school psychologist, school counselor) can be useful both in prevention—by helping you facilitate a discussion about mental health—and in crisis response efforts. Every school should have procedures to guide teachers in implementing a plan of action when students reveal thoughts of

self-harm or suicide. This plan will likely involve appropriate administration and mental health personnel and include calling parents (see related handouts on Suicidal Thinking and Threats).

5. **Be familiar with the signs and symptoms of depression.** Remember that one student might look very different from another. Depression can look like withdrawal and apathy (i.e., seeming to not care about anything) or it can look like irritability, overactivity, and aggression. Signs and symptoms may occur in multiple ways (e.g., negative thoughts and mood, irritability, energy level changes).
6. **Check in with students who are struggling or who have risk factors for depression.** Don't be afraid to ask how things are going in a student's life. Sometimes students who are depressed feel invisible and worthless. Knowing that at least one person cares might make all the difference. Encourage those students to engage in protective activities (e.g., get enough rest, eat healthy) and help them come up with a plan to address how they will do so (see Related Helping Handouts).

Classroom Activities

7. **Use journaling activities.** Journaling activities can be a powerful tool to get a glimpse into students' lives. Some students may readily engage in more free-form activities (e.g., students choose what they write about), while others may need more structured prompts. Having structured prompts that focus on resilience and positive aspects of life may have a protective effect on students at risk for depression. For example, ask students to write down three things that went well during the week or to share when a negative event led to unexpected positive outcomes. These activities can help students flourish and build character. For example, ask students to share moments when they acted in a kind way (e.g., random acts of kindness) or to write a letter of gratitude. These focused activities can help to shift the negative thinking that puts students at risk for depression. Remember that for students with depressive symptoms, it may be difficult to see positive things. Acknowledge these challenges and work with the student to help reframe even minor events in a positive way. This may require taking a more active role in helping the student think about something to write.

8. **Build on students' strengths.** In working with each individual student, focusing on strengths will lead to substantial and lasting improvement. For example, you can discuss how a student's positive attributes have been used to solve difficult problems or how those abilities can be used to move toward short-term goals, such as completing assignments or showing up for class each day for a week. If a student favors art, and uses art to cope with the symptoms of depression, use this talent to help change the student's behavior. Encourage the student to illustrate personal strengths and then build on those strengths, perhaps by creating a calendar to turn in upcoming assignments. If appropriate, allow the student to use artistic talent as a medium for completing assignments. Fostering this strength within the student allows the individual to recognize strengths, share them with others, and begin to use the strengths in decreasing depressive symptoms.
9. **Facilitate discussions about mental health and coping.** Structured discussions around mental health and positive aspects of life can work to lift symptoms of depression (e.g., break barriers to asking for help) and prevent future experiences of depression. These discussions can be incorporated into daily practice, such as by starting the class off with students sharing one good thing that happened during the day. They also can be part of the curriculum, whether spontaneous or planned. For example, discuss an instance of teamwork making an activity better, or an argument that happened during lunch. A planned activity could be having the school psychologist come to discuss depression.
10. **Encourage collaborative exercises.** Having students work in teams can encourage inclusive and supportive classrooms, particularly if the climate of the class already supports such collaboration. Switching up the groups can be especially helpful as students learn to work with many different classmates.
11. **Incorporate positive coping strategies, such as mindfulness, into class activities.** Taking a brief time to lead breathing or visualization exercises can have a positive effect on all students' mental health. Building in this time decreases stress responses such as increased heart rate, leading to lower levels of stress hormones.
12. **Implement preventive interventions at a class-wide level.** Social-emotional learning skills and

positive coping strategies embraced early in students' lives can have profound effects later in life. Partner with school-based mental health service providers to plan and implement these activities.

School-Wide Advocacy for All Students' Social and Emotional Health

13. **Encourage policies that support all students at the school and district levels.** Get involved in leadership opportunities to ensure that all students are supported. Sometimes policies are not as focused on student well-being as they could be, such as those centered around rigorous days with few breaks in schoolwork. Advocate for your students' well-being.
14. **Mentor and support student groups that encourage diversity and support vulnerable youth.** Groups designed to support marginalized youth (e.g., sexual minority youth) can have a lifesaving effect on at-risk youth. Teachers who mentor and support these groups are likely to be perceived as trusted adults. Students might be more willing to approach these teachers if their symptoms of depression become overwhelming.
15. **Promote policies that decrease risk and increase protective factors.** Understanding and acknowledging the symptoms of depression is critical to helping your students. Likewise, encouraging students to thrive and flourish is equally important to their well-being and may be the difference in whether a student develops depression or not. Addressing both risk and protective factors can help students find ways of coping with their depression.
16. **Develop and continue to update a community resource list.** The list should include phone numbers (e.g., hotlines, texting lines), physical addresses, and websites from local, regional, and national mental health resources. Make sure the list is on the school or district website and is accessible to all staff, students, and families.

RECOMMENDED RESOURCES

Websites

www.ascd.org

ASCD is an association that supports educators across the globe in teaching the whole child. ACSD's mission is to be "dedicated to excellence

in learning, teaching, and helping so that every child is healthy, safe, engaged, supported, and challenged." To focus solely on depression, simply type "depression" in the search bar.

www.edudemic.com

This organization centers its work on coupling education and technology. Their article "Classroom Strategies for Helping Depressed Teen Students" breaks down the pressures teen students face in the 21st century (search "depressed teen"; L. Levy, 2015). The article embeds a few videos and some quick tips to reference in working with depressed teens.

www.stopbullying.gov

This is a national resource maintained by the U.S. Department of Health and Human Services. There is information for parents, educators, and students to help increase tolerance and stop bullying and cyberbullying for youth in schools and the community at large.

Books and Articles

Malcom, D. (2015). *Meh: A story about depression*. Las Vegas, NV: ThunderStone Books.

This is a wordless picture book that is appropriate for young children through adults. Discussion questions to stimulate conversation are at the end of the story. This might be a nice addition to an elementary classroom resource library or for teachers to have available for younger students who might need it.

Norrish, J. M., Williams, P., O'Connor, M., & Robinson, J. (2013). An applied framework for positive education. *International Journal of Wellbeing, 3*, 147–161. doi:10.5502/ijw.v3i2.2

This article (also freely available online) goes deeper into the ways that teachers can encourage flourishing in ourselves and our students.

Reilly, N. (2015). *Anxiety and depression in the classroom: A teacher's guide to fostering self-regulation in young students*. New York, NY: W. W. Norton & Company.

This book explores the symptoms of anxiety and depression in youth and provides classroom-based strategies and activities to nurture emotional wellness.

Seligman, M. E. P., Ernst, R. M., Gillham, J., Reivich, K., & Linkins, M. (2009). Positive education: Positive psychology and classroom interventions. *Oxford Review of Education, 35*, 293–311. doi:10.1080/03054980902934563

This article (freely available online) outlines the idea of integrating positive psychology practices into the classroom.

Toner, J. B., & Freeland, C. A. B. (2016). *A teen's guide to survive and thrive*. Washington, DC: Magination Press.

Written for youth Grade 8 and above, this book provides information and exercises such as journal ideas. It may be a nice addition to a resource library in a middle or high school classroom or for teachers to have available for students who might need it.

RELATED HELPING HANDOUTS

Depression: Helping Handout for Home

Nonsuicidal Self-Injury: Helping Handout for Home

Nonsuicidal Self-Injury: Helping Handout for School

Suicidal Thinking and Threats: Helping Handout for Home

Suicidal Thinking and Threats: Helping Handout for School

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