

# Depression

### Symptoms or Behaviors

- Sleeping in class •
- Defiant or disruptive •
- Refusal to participate in • activities
- Not turning in homework • assignments, failing tests
- Excessive tardiness .
- Fidgety or restless, • distracting other students
- Isolating, quiet •
- Frequent absences •
- Failing grades •
- Refusal to do school • work and general noncompliance with rules
- Talks about dying or . suicide

About the Disorder

All children feel blue or sad at times, but feelings of sadness with great intensity that persist for weeks/months may be a symptom of major depressive disorder or dysthymic disorder (chronic depression). These disorders affect a young person's thoughts, feeling, behavior, body and can lead to school failure, alcohol/drug abuse and even suicide.

Recent studies reported by USDHHS show that 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 earlier in childhood. During adolescence, the illness is prevalent among girls. Depression is hard to diagnose, more difficult to treat, more severe, and more likely to reoccur than adult forms. Depression also affects a child's development. A depressed child becomes "stuck" and unable to pass through normal developmental stages. Common symptoms are:

- Sadness that won't go away
- Hopelessness
- Irritability •
- School avoidance •
- Changes in sleeping and • eating patterns
- Frequent complaints of aches • and pains
- Thoughts of death or suicide •
- Self-deprecating remarks •
- Persistent boredom, low energy, or poor concentration
- Increased activity •

Students who used to enjoy playing with friends may now spend most of their time alone or they may start "hanging out" with a completely different peer group. Activities that were once fun hold no interest. They may talk about dying or suicide. Depressed teens may "self-medicate" with alcohol or drugs.

## **Educational Implications**

Students experiencing depression may display a marked change in their interest in schoolwork and activities. Their grades may drop significantly due to lack of interest, loss of motivation, or excessive absences. They may withdraw and refuse to socialize with peers or participate in group projects.

#### Accommodations •

Reduce some classroom pressures.

Instructional Strategies & Classroom

- Break tasks into smaller parts. •
- Reassure students that they can catch up. Show them the steps they need to take and be flexible and realistic about your expectations. (School failures and unmet expectations can exacerbate the depression).
- Help students use realistic and positive statements about their performance and outlook for the future.
- Help students recognize and acknowledge positive contributions and performance.
- Depressed students may see issues in black and white terms- all bad or all good. It may help to keep a record of their accomplishments that you can show to them occasionally.
- Encourage gradual social interaction (i.e. small group work).
- Ask parents what would be helpful in the classroom to reduce pressure or motivate the child.

This fact sheet must not be used for the purpose of making a diagnosis. It is to be used only as a reference for your own understanding and to provide information about different kinds of behaviors and mental health issues you may encounter in the classroom.

## **Resources:**

- The Council for Exceptional Children: • www.cec.sped.org
- National Institute for Mental Health: . www.nimh.nih.gov
- SAMHSA'S National Mental Health • Information:
  - www.mentalhealth.sahsa.gov
- SA/VE (Suicide Awareness Voices of • Education) www.save.org
- National Alliance for Mental Health • (NAMI) www.nami.org

## Children's Mental Health Disorder Fact Sheet for the Classroom1: Depression

Symptoms or Behaviors	About the Disorder	Educational Implications	Instructional Strategies & Classroom Accommodations
	Children who cause trouble at		
	home or at school may actually be		
	depressed, although they may not		
	seem sad. Younger children may		
	pretend to be sick, be overactive,		
	cling to their parents, seem		
	accident prone, or refuse to go to		
	school. Older children and teens		
	often refuse to participate in family		
	and social activities and stop		
	paying attention to their		
	appearance. They may also be		
	restless, grouchy, or aggressive.		
	Most mental health		
	professionals believe that		
	depression has a biological origin.		
	Research indicates that children		
	have a greater chance of		
	developing depression if one or		
	both of their parents suffered from		
	this illness.		

<sup>1</sup> Minnesota Association for Children's Mental Health, St. Paul Minnesota, <u>www.macmh.org</u>.