

DEPRESSION AMONG CHILDREN AND ADOLESCENTS: RECOMMENDATIONS FOR TEACHERS AND PARENTS

Teachers should be aware of common symptoms of depression and track such symptoms, while recognizing that depression entails a combination of such symptoms over a long duration of time:

Emotional symptoms

- Feels sad, irritable, worthless
- Feels discouraged, or has inappropriate guilt
- Self-pity – believes their life has been unfair or more difficult than peers'
- May not feel the same sense of pleasure in situations that previously made them happy
- Bad temper, easily annoyed
- Fearful, tense, anxious
- Repeated emotional outbursts, shouting, or complaining

Physical symptoms

- Change of activity patterns-either increase or decrease of energy/activity
- Change of eating habits-either eating more or less
- Change of sleeping patterns-either sleeping more or less, or disrupted sleep
- Complaints of headache, stomachache, or other physical ailments frequently
- Inability to sit still, fidgeting, or pacing

Cognitive symptoms

- May view the world as being hopeless, pointless, or negative
- May have trouble concentrating and making decisions
- May think or talk about death or self-destructive behavior
- Talk about or make efforts to run away from home

Motivational symptoms

- Doesn't care about things that used to be important
- Feels a sense of boredom
- Loses ambition
- Says they have no future goals.
- Decreased academic performance
- Withdraws from usual friends and activities

If one or more of these signs of depression persist (two weeks or more), the parent or teacher should seek consultation from a mental health specialist, such as a school psychologist or counselor. Early diagnosis and treatment are essential for depressed children and adolescents. Depressed adolescents are at an increased risk for committing suicide and may abuse alcohol or drugs as a way to feel better, so acting quickly to get a student help is imperative. Comprehensive treatment typically includes individual and/or family therapy and the use of antidepressant medication. Collaboration and consultation between the home, school, and mental health services providers should always be part of the treatment plan.

Don't hesitate to ask the student about the above symptoms, especially when they reflect a change in behavior. Show respect for the student and offer emotional supports. Do not make promises to the student about confidentiality; recognizing that the student (and you) may need help.

Communication is key...so listen. Youth who attempt suicide have usually given hints that they are depressed or have directly asked others for help before their attempt. Allowing an adolescent to express him/herself without judgment can prevent their feelings from being "bottled up" inside, where these feelings may turn to hate. Listen to your child or student and then seek advice of a counselor or therapist to help you understand ways to deal with the child's depression in the future.

If you notice changed in adolescent's behavior, do not overreact. Being overprotective and using punishment can make things worse for a depressed child. Always look for the positive, and praise the child for that behavior. Be patient and don't criticize.

Take time on a regular basis to **help the student enjoy fun activities.**

Help the student stay involved. Avoid extended isolation from positive activities and influences in the child's life.

Encourage the student to utilize physical activity to help relieve or manage depression.

Help the student maintain a regular and nutritious diet. This is a critical source of energy, which facilitates the child's ability to cope and recover. Avoid skipping meals.

Help the student maintain a regular sleep pattern. Have the student avoid napping during the day if it is difficult for them to sleep at night. Irregular sleep patterns prolong or worsen symptoms of depression.

Where appropriate, teachers should offer students extra help with getting assignments completed. For example, offer extensions to students who miss school because of the disorder.

Parents and teachers should get accurate information from libraries, help lines, and other sources, and ask questions about treatments and services.

Learn more about medications. Check with physicians about potential interactions and side effects of medications.

Teachers should educate their classes about depression to avoid negative stereotypes of depression. Emphasize that depression is not a "crazy person's disease."

Additional Resources:

Cytryn, L. (1996). *Growing up sad: childhood depression and its treatment*. New York, NY: Norton.

Handbook of depression in children and adolescents. (1994). New York, NY: Plenum Press.

Kerns, L. (1993). *Helping your depressed child: a reassuring guide to the causes and treatments of childhood and adolescent depression*. Rocklin, CA: Prima Publishing.

Stark, K., Sommer, D., Bowen, B., Goetz, C., Doxey, M., & Vaughn, C. (1997). Depressive disorders during childhood. In G.G. Bear & K.M. Minke, Children's needs II: Development, problems, and alternatives. Bethesda, MD: National Association of School Psychologists.

www.naspcenter.org/teachers/gcdepression.html: Depression in Children and Adolescents.

www.oregoncounseling.org/Handouts/DepressionChildren.htm: Understanding and Dealing with Depression.

www.theteacherspot.com/depressedchild.htm: The Depressed Child.

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