www.studentsfirstproject.org Students FIRST Project 802 488-6679

Depression Quick Fact Sheet for Parents/Guardians and Child Serving Profesisonals

This fact sheet is intended to enhance understanding about the mental health issues that may be encountered in children and adolescents The information included is not exhaustive and should never be used to formulate a diagnosis. Mental health diagnoses should be made only by a trained mental health professional after a thorough evaluation.

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 kind of 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 the clinically significant depressive symptoms

Seasonal Affective Disorder -a seasonal depression that is diagnosed when the depression is triggered by the change of seasons (often Fall or Winter)

Prevalent Depression Signs and Symptoms

Depressed or irritable mood– may include sadness, a lack of affect, or reports of feeling "blah", easily triggered or frequent tearfulness, feelings of hopelessness, increased anger, 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

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 Variables

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. In the most recent Youth Risk Behavior Survey of this age group in Chittenden County, 19% felt so sad or hopeless almost every day for the previous two weeks that they stopped doing some usual activity, 8% made a suicide plan, and 4% actually attempted suicide.

Educational Implications

Depression can have a devastating impact on a child/adolescent'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 9-1-1 or First Call at (802) 488-7777

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.

Getting Linked

- Visit www.ptophelp.org to locate mental health providers who address depression in children and adolescents in your community
- **Dial 2-1-1** to reach Vermont 2-1-1, 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
- Call First Call for Children and Families at **(802)488-7777** for crisis services for children and adolescents

Additional Resources

Students FIRST Project
School Mental Health Resource
For Chittenden County Educators
www.studentsfirstproject.org

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.mentalhealthsamhsa.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