

Depression

Background Information

Depression is a serious health problem that can affect not only adults, but children and adolescents. Depression is generally defined as a persistent experience of a sad or irritable mood as well as the loss of the ability to experience pleasure in nearly all activities (Cash, 2004). Children and youth with depression will not outgrow or overcome depression on their own and, if left untreated, depression can lead to school failure, delinquency, eating disorders, panic attacks, school phobia, substance abuse and suicide (Cash, 2004).

Research indicates that the onset of depression is occurring earlier in life than in past decades. Some risk factors for developing clinical depression are experiencing a significant loss, learning or behavioral difficulties, family history, family conflict, issues regarding sexual orientation, substance abuse disorders, abuse or neglect, and trauma. 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 depression. 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 indicate:

- 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.
- Girls appear to suffer more depression during adolescence.
- Depression affects child development. A depressed child may get “stuck” and be unable to pass through the normal developmental stages.

Characteristics of Childhood Depression

The way symptoms are expressed in children and adolescents varies depending upon their developmental level. The presence of one or even all of these signs and symptoms does not necessarily mean the student is experiencing clinical depression. However, if several of the following characteristics are present, it could be cause for concern and further professional evaluation should be sought (Cash, 2004):

- Frequent non-specific physical complaints
- Frequent absences from school
- Poor school performance
- School refusal or excessive separation anxiety

Resources

[National Institute of Mental Health](#)
[Depression and Bipolar Support Alliance](#)
[Council for Exceptional Children](#)
[Depression Center](#)
[Depression Understood](#)
[EMPOWER Colorado](#)
[Federation of Families for Children’s](#)
[Mental health ~ Colorado Chapter](#)
[NAMI \(National Alliance for the](#)
[Mentally Ill\)](#)
[Parent Education and Assistance for](#)
[Kids \(PEAK\)](#)
[Substance Abuse and Mental Health](#)
[Services Agency \(SAMHSA\)](#)



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- Outbursts of shouting, unexplained irritability
 - Crying
 - Chronic boredom or apathy
 - Lack of interest in playing with friends
 - Alcohol or drug abuse
 - Withdrawal, social isolation, and poor communication
 - Excessive fear of or preoccupation with death
 - Extreme sensitivity to rejection or failure
 - Unusual temper tantrums, defiance, or oppositional behavior
 - Reckless behavior/increased risk taking behavior
 - Difficulty maintaining relationships
 - Aggression

What can Schools do Regarding Depression?

Schools can facilitate prevention, identification and treatment for depression in children and adolescents. It is important that school personnel know the warning signs of depression. If school staff believes a child might be depressed, they should inform parents and not hesitate to ask a child if he or she has thought about, intends, or has plans to commit suicide. The student is often relieved to be asked, and this does not give him new ideas. Effective interventions must include collaboration among school, families, and the community. Some of the most important steps for schools regarding depression are:

- Develop a caring school environment, ensuring that at least one adult in the school takes a special interest in each student
- Prevent all forms of bullying
- Establish clear rules that are addressed fairly
- Have a suicide and violence prevention plan in place and implemented
- Train faculty and parents to recognize the risk factors and signs as well as appropriate interventions for depression
- Break the conspiracy of silence among students
- Have a crisis plan in place for handling the aftermath of a suicide, violence, natural disaster
- Utilize the expertise of mental health professionals in the school in prevention and intervention strategies

Interventions for preventing and addressing depression in students should be delivered in a Multi-Tiered Systems of Support (MTSS) framework, addressing the population at a universal, targeted and intensive level. Suggestions for intervention at each level are (Desrochers & Houck, 2013):

- Universal
 - Positive Behavior Intervention Support (PBIS)
 - Strong family school partnership and collaboration
 - [Second Step](#)
- Targeted



- [Cognitive-Behavioral Intervention for Trauma \(CBITS\)](#)
- [Strong Kids Series](#)
- Intensive
 - Cognitive-Behavior Therapy (CBT)
 - [Adolescent Coping with Depression Course](#)

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Program/Intervention References

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Programs and Interventions for the Prevention and Treatment of Depression in Schools

| Program | Publisher | Level of Intervention | Target Population | Type of research conducted (Stringent research- research design, random assignment; Research – mixed method, random sampling; Applied with Fidelity – outcome measures) | Research Sample |
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| <p>Second Step: A Violence Prevention Program <i>Summary:</i> This program is designed to teach social and emotional skills (empathy, impulse control, anger management, and problem solving) for violence prevention in 30 minute lessons once or twice a week.</p> | <p>Committee for Children: www.cfchildren.org http://www.secondstep.org/</p> | <p align="center">Universal</p> | <p align="center">Pre-K-8th Grade</p> | <p align="center">Research</p> | <p>Urban and suburban schools in the Pacific Northwest United States</p> |
| <p>Cognitive Behavioral Intervention for Trauma in Schools (CBITS) <i>Summary:</i> The program is aimed at relieving symptoms of post-traumatic stress disorder (PTSD), depression, and general anxiety among children exposed to trauma. Types of traumatic events that participants have experienced include witnessing or being a victim of violence, experiencing a natural or man-made disaster, being in an accident or house fire, or suffering physical abuse or injury.</p> | <p>The program is available at: http://cbitsprogram.org</p> | <p align="center">Targeted/ Intensive</p> | <p align="center">Grades 5th to 12th Grade</p> | <p align="center">Research/Applied with Fidelity</p> | <p>A study conducted by Stein et al., (2003) included a sample consisting of English-speaking 6th graders from two middle schools in East LA and applied with fidelity. This study utilized a randomized controlled trial. One other study, implemented with fidelity, resulted in successful</p> |



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| | | | | | outcomes for decrease in PTSD and depression (Jaycox et al., 2010). |
| <p>Adolescent Coping with Depression <i>Summary:</i> The program is a group cognitive behavioral intervention that uses a psychoeducational approach to teach adolescents about depression and coping skills.</p> | <p>More program information available at: http://www.blueprintsprograms.com/factsheet/adolescent-coping-with-depression</p> | Targeted | Grades 8 th to 12 th | Stringent Research | A study by Clarke, et al., (1999) showed a higher depression recovery rate for adolescents using the program than those in a control group. |
| <p>The Strong Kids Program <i>Summary:</i> The program is a comprehensive approach to promoting mental health and preventing internalizing disorders in students of all ages.</p> | <p>The program is available for purchase through Brookes Publishing at: (800) 638-3775 or http://www.brookespublishing.com/resource-center/screening-and-assessment/strong-kids-curricula/</p> | Universal/ Targeted | Grades K to 12 th | Research | The pilot study looking into the efficacy of The Strong Kids Program with all age/grade levels, including a group of students in a special education program, produced results showing the program to be effective at student's knowledge of social-emotional concepts and effective coping strategies. |

