

DEPRESSIVE DISORDERS



About Depressive Disorders

Children with depressive disorders experience frequent feelings of sadness or loss of enjoyment. Adverse childhood experiences increase the risk of depression. Depressive disorders are diagnosed when negative feelings, lack of interest in previous activities, and physical symptoms persist for at least two weeks. In 2014, the National Institute of Mental Health¹ estimated that approximately 2.8 million adolescents between the ages of 12 and 17 in the United States had experienced at least one major depressive episode in the preceding year.

Children most at risk for depressive disorders may have severe stressors, negative temperaments, a family history of depression and/or an adverse childhood experience. Chronic medical conditions or other major disorders may increase the risk for a depressive disorder.

Major depressive disorder is associated with higher mortality, including increased risk of suicide. Without treatment, episodes can reoccur or become more severe.

What Does It Look Like?

- Changes in mood
- Unusual sadness or irritability
- Reduced interest in activities (e.g., sports, friends, school)
- Unexpected changes in weight
- Shifts in sleep patterns
- Sluggishness
- Expressions of inappropriate or excessive guilt
- May be unkind or tough on oneself
- Thoughts of suicide or death

Forms of Depressive Disorders

- Disruptive Mood Dysregulation Disorder
- Major Depressive Disorder
- Persistent Depressive Disorder (Dysthymia)
- Premenstrual Dysphoric Disorder
- Substance/Medication-Induced Depressive Disorder
- Depressive Disorder due to Another Medical Condition

MENTAL HEALTH DISORDERS OF CHILDHOOD AND ADOLESCENCE:
DEPRESSIVE DISORDERS

Symptoms and Interventions

	Symptoms	Interventions
Classroom	<ul style="list-style-type: none"> Exhibits a depressed or irritable mood Notes feelings of worthlessness and/or guilt Experiences fatigue Struggles with decision-making Experiences thoughts of death and suicide 	<ul style="list-style-type: none"> Identify one teacher or staff member as a point person for communicating with parents Build in opportunities for student to talk with a supportive adult Provide student with “self timeout” or break Teach the student positive self-talk Model how to reframe mistakes into opportunities Assign student meaningful responsibilities Demonstrate unconditional acceptance Separate student from negative peers Allow the student to self-select a classroom job/role of high interest (e.g., running errands, setting up computer) Allow student to demonstrate learning and knowledge through alternative methods Review the sections on self-injury and suicide of this resource for additional information
School Work	<ul style="list-style-type: none"> Exhibits slowed responses Experiences difficulty concentrating 	<ul style="list-style-type: none"> Provide student with written copies of class notes or assignments Reduce homework Allow student more time to respond when asking questions Prompt the student to use a day planner to keep track of assignments; check in at the end of the day Help student organize projects and break down assignments into manageable parts
Desk	<ul style="list-style-type: none"> Demonstrates slowed or lack of movement 	<ul style="list-style-type: none"> Place the student in a brightly lit area Design lessons that require the student to actively respond (e.g., write on the board) Integrate physical activity into the school day Provide student with an in-class outlet to move (e.g., stress ball or stand at desk) Provide preferential seating based on the student’s academic and emotional needs
Outside the Classroom	<ul style="list-style-type: none"> Experiences changes in appetite Struggles with diminished energy Experiences thoughts of death and suicide 	<ul style="list-style-type: none"> Collaborate closely with school nurse to monitor food, sleep, and energy concerns Allow “grazing” of healthy foods throughout the day Work with student to establish social time with peers Encourage interactions with positive peers Allow the student to attend social activities without requiring active participation
Transitions	<ul style="list-style-type: none"> Experiences fatigue or loss of energy 	<ul style="list-style-type: none"> Provide student with a daily schedule including time for interests

Student Strengths

- Bright
- Considerate
- Discreet
- Fair-minded
- Gentle
- Honest
- Modest
- Quiet
- Reserved

References

- ¹ National Institute of Mental Health. (2014). *Major depression among adolescents*. Retrieved from <http://www.nimh.nih.gov/health/statistics/prevalence/major-depression-among-adolescents.shtml>

Resources

- **National Institute of Mental Health**
<http://www.nimh.nih.gov/health/publications/depression/index.shtml>
- **Child Mind Institute**
<http://www.childmind.org/en/health/disorder-guide/major-depressive-disorder>
- **American Academy of Family Physicians**
<http://www.aafp.org/afp/2000/1115/p2297.html>
- **Centers for Disease Control and Prevention**
<http://www.cdc.gov/mentalhealth/basics/mental-illness/depression.htm>
- **Students First Fact Sheet**
<http://studentsfirstproject.org/wp-content/uploads/School-and-Classroom-Depression-Strategies.pdf>