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Childhood depression and schools

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Depression in children is a problem that is becoming more prevalent. With children and adolescents under more stress and pressure than ever before, the seriousness of the issues children deal with is also intensifying. Depression in children is a major concern because it can interfere with school and academics, social functioning, and even lead to somatic symptoms. If depression is left untreated it can lead to other mental disorders. An important concern is that children who are depressed are at great risk of suicide. Population studies show that at any one time between 10 and 15 percent of the child and adolescent population has some symptoms of depression (Smucker et al., 1986). The prevalence of the full-fledged diagnosis of major depression among all children ages 9 to 17 has been estimated at 5 percent (Shaffer et al., 1996c). These statistics combined with the potential problems makes childhood depression a serious concern for professionals and parents.

CHILDHOOD DEPRESSION AND SCHOOLS

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Abstract

Depression in children is a problem that is becoming more prevalent. With children and adolescents under more stress and pressure than ever before, the seriousness of the issues children deal with is also intensifying. Depression in children is a major concern because it can interfere with school and academics, social functioning, and even lead to somatic symptoms. If depression is left untreated it can lead to other mental disorders. An important concern is that children who are depressed are at great risk of suicide. Population studies show that at any one time between 10 and 15 percent of the child and adolescent population has *some* symptoms of depression (Smucker et al., 1986). The prevalence of the full-fledged diagnosis of major depression among all children ages 9 to 17 has been estimated at 5 percent (Shaffer et al., 1996c). These statistics combined with the potential problems makes childhood depression a serious concern for professionals and parents.

Childhood Depression and Schools

All people, including children, experience fluctuations in emotions from happiness to sadness. Children, like an adult, can suffer from depression that is caused by events out of their control. Occasionally, the depression is caused by death of a friend or family member, natural disasters, and man-made crises such as school shootings. Due to recent publicity surrounding man-made crises, helping children through such events has become increasingly important (Freshour, 2002). However, events are not the only cause for children to develop a depressive disorder; any loss or change can cause a child to become sad, anxious or depressed, even events that are considered positive.

Diagnosing Depression

Making the diagnosis of depression is not the responsibility of the school counselor, but the counselor must be aware of the criteria in order to help their students in the best possible manner. *The Diagnostic and Statistical Manual of Mental Disorders fourth edition (DSM-IV – TR, 2001)* describes four diagnostic categories that relate to depression. First is *Major Depression*, a severe form of depression. The individual must meet at least five of the criteria for two weeks or longer and be a change from previous functioning. Second is *Dysthymia*, a less severe form of major depression where the symptoms are less evident and appear chronic, last more than 2 years. Third is *Separation Anxiety Disorder*, the depressive symptoms are linked with a child's separation from those to whom he or she is attached. The last category is *Adjustment Disorder* with depressed mood, when depressive symptoms surface as a maladaptive reaction to a specific stressor.

Signs and Symptoms

Identifying depression in children can be difficult because most children at some point experience some of the symptoms and children also show different signs and symptoms than adults. One of the determining factors is that many of the symptoms are experienced simultaneously and for an extended period of time. The Early Childhood Committee-Education (May, 1999, p. 1), outlined the following as signs that may indicate depression in children.

1. Changes in personality such as irritability
2. Mood swings
3. Increased anger
4. Shining.
5. Changes in appetite
6. Fluctuations in weight that are uncharacteristic of the child
7. Changes in sleep patterns, such as unusual tiredness, insomnia and nightmares
8. Staying asleep or excessive sleeping are also symptoms.
9. Loss of energy
10. Withdrawal in social events the child used to enjoy
11. Low self-esteem that is exhibited through self-deprecating and negative talk.
12. Difficulty making decisions
13 Difficulty concentrating not due to attention disorders
14. Feelings of helplessness sometimes expressed through suicidal talk. Suicidal talk should always be considered serious, but the school counselor must also assess whether or not the child can conceptualize the finality of death.

Very young children show the same signs of depression as older children and may exhibit other symptoms, such as boredom, listlessness, tearfulness, irritably, crankiness, or excessively talkative.

Conner (2001) added another level of symptoms, noting that serious and critical symptoms include suicidal thoughts, feelings or self-harming behaviors, or abuse or prolonged use of alcohol or other drugs. All of which are more common among older children and adolescents.

Causes

There are many different theories on what causes depression in children, and the precise causes are not known. Extensive research on adults with depression generally points to both biological and psychosocial factors (Kendler, 1995). However, there has been substantially less research on the causes of depression in children and adolescents.

The most common theories are a genetic or biochemical predisposition, real or imagined experience of loss, excessive physical and emotional stress, and lack of success in school with the family and in making and keeping friends. Physical ailments or hospitalization can also lead to depression (Freshour, 2002). Something that seems minor to an adult but that limits a child's activities can lead to depression. Finally, being the recipient of bullying has been gaining more attention as to how it might contribute to childhood depression.

The connection between having a parent or other family member diagnosed with depression seems to increase a child's risk of developing depressive symptoms. This could be due to socialization in that the child has learned depressive behaviors or it could be genetic. There have been many studies exploring the relationship between depressed children and the familial characteristics, some the findings follow. For instance, a 1994 study of 86 children ages

7-13 the rate of expressed emotions seem to be significantly higher in families of depressed children than in control families (Rosenbaum, Asarnow, Tompson, Burney Hamilton, Goldstein, & Guthrie, 1994). In another study, Nilzon and Palmerus (1997) there seems to be a significant difference between the students receiving psychiatric treatment for withdrawal and anxiety compared with normal students. The difference was in familial characteristics that included frequency of major family problems, life events, overprotection, family cohesion and lack of happiness. A great majority of the research on children with depression has been conducted on children who are clients at mental health clinics and tend to have severe types of depression. This could be a limiting factor in the research on depression. However, Todd, Neuman, Geller, Fox, and Hickok, (1993) found that 20 to 50 percent of depressed children have a family history of depression (as cited in surgeon general report, 2002). All of these studies would indicate that there could be a correlation between family environment including genetics and children with a depressive disorder.

"Besides a genetic predisposition to depression, social skills deficits may also contribute. These social skills deficits are harder to determine as it is difficult to find whether the inability to form good social skills causes, or results from the depression" (Nunely, 2002, http://www.help.4teachers.com/depression.htm). Again this illustrates how complicated identifying depression can be. Children who have difficulty relating and interacting with their peers have a greater chance of developing depressive symptoms. Developmentally, peers and peer acceptance become a central concern for older children and into adolescence and this becomes even more of a concern. A child who is unable to interact with peers can therefore be considered at risk for developing depression.

There also seems to be a relationship or higher risk for children to develop depression if they are suffering from other mental disorders. Roughly two-thirds of children and adolescents with major depressive disorder also have another mental disorder (Angold & Costello, 1993). The most commonly associated disorders are Dysthymia, a disruptive or antisocial disorder or substance abuse disorder. When more than one diagnosis is present, depression is more likely to begin after the onset of the accompanying disorder, except when that disorder is substance abuse (Kessler & Walters, 1998).

Identification of Childhood Depression

As mentioned earlier, identifying depression in children can be very difficult. There is not one cause or risk factor consistent with every child who develops a depressive disorder. The identification of depression in children requires those adults who are in contact with the child to be aware of what the symptoms are and any changes in behaviors and affect. The adults that spend the majority of the day with children are their teachers. Because of this it is critical for teachers and other school staff to be aware of the warning signs and if needed, be able to make appropriate adjustments in teaching that child.

Teacher's role

Teachers are trained to handle students with discipline problems, slow learners, the gifted, and children faced with ADHD, but they aren't prepared to teach students suffering from depression. Unfortunately there still seems to be a stigma surrounding mental illness in children (Nunley, 2002). Just like anyone else, teachers are very perceptive when it comes to identifying disturbed, possibly depressed students in their class, yet they often seem incapable of and uninterested in helping those students (Madison, 1996).

Alexandra Madison, a former depressed student suggested the following three tips for teachers when working with depressed students. First, don't ignore depressed students. It shows that you don't care and invites the students to give up, guaranteeing their failure. Draw them out in class discussion and do whatever it takes to stimulate their minds so that they don't, in turn, learn to ignore you. Secondly, let them know that you care, but without getting too personal. Help them to update any missing assignments, or set up extra study time - whether they accept your efforts or not all depends upon the severity of the depression. The fact that you've proven you care can make all the difference in the world. And finally, never give up on the student - regardless of how long they haven't wanted to put forth any effort in your class. Students can tell when a teacher no longer believes in them and expects them to fail, and it only ends up making the situation worse than necessary.

School Counselor's Role

Depression in children can often be disregarded because most people go through periods of they feel depressed. The prevalence and severity of depression determine how much intervention is needed. Given that children spend a large amount of time in school, it is fair to assume that the school counselor plays a crucial role in identifying and treating depression. However, they are not trained to give diagnosis, yet are often the most qualified to notice the signs and symptoms of depression and recognizing when a referral is recommended.

School based prevention programs should take many different forms. School counselors should use depression assessment instruments. To be effective, assessment should consider the student's cognitive and affective characteristics, environmental stressors, and current coping mechanisms (Kafantaris, 1995). School prevention and treatment should also include a mixture of affective, cognitive, and behavioral strategies, an approach that has been found to be effective

(Kafantaris, 1995). Further, group interventions are central to many school-based prevention programs because of their ability to reach a large number of children and their adaptability to the classroom format.

Early prevention in the schools can take the form of educational programs focused on forming friendships, nonviolent conflict resolution, and assertiveness with adults and dealing with peer pressure. This broader approach to helping students learn skills in turn help prevent depression and other concerns children are faced with (McWhirter et al., 1997). The main ingredients of an effective prevention program are teaching the students life and relationship skills, such as interpersonal communication, strategies for cognitive change, coping with stress, and managing health (McWhirter et al., 1997). Life skills are those that involve behaviors and attitudes necessary for coping with academic challenges, communicating with others, forming healthy and stable relationships, and making good decisions. Life skills training programs emphasize the acquisition of generic social and cognitive skills. It is important to teach not from the perspective that the child is being blamed for causing the problem, but rather they have the power to learn new ways of thinking and behaving (McWhirter et al., 1997).

Evans, Van Velsor, and Schumacher (2002) noted that depression has a self-sustaining and self-defeating aspect. After a child is depressed, all new experiences are interpreted in a negative manner. This becomes a self-fulfilling prophecy, when the child believes the outcome will be bad, there is a greater chance that it will turn out poorly. Children lack life experiences and the ability to reason logically, and therefore have a more difficult time realizing that their thoughts can impact their situations.

School counselors have an important role in initiating and facilitating depression and suicide programs. Educating children to the possibility of behaviors that could lead to depression

and to notice the signs in themselves or peers can be done through classroom lessons. The school counselor must design the lessons to be developmentally appropriate and not frightening for the child. Prevention programs could include topics such as drug and alcohol abuse, friendship issues and other social developments, and physical development (Evans et al., 2002). These programs are conceptualized in three levels of prevention. The first level would be addressing the entire school through school wide programs and guidance. The second level would be centered on students who are identified as at-risk for depressive disorders and may have already begun to show some signs. This is done through small group sessions designed around the specific needs of the students. The last level is to support and assist students who have already developed depressive symptoms and would include assessment and referral. The method for this would be individual counseling and consultation with other staff involved with the student and parents. Using various assessment tools aids school counselors in deciding which students require ongoing monitoring and which students require outside help. This referral needs to be done in such a manner that is culturally and ethnically sensitive. Additionally, the school counselor does not offer a diagnosis, but rather suggests that the child may have some characteristic consistent with a depressive disorder.

The school counselor works as the link between community mental health providers, the school, and the home. In the consultant role, the school counselor refers the family to outside agencies, provides information on depression to the child and the family, and helps the child adjust in school. Another aspect of the school counselor's role is to offer relevant information to the mental health professional who is working with the child while maintaining the appropriate levels of confidentiality. The school counselor may also be asked to be involved in the treatment in the school setting, providing such services as assistance with daily concerns, or follow-up and

monitoring of progress. In the rare but extremely serious cases the school counselor may have to provide crisis intervention.

School counselors are fortunate to be part of a team of professionals that help the child. Counselors work closely with teachers in identifying depressed clients. Teachers often refer students to the counselor who are having difficulty. Conversely the school counselor can offer suggestions to the teacher on working with the students and provide information on depressed children. Also building relationships with parents in a collaborative relationship increases the possibility of positive outcomes for the child. The school counselor again can provide information regarding depression to parents. The behavior and beliefs of parents greatly influences children whether the parents are aware of this or not (Evans et al., 2002). If the family has a distorted opinion of depression, then there may be difficulty in accepting the depression in the child. They could even be unconsciously reinforcing the child's maladaptive behaviors and thoughts.

Programs for Teachers and Counselors on Depression in Children

Successful Approaches to Treating Depression

Many different intervention strategies have been developed for the treatment of depression. These strategies can be employed individually, in a small group, or through family counseling. Conner (2001) outlined six different types of approaches to helping children with depression: cognitive, behavioral, social skills, self-control, interpersonal, and medication. The school counselor can use one or several of these approaches to help treat depressed students. These six strategies are briefly summarized as following

Cognitive approaches are designed to adjust the negative cognitions of the child. This strategy helps children recognize the connections between their thoughts, feelings, and behavior

and challenge their negative thoughts with evidence (Conner, 2001). A behavioral approach focuses on increasing enjoyable activities. One vehicle is through self monitoring and identifying positively reinforcing activities that are associated with positive feelings. Social skills consist of teaching children how to interact with others, targeting the student's specific needs. This provides the child with an opportunity to receive reinforcement and encouragement from their peers and counselor. Self-control methods help children identify their depressive behaviors and thoughts by having them actively monitor them. Interpersonal approaches focus on relationships and the social aspect of the child. Finally, the use of medication has been effective in treating depression in children.

Implications for Parents

What can parents do when their child has been identified as having depression or if they suspect depression? First, it is important to acknowledge you child's feelings (Herskowitz and Lubbers). Welcoming and encouraging the child to talk about how they feel may prevent the feelings from becoming more serious and can deepen the bond with the parent and child. Be aware of clues and indications of depression. Parents should follow their instincts about their child's behavior especially if there is a history of depression in the family. Give serious consideration to the suggestions of others that their child might be experiencing depression. If the parents suspect depression, they may want to discuss their concerns with teachers and the school counselor and compare and contrast behavior observations. Parents should also discuss concerns with their family physician. If a diagnosis is made, parents should seek professional help for their child. There are many different types of treatments that are effective for children, exploring the options and finding one that fits with the family's lifestyle is important.

Current Programs in Iowa

On a more local level, the Alliance for the Mentally Ill of Iowa (MAMI, 2003), found that the prevalence of major depression in preschoolers is 0.03%, in prepubertal children it is 1.8 %, and in adolescents the number is 4.7 %. MAMI cautioned that children change and grow at a fast rate and diagnosis and treatment of mental disorders should be viewed with those changes in considerations.

What School Counselors Are Doing in Iowa

There are several different treatment options for treating childhood depression. The school counselor works as a collaborator with the student's other mental health caregivers, and design interventions according to that plan. The school counselors typically will use some form of cognitive-behavioral approach. Cognitive behavioral therapy (CBT) strategies are a good place to begin in developing prevention programs (Meichnbaum, 1995, as cited in Evans, Van Veslor, & Schumacher, 2002). Cognitive-behavioral approaches are very versatile and can be used in individual, small group, and classroom settings. The basic principle of this approach is that an individual's feelings and behaviors are governed by their thoughts. Using cognitive-behavioral approaches in treating depression is done through helping clients recognize and challenge damaging thoughts. The school counselor's role is to challenge the student's thinking through questioning, summarizing, and giving feedback. This approach is collaborative with both the counselor and the student being active participants.

Using CBT approaches from a preventative stance would involve all the students in a problem-solving, skill training approach (Evans et al., 2002). Students are taught to solve the problem using the decision making process of identifying the problem, generating possible solutions, evaluate each possible solution, choosing the solutions, and finally evaluating the

solution. The school counselor's role is to guide and assist the student through these steps. Enhancing skills would involve teaching the students specific skills to foster healthy communication skills, especially the skills needed to express themselves appropriately. This would include knowing when and how to seek help.

For students who have already shown some risk factors for developing depression, the school counselor can be helpful in a small group setting. Using CBT, the group can focus on specific concerns of the students. Feedback from peers is a helpful part of the group process and can be used to help students identify unhealthy ways of thinking.

In working with students that have been identified as having a depressive disorder, the school counselor can use a variety of methods in coordination with the help the student is receiving from their mental health counselor. Supporting the student during school and reinforcing treatment strategies are roles the school counselor will have. Providing the student a safe environment to practice new skills, thoughts, and behaviors can be helpful.

Although using medications to treat depression in children is controversial, some doctors are beginning to use some types of psychotropic medications (NIMH, 2002). The FDA has not approved any medications for treating depression in children and adolescents, the *Harvard Mental Health Letter* (February, 2002) reported that controlled studies have been made of the use of selective serotonin re-uptake inhibitors (SSRIs) such as Paxil, Prozac, and Zoloft. The studies found that these antidepressants were as effective in children as in adults, with 60% reporting improvement. A recent study by The National Institute of Mental Health found that some of the antidepressant medications have been shown to be safe and effective in children for short-term use. It is recommended that medication should be used to treat children with advanced symptoms of depression, where therapy would be ineffective or impossible. Psychiatric medication should

not be used alone but rather part of a broad approach to treating the child's depression that includes individual and family therapy (American Academy of Child and Adolescent Psychiatry, 1999).

An alternative approach to treating depression in schools necessitates the school making changes in how the child sees their depression. Changing the circumstances or situations that surround it does this. Context provides a cue for students to behave in a specific manner (Magg, 2002). Magg described this by stating "manipulating context can have a profound effect on the performance of a behavior or symptom: It changes the meaning, purpose, and student's desire to engage in it" (Magg, 2002, p.150). He suggested specific strategies for working with depressed students. Most of the strategies center around using a contradiction in thinking and behaving and doing the complete opposite in extreme force to help the child understand that he or she does have the capabilities to improve their thinking and behavior. The first is prescribing depression, with the purpose being to make an uncontrollable behavior happen voluntarily. Thus the student begins to see that he or she can control their behavior and depression. Second is to "create an ordeal for relief" (Magg, 2002, p. 151) which makes it inconvenient for the student to exhibit the depressive symptoms. Third is exaggerated helplessness. The student is asked to exaggerate being helpless to help him or her recognize that he or she is not helpless. Fourth, is to control the uncontrollable. This is to help the child understand that they do have control over overcoming the depressive symptoms. Fifth is be perfect, by instructing the child to be perfect in everything from walking to breathing will help them recognize that they are not perfect, and the guidelines for perfection are subjective. Next is to make deliberate mistakes, having children make purposeful mistakes is a paradoxical method of challenging the child's beliefs.

An assessment tool available for school counselors is called the SAD PERSONS, it is based on 10 identified suicide risk factors for children (Juhnke, 1996). The ten factors are sex, age, depression or affective disorder, previous attempt, drug abuse, loss of rational thinking, lack of social support, having a suicide plan, family environment conducive to depressive symptom, and school problems. Each risk factor receives a score between 0 and 10 (except for sex). The guidelines for interpreting the test are scores that are in the 0-29 range should receive counseling services, with follow-up visits with the school counselor. Scores in the 30 to 49 range should also receive counseling services with closely supervised follow-up sessions. School counselors should contact parents or guardians if the child scored in this range because this is where the child is considered to be at-risk for suicide. Scores of 50 or above should be considered for a thorough evaluation and possibly hospitalization. As with many other concerns, the school counselor should notify parents regardless of the score if they feel the child is in danger.

Conclusion

Depression is a complicated and serious mental health problem for many children. It is often linked to other at-risk behaviors such as suicide, problems with schoolwork, and behavior problems. Additional research is clearly needed to gain a better understanding of the frequency and severity of this disorder and of the effectiveness of depression prevention and treatment for children. It is important for counselors to be flexible and to collaborate with other professionals to provide the best possible help for depressed children. School counselors should coordinate and design their portion of the treatment program in accordance with their personal theoretical outlook and the treatment plan of the outside counselor.

What is very clear is that depression can have a detrimental effect on youngsters and on those around them. It is critical that parents or guardians, counselors, and teachers work together

and take a comprehensive approach to identifying and treating depression in children. This includes being aware of the symptoms, causes, and problems associated with depression. Quick response to depressive symptoms and their causes is important in avoiding the possibly life threatening effects of this disorder.

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