



NATIONAL
ASSOCIATION OF
SCHOOL
PSYCHOLOGISTS

Depression: Supporting Students at School

BY THOMAS HUBERTY, PHD, ABPP, NCSP, *Indiana University, Bloomington*

Depression is one of the most common yet underidentified mental health problems of childhood and adolescence. Left unidentified and untreated, depression can have pervasive and long-term effects on social, personal, and academic performance. When school personnel know how to identify and intervene with children who have depression, they can provide them with opportunities for effective support.

Depression is not easily recognized or may be mistaken as another problem, such as lack of motivation. Although severe depression might be displayed in symptoms such as suicide attempts, severe withdrawal, or emotional swings, the vast majority of cases are much milder and do not attract attention from adults. Moreover, children and adolescents are not as likely as adults to refer themselves for mental health problems.

CHARACTERISTICS

Children and adolescents can demonstrate depression in cognitive, behavioral, and physiological behaviors or patterns. Although not all children will show all signs, or the signs may vary in frequency, intensity, and duration at different times, a persistent pattern over a relatively long time is likely to be associated with a variety of personal, social, and academic problems. Table 1 (Huberty, 2008) summarizes some of the more common signs of depression that may warrant consideration, particularly if several signs are present consistently.

Many of these symptoms could easily be mistaken for behavior problems associated with academic or social difficulties, such as apathy, low performance, or uncooperativeness. It is important for school personnel to know the signs so that early identification and intervention can occur.

PREVALENCE AND DEVELOPMENT OF DEPRESSION IN CHILDREN AND ADOLESCENTS

Depression in preadolescent children is rather rare, occurring in about 1.5% of children. Depression in preschool children is very rare, with a prevalence rate of less than 1% of the population. In younger children depression is more likely to be displayed as high levels of stress, noncompliance, and irritability, rather than the symptoms shown in late childhood and adolescence, which are more similar to those of adults.

Development of Depression

In the early elementary years, prevalence rates for boys and girls are about equal, but as adolescence nears, girls are more likely to show depression than boys. The overall rate of depression in adolescent girls versus boys is about 2:1 to 3:1. Reasons for these differences are many, including hormonal differences, impact of different social stressors, variations in gender expectations, and coping methods. Most often, the approximate onset of depressive disorders is at about 11 to 14 years. Depression may have a long-term course, persisting over several weeks, months, or years, or it may be of recent onset, such as in trauma. Most major depressive episodes last about seven to nine months, although 6–10% of cases may persist for several months to a few years. If one considers that up to 10% of adolescents have significant depression, about three students in a class of 30 would be affected, with two of them being girls.

Risk Factors

The causes of depression are multiple and complex. Some people have a greater likelihood of developing it, such as those who have first-degree relatives with depression (e.g., a parent), those who live in highly stressful and demanding environments, or those who have experienced a traumatic event (e.g., loss of a loved one). Children with disabilities, such as learning or medical problems, are also more vulnerable to developing depression.

Table 1. Common Signs of Depression in Children and Adolescents

Cognitive	Behavioral	Physiological
<ul style="list-style-type: none">• "All or none" thinking• Catastrophizing• Memory problems• Concentration problems• Attention problems• Internal locus of control• Negative view of self, world, and future• Automatic thinking• Negative attributional style• Negative affect• Feelings of helplessness• Feelings of hopelessness• Low self-esteem• Difficulty making decisions• Feels loss of control• Suicidal thoughts	<ul style="list-style-type: none">• Depressed mood• Social withdrawal• Does not participate in usual activities• Shows limited effort• Decline in self-care or personal appearance• Decreased work or school performance• Appears detached from others• Crying for no apparent reason• Inappropriate responses to events• Irritability• Apathy• Uncooperative• Suicide attempts	<ul style="list-style-type: none">• Psychomotor agitation or retardation• Somatic complaints• Poor appetite or overeating• Insomnia or hypersomnia• Low energy or fatigue

From Huberty, T. J. (2008). Best practices in school-based interventions for anxiety and depression. In A. Thomas & J. Grimes (Eds.), *Best practices in school psychology V* (pp. 1473-1486). Bethesda, MD: National Association of School Psychologists.

Sudden onset often is associated with a recent environmental stressor or change in medical or physical status. Children who perceive that others do not view them as competent are more likely to develop depression. If teachers and peers view a student as not being academically or socially capable, the risk for depression increases. Similarly, schools can be stressful places for children who are not successful, which puts them at increased risk for depression.

Coexisting Conditions

Depression is associated with other conditions seen in children and youth. For example, approximately 50% of children with depression also have problems with anxiety. Depression also co-occurs with attention deficit hyperactivity disorder, conduct disorder, oppositional defiant disorder, and substance abuse problems in 17% to 79% of cases. Therefore, some acting out problems may receive more attention, with less consideration of the possibility of depression.

EFFECTS ON ACADEMIC AND SOCIAL PERFORMANCE

Children and adolescents with depression experience significant academic and social difficulties.

Children who have depression are much more likely than their peers to have difficulty concentrating, completing assignments, paying attention, participating in class, achieving at grade level, feeling academically competent, persisting on tasks, and feeling motivated to perform. Socially, depressed children are more likely to

be withdrawn, experience social skills deficits, and derive less enjoyment from their surroundings. To others, they may appear to be uninterested in school or to deliberately choose to show these behaviors. Children and adolescents who are depressed generally want to be successful academically and socially, but lack the ability and motivation; they are not choosing these behaviors.

DEPRESSION AND SUICIDE

A small proportion of depressed students show serious thoughts of planning or attempting suicide. Although the risk of suicide is higher with depressed students, the vast majority of them do not attempt it. Nevertheless, any signs of suicide should be taken seriously, even if they appear to be meaningless gestures. Because actual suicide attempts are infrequent and often are the result of specific situations, they are difficult to predict. Suicidal thoughts are more likely when the student feels that nothing will help to improve the situation. Signs may be indirect, such as giving away personal or prized possessions, making statements about "not being around," visiting friends and family not seen recently, taking care of personal matters (e.g., repaying debts, completing unfinished tasks), and talking about how they would like to be remembered.

INTERVENTIONS

Long-term depression may require multiple interventions, such as family therapy, individual or group work, or medications. Although serious depression may require external professional help, support can be

provided in the school setting. An important fact to remember is that depressed children are not choosing to underperform or withdraw. They want to be successful and often are seeking guidance and support from teachers and others, but lack the ability to be successful. Teachers may be uncertain how to approach and interact with depressed students, but should remember that they do not need to be therapists or counselors to provide support.

Develop a Working and Collaborative Relationship With the Depressed Student

Do not be afraid to talk with depressed students about how they feel. Many times, they are seeking someone who cares about them, although it might not seem that way. Above all, don't give up on them!

Avoid Negative Techniques

Strategies such as punishment, sarcasm, disparagement, or other negative techniques are not effective and likely will only reinforce feelings of incompetence and low self-esteem, which may deepen the depression. Remember that these students are not choosing to be depressed. They want to feel better and do well, just as you want them to do well. When depressed, they lack the personal resources to do their best work. As an analogy, we would not expect someone with a reading disability to read at grade level and would provide extra help and support, not punitive approaches. The student with depression needs to receive extra support and caring as well, not criticism, punishment, or indifference.

Make Adjustments or Accommodations in Assignments or Tasks

This approach does not mean that expectations are lowered or that the student with depression should be given unearned grades. However, giving more time, breaking assignments into smaller pieces, offering extra help in setting up schedules or study habits, or pairing the student with others who express an interest in helping are examples. Such accommodations are provided often for students with learning disabilities. There is no reason that the student with depression cannot receive similar considerations.

Plan for Success

To the extent possible, arrange experiences so that the student can be successful and be recognized for successes. Scheduling pleasant activities and providing opportunities for successful leadership are examples. It is very important that depressed students feel accepted as a part of the school and that teachers believe in their competence.

Consult With Your School Psychologist, Counselor, or Social Worker

Student services personnel can provide suggestions of ways to support specific students. Each case is different and requires individual planning. Some students, for whom depression seriously limits their ability to benefit from schooling, will be eligible for state and federal services as a student with a disability, including classroom accommodations, an Individualized Education Program (IEP), or Section 504 plan.

CONCLUSION

Depression can impact many aspects of students' performance at school, including both academic achievement and social relationships. Students with depression not only benefit from mental health services but can greatly benefit from support by caring adults in their school settings. Understanding, patience, knowledge of the nature and course of depression, a desire to be helpful, and a commitment to improving outcomes can be major factors in helping these students to succeed in school.

RECOMMENDED RESOURCES

Print

- Evans, D. L., & Andrews, L. W. (2005). *If your adolescent has depression or bipolar disorder*. New York: Oxford University Press.
- Huberty, T. J. (2006). Depression: Helping students in the classroom. *Communiqué*, 35(3). Available: <http://www.nasponline.org/publications/cq/cq353depression.aspx>
- Huberty, T. J. (2008). Best practices in school-based interventions for anxiety and depression. In A. Thomas & J. Grimes (Eds.), *Best practices in school psychology V* (pp. 1473-1486). Bethesda, MD: National Association of School Psychologists.
- Merrell, K. (2004). *Helping students overcome depression and anxiety: A practical guide* (2nd ed.). New York: Guilford Press.

Online

- American Psychological Association: <http://www.apa.org>
- National Association of School Psychologists: <http://www.nasponline.org>
- National Depressive and Manic-Depressive Association: <http://www.ndmda.org>
- Wrightslaw: <http://www.wrightslaw.com>

Thomas J. Huberty, PhD, ABPP, is Professor of School Psychology and Director of the School Psychology Program at Indiana University.

© 2010 National Association of School Psychologists, 4340 East West Highway, Suite 402, Bethesda, MD 20814—(301) 657-0270