



Depression in Adolescence: What Schools Can Do

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Depression in adolescents is more than simply the difficulties of teen years, and it requires more than just patience and understanding. Particularly as it is manifested in teenagers, depression is often a disguised illness. Its symptoms can easily masquerade as part of the normal turmoil of adolescence, a time not noted for stable moods or logical behavior by adult standards. Rapid changes in hormonal balance, physical and psychological development, response to peer pressure, and perceptions of the world, combined with conflicting desires to be independent but free of responsibilities, make adolescence a time of emotional upheaval and behavioral extremes. Even common adolescent behavior such as slavish adherence to fads, tattoos and body piercings, erratic sleep habits, socializing primarily online, and incessant text messaging can seem abnormal to adults. How can educators differentiate between adolescent characteristics that, no matter how outrageous, are "just being a teenager" and those that suggest serious clinical depression requiring evaluation and treatment?

WHAT IS DEPRESSION?

Depression is not a personal weakness, a character flaw, or the result of uninformed parenting. It is a mental illness that affects the entire person, changing the way he or she feels, thinks, and acts.

Clinical Depression

A depressive disorder, sometimes referred to as *clinical depression*, is generally defined as a persistent sad or irritable mood accompanied by *anhedonia*, a loss of interest and pleasure in nearly all activities. Depression is more than just feeling down or having a bad day, and it is different from normal, healthy feelings of grief or sadness that usually follow a significant loss, such as parental divorce, a breakup with a boyfriend or girlfriend, or the death of a loved one. Depression affects 8-10% of adolescents and is the most common cause of disability in the United States and Canada. Untreated depression is the leading risk factor for suicide among adolescents. Depression often leads to poor academic performance, poor social relationships, school absenteeism, dropping out, disruptive behavior, and school violence.

How Does Depression Differ From Typical Mood Instability of Adolescence?

Depressed teens can experience a range of symptoms, including changes in appetite, disturbed sleep patterns, increased or diminished activity level, impaired concentration, and decreased feelings of self-worth. Adolescents suffering from a depressive disorder are often defiant and oppositional rather than sad and lethargic, like most depressed adults. Depression can manifest itself in school as behavior problems, unusually poor attention in class, an unexplained drop in grades, truancy and cutting classes, dropping out of previously preferred activities, and fights with or withdrawal from friends and acquaintances.

Depression in teens may also underlie and be masked by other problems or behaviors, such as anxiety, learning problems, sexual promiscuity, and substance abuse. Depressed adolescents often self-medicate with street drugs or prescription medications. Alternatively or in addition, they may seek risky thrills to alleviate their pain. Some search for relief through self-injury, such as cutting or other forms of self-mutilation, or extreme physical risk-taking. These behaviors are distinguishable from normal teenage behavior by their duration, their intensity, and the degree of dysfunction they cause.

Symptoms or behaviors that last longer than two weeks, are markedly out of proportion to an event or situation, and impair a student's academic and/or social performance are cause for professional evaluation. Although episodes of clinical depression are sometimes self-limiting (meaning that a student may appear to get better spontaneously), depressed teens rarely can just snap out of it on their own. Even if the depressive episode diminishes, they are likely to experience additional episodes in the future.

WHAT ARE THE MAJOR SIGNS AND SYMPTOMS OF DEPRESSION IN TEENS?

Any one or more of these signs may indicate symptoms of depression:

- Prolonged feelings of hopelessness
- Unreasonable feelings of guilt
- Irritability, anger, or hostility
- Frequent tearfulness
- Unusual fatigue and lack of energy
- Changes in eating and sleeping habits
- Restlessness and agitation
- Reduced enthusiasm and motivation
- Problems concentrating
- Talk of death or suicide
- Withdrawal from friends and family
- Loss of interest in preferred activities

WHAT ARE THE RISK FACTORS FOR A DEPRESSIVE DISORDER?

Depression can occur in anyone, but there are certain factors that predispose adolescents to depressive disorders. Clinical depression usually has a genetic component, and those who have a family history of depression or mood disorders, particularly among close relatives, are more vulnerable. More than half of teens who are diagnosed with a depressive disorder have one or more coexisting mental disorders, so those who already have emotional or behavior problems are at greater risk.

Other risk factors include poverty; female gender; low self-esteem; uncertainty about sexual orientation; poor academic functioning; poor physical health; ineffective coping skills; substance abuse; and frequent conflicts with family, friends, and teachers. In addition, students who have experienced significant trauma or abuse, are bullied, or do not feel welcome or accepted at school are much more susceptible to depression.

WHAT IS THE ROLE OF SCHOOLS?

The answer to this question is not just academic. Depression is the most common mental illness among adolescents. Statistically, in a school of 1,000 students, as many as 100 may be experiencing depression or mood swings at any given time which are severe enough to interfere significantly with their learning and/or the learning of others.

Schools as Mental Health Support Systems

Schools are an essential first line of defense in combating mental health problems such as depression, because adolescents spend much of their time in school with skilled and caring professionals who have the opportu-

ity to observe and to intervene when a student exhibits signs of a problem. Principals can work with staff members to strengthen protective factors in the school and to educate students, staff, and parents about depression and the hope offered by early, effective treatment.

Schools can also provide preventive programs, screenings for early identification, evidence-based interventions, and referral services. Failure to do so has serious consequences, including possible suicide, depression's most tragic and irreversible outcome. Without treatment, depressed teens are at increased risk for precipitously declining test scores, school failure and dropout, social isolation, unsafe sexual behavior, drug and alcohol abuse, involvement with the juvenile justice system, and long-term life problems. Fortunately, virtually everyone who receives proper, timely intervention can be helped, but early diagnosis and treatment are essential.

Prevention and Early Treatment

The best interventions are prevention and early treatment. Schools can provide a number of supports to help decrease the occurrence of severe depressive reactions and prompt appropriate early intervention.

Destigmatize and shed light on the illness. Perhaps the most important thing schools can do to combat depression is to make the illness easier to identify. School psychologists and other mental health staff members can help to educate students, staff, and parents on the realities, risks, and signs of depression. Students should be encouraged to talk openly about the illness and other mental health problems with friends and trusted adults.

Train staff members, students, and parents in appropriate interventions. Schools that have effective training programs for teachers and other staff members (e.g., bus drivers, school safety officers, coaches, and office workers), parents, and students are much better at intervening early and appropriately on behalf of depressed teens. Training should include developing a protocol for reaching out and responding to students who may be depressed and providing appropriate ways to observe and to refer students to mental health services.

Create a caring, supportive school environment. An impersonal, alienating school culture, especially one that tolerates bullying, can contribute to students' risk of depression. Effective interventions must involve collaboration among schools, parents, and communities to counter conditions that produce the frustration, apathy,

alienation, and hopelessness experienced by many of our youth. All students and parents should feel welcome in the building.

Develop a school-wide suicide prevention and intervention plan. Depression and suicide prevention programs are intertwined. It is important to educate the school community about the warning signs of suicide and to have a clear intervention plan in place that includes a trained crisis intervention team. All staff members should know what to do if they think a student is suicidal. Students must be partners in suicide prevention efforts because they are most likely to be aware of classmates' plans to hurt themselves or others.

Be mindful of at-risk students and provide them with evidence-based interventions. Students with multiple risk factors should be monitored, particularly during periods of high stress, either on an individual level or in the school community. Examples of high-stress situations can include high-stakes exams, parental separation or divorce, the death of a family member, the suicide of another student, or a major event such as the September 11, 2001 terrorist attacks.

Use school mental health professionals. School psychologists, school social workers, and school counselors are excellent resources for designing and implementing training programs for all groups. They can also be invaluable in developing suicide prevention, bullying prevention, and violence prevention programs, as well as in providing direct intervention and ongoing counseling to students. Intervention plans must include mechanisms for connecting students and parents with appropriate and affordable community resources for treatment and monitoring.

Provide students with appropriate supports. These should be recommended by your school psychologist or the student's private clinician, but they may include individual or group counseling; continued observation; academic accommodations; opportunities for creative expression of feelings, such as art, music, or theater; medication; self-monitoring strategies; and steps for seeking help.

Encourage cooperation and collaboration with parents. Educate parents and open up lines of communication. Some parents of depressed teens will want significant help from the school; others who can afford

to do so will prefer to keep their child's illness and treatment separate from school. In the latter cases, the school should make every effort to establish some coordination with the student's private clinician either directly or through the parents. This will make it easier to provide appropriate supports in school and to be aware of the student's progress. However, be sensitive to parents' concerns for privacy and what information may or may not go into their child's school record.

RECOMMENDED RESOURCES

Print

Merrell, K. (2001). *Helping students overcome depression and anxiety: A practical guide*. New York: Guilford Press.

Reinemann, D., Stark, K., Molnar, J., & Simpson, J. (2006). Depressive disorders. In G. G. Bear & K. M. Minke (Eds.), *Children's needs III: Development, prevention and intervention* (pp. 199–210). Bethesda, MD: National Association of School Psychologists.

Online

American Association of Suicidology: <http://www.suicidology.org>

Depression Center: <http://www.depressioncenter.net>
HelpGuide, *Teen depression*: http://www.helpguide.org/mental/depression_teen.htm

National Center for Injury Prevention and Control, *Suicide facts*: <http://www.cdc.gov/ncipc/factsheets/suifacts.htm>

National Mental Health Information Center, *Major depression in children and adolescents*: <http://mentalhealth.samhsa.gov/publications/allpubs/CA-0011/default.asp>

Suicide Awareness Voices of Education: <http://www.save.org>

United States Surgeon General, *The Surgeon General's call to action to prevent suicide*. Available: <http://www.surgeongeneral.gov/library/calltoaction/index.html>

Yellow Ribbon International: <http://www.yellowribbon.org>

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