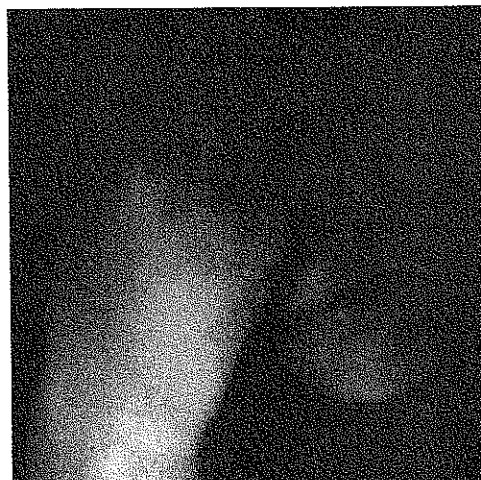


DEPRESSION

What is Depression?

Depression is a medical illness that causes a person to feel persistently sad, low, or disinterested in daily activities. It is not something that a person can simply "snap out of". Depression may involve a complex interplay of genetic (e.g. family history of depression), biological (e.g. altered brain chemistry), and environmental (e.g. family instability, peer pressure, major loss) factors.

Types of Depression



Major Depressive Disorder	A severe form of depression that lasts for at least two weeks and significantly impairs one's functioning in a variety of areas such as at home and in school
Dysthymia	A milder form of depression that lasts for at least one year and impairs functioning at home and at school
Bipolar Disorder	A depressive disorder primarily characterized by extreme changes in emotional states between depression and mania
Adjustment Disorder with Depressed Mood	A response to an identifiable stressor that results in clinically significant depressive symptoms
Seasonal Affective Disorder	A seasonal depression that is triggered by the change of seasons (often Fall or Winter)

Prevalent Depression Signs & Symptoms

Depressed or irritable mood may include sadness, a lack of affect, or feeling "blah", easily triggered tearfulness, feelings of anger, hopelessness, rage, irritability, moodiness and/or hypersensitivity

Somatic complaints stomachaches and headaches are common complaints in children and adolescents

Psychomotor agitation may include pacing, hand wringing, picking at skin, fidgeting, and restlessness

Psychomotor retardation may include listlessness, slowed speech, thinking or body movements and deterioration of handwriting

Diminished interest in usual activities may include a loss of interest in favored activities and hobbies, a withdrawal from peers and family, school avoidance and decreased school performance, or inattention to personal appearance

Change in appetite may include an increased appetite and/or excessive eating or a decreased appetite with possible food avoidance or refusal

Changes in sleep patterns may include insomnia (difficulty sleeping) resulting in sleepiness in class or hypersomnia (excessive sleeping) leading to school absences and tardiness

Getting Linked

Massachusetts 2-1-1 is a statewide health and human services information and referral program where you can get person to person assistance to find Depression resources in your community or visit www.mass211.org or dial 2-1-1.

Additional Resources

School Psychiatry Program
Massachusetts General Hospital
www.schoolpsychiatry.org

National Alliance on Mental Illness
www.nami.org

Suicide Awareness Voices of Education
www.save.org

American Association of Suicidology
www.suicidology.org

SAMHSA—Federal Program
www.samhsa.gov

American Academy of Child/Adolescent Psychiatry
www.aacap.org

American Academy of Pediatrics
www.aap.org

National Institute of Mental Health
www.nimh.nih.gov

Brockton Multi Service Center Crisis Stabilization Unit at 508-897-2100 for crisis services for children, adolescents and adults 24/7

Jeff Turley, MD BPS Consulting Psychiatrist
www.JeffTurley.com

Indecisiveness and diminished concentration may include distractibility, daydreaming, difficulty making decisions, and memory difficulties

Feelings of worthlessness or guilt may include low self-esteem, negative self statements, extreme sensitivity to rejection or failure, a sense that bad things happen because of them, and guilty preoccupations over current or past mistakes

Fatigue or loss of energy may include lethargy, reduced physical activity, or the need to exert substantial effort to do even small tasks

Recurrent thoughts of death or suicide or risky behavior may include increased risk-taking, recklessness, or self harming behavior, increased alcohol or other substance use, thoughts of wanting to harm self or feelings that they would be better off dead, focus on death related themes

Developmental Variations

Early Childhood (3-6 years old)

Because many of the diagnostic symptoms of depression are also characteristic of typical early childhood development, diagnosing depression in children this young can be complex. Though depression symptoms across all ages are similar, they may manifest in different ways according to developmental level. For instance, sleep difficulties may manifest as frequent nightmares in young children. Depression in young children may also be characterized by developmental regression (i.e. bed wetting).

Middle Childhood (7-11 years old)

As with the early childhood group, children in this age group may show some signs of developmental regression such as bed wetting. They may also begin to show decreases in school performance and attendance and may begin self-harming behaviors (e.g. substance use, cutting, eraser burning).

Pre-Adolescence/Adolescence (12-18 years old)

In addition to other symptoms of depression characteristic of all age groups, adolescents with depression may have an increase in school failure, truancy, alcohol or other substance abuse and other self-harming behaviors.

Educational Implications

Depression can have a devastating impact on a student's ability to learn and function within the learning environment. Students with depression may experience a significant drop in grades due to decreased work readiness and work performance, lack of participation, and increased tardiness to and absences from school. Depression has a significant impact on how the brain functions. Students with depression are often unmotivated and disorganized and may have increased difficulty with short term memory. Depression and school failure can be a self-perpetuating cycle. Depression contributes to school failure; school failure can, in turn, exacerbate depression.

Cultural Considerations

Culture can influence the experience and communication of symptoms of depression. For example, in some cultures depression may be more likely to be expressed in somatic complaints or nervousness (Latino cultures), in expressions of imbalance or weakness (Asian cultures), or in “problems of the heart” (Middle Eastern cultures). Whether related to culture or other factors, individual variations may have significant implications for the identification and the treatment of depression in our schools’ students and families. Additionally, due to the influence of environment on depression, children from marginalized groups (i.e. poverty, immigrants, gay/lesbian youth, learning or physical disabilities) are at a greater risk to develop depression. Though pre-adolescent girls and boys are affected by depression at equal rates, depression is two times more likely in adolescent girls than in adolescent boys.



A Note About Suicide and Depression

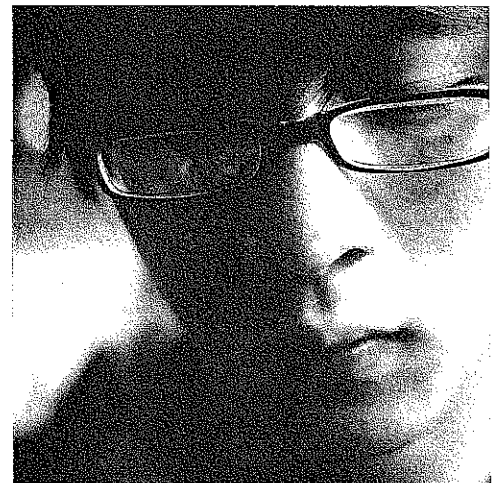
Research shows that children with depression are at least five times more likely to attempt suicide than children not affected by depression.

Any of the signs and symptoms of depression found on the previous pages could indicate suicidal risk and should be taken seriously. If you notice signs or symptoms of depression, seek help by contacting a school or community mental health professional.

In addition, there are some signs that may indicate overt suicidal crisis and should be acted upon immediately. These include:

- Threats or attempts to hurt or kill oneself
- Looking for the means (e.g. gun, pills, rope) to kill oneself
- Making “final arrangements” such as writing a will or a farewell letter, saying goodbye with a sense of finality, or giving away cherished belongings
- Pre-occupation with suicide or dying (often expressed through music, poetry, drawings, online web pages like MySpace) in conjunction with depression symptoms or high risk behavior
- Sudden improvement after a period of extreme sadness and withdrawal

If you notice these signs of suicidal crisis, immediately call Brockton Multi Service Center Crisis Stabilization Unit at 508-897-2100 24hrs/day or the USA National Suicide Hotline at 1-800-SUICIDE 24hrs/day



Suicidal thoughts, comments, and/or behavior should always be taken very seriously and require immediate attention and evaluation. Recognizing the warning signs of suicide can help to prevent a serious tragedy.

School and Classroom Strategies:

These strategies are designed to address potential symptoms of student Depression and should be used as part of a larger intervention approach. The suggestions below contain only a portion of many possible strategies available to address symptoms of Depression in the classroom. Strategies should always be implemented with careful consideration of the differences of each child and the context of their individual circumstances.

If you notice a significant change in mood in any child that lasts for more than a week or two, share your observations with the child's parent and/or guardian and with your school's Adjustment Counselor.

Strategies for...

Depressed or Irritable Mood

- Identify one teacher or other staff member to act as the student's advocate, a check in person, and as a point person for communicating with parents
- Provide built-in opportunities for the student to talk with a supportive adult who has the time and ability to listen attentively
- Validate the student's experience and feelings ("I know that things are really hard for you right now")
- Provide the student with opportunities for "self time out" to regroup when they are feeling excessively sad or irritable
- Teach the student to identify their mood patterns and appropriate ways to communicate anger, frustration, sadness, etc.
- Help the student to identify automatic negative thoughts and strategies for reframing these negative thoughts; encourage positive self talk

Motor Restlessness

- Design daily lessons so that the student has to actively respond to an assignment (i.e. write on the board)
- Integrate physical activity (i.e. walking on the track, shooting hoops) throughout the school day, not just contingent upon achievement
- Provide the student with an in-class outlet for physical restlessness, such as a stress ball or allowing the student to stand when completing some assignments

Slowed Psycho-Motor Responses

- Provide student with written copies of class notes and/or assignments
- Allow flexible deadlines for work completion
- Avoid lowering grades for non-academic reasons such as messy work
- Allow student more time to respond when asking questions or making requests

Feelings of Worthlessness and/or Excessive Guilt

- Model that it is okay to make mistakes; point out and make light of your own mistakes
- Model how to reframe mistakes into opportunities
- Provide the student with additional, meaningful responsibilities
- Discourage student from participating in activities that result in increased negative feelings about themselves
- Demonstrate unconditional acceptance of the student (though not his or her behavior if it is inappropriate)
- Separate student from peers who are negative or who frequently point out the failings of others

Changes in Appetite

- Collaborate closely with the school nurse
- Monitor student's eating, but do not become a food gatekeeper
- Allow healthy "grazing" throughout the school day
- Provide opportunities for physical activity throughout the school day

Fatigue or Loss of Energy

- Coordinate with the school nurse to allow healthy grazing on foods that may increase student energy
- Place the student in a brightly lit area in close proximity to instruction
- Provide the student with sensory-stimulating tools such as a stress ball to use throughout the day and offer frequent motor breaks
- Allow the student to self-select a classroom job/role of high interest (i.e. running errands, setting up computer)
- Incorporate physical activity throughout the day (i.e. urge the student to walk with a friend or teacher during recess or breaks, have the student deliver notes to the office)

- Provide the student with an audio or video recording and/or written notes of class lessons, assignments, or instructions
- Reduce homework or extend deadlines, as necessary and appropriate
- Allow the student more time to respond to classroom activities (both written or verbal)
- Assess the student on effort and on work completed rather than on work assigned
- Allow the student to demonstrate learning and knowledge through alternative methods
- Provide the student with an opportunity for a short rest or nap period if s/he is struggling to stay awake in class and if it does not interfere with the student's ability to sleep at night
- Plan testing and other "high stakes" activities for times of day when the student is most alert
- Identify student's interests and preferred activities and try to incorporate them into his/her daily schedule

Diminished Interest in Usual Activities

- Identify the student's typical interests and/or favorite activities; integrate them into the student's school day
- Gently encourage the student to participate in activities with peers who have been a positive part of their life; do not force social interaction or participation in activities
- Encourage peers to invite the student to participate in extra-curricular activities
- Allow the student to attend group activities without requiring active participation
- Give the student opportunities to help their peers in areas in which they excel or to make important decisions about class activities
- Initiate conversations with the student when they arrive, leave, and/or take a break

Difficulty with Concentration or Decision-Making

- Deliver assignments in writing
- Prompt the student throughout the day to use a day planner to keep track of assignments; provide support at the end of each day to make sure the student has all assignments documented and all necessary materials
- Provide the student with an extra set of books to keep at home
- Help student organize projects and break down assignments into manageable parts
- Help student to develop short term goals, even one period or day at a time, to help them feel that life is more manageable
- Provide preferential seating—based on student's academic and emotional needs

Suicidal Ideation

Some signs and symptoms may indicate overt suicidal crisis and should be acted upon **immediately** by alerting your school's adjustment counselor or building administrator. These include:

- Threats or attempts to hurt or kill oneself
- Looking for the means (e.g. gun, pills, rope) to kill oneself
- Making final arrangements such as writing a will or a farewell letter or giving away cherished belongings
- Pre-occupation with suicide or dying (often expressed through writing, art, music, online chat spaces) in conjunction with depression symptoms or high risk behavior
- Showing sudden improvement after a period of extreme sadness and/or withdrawal