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Depression in school

(seminar paper)

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1.Introduction.....	3
2.Depression in School.....	3
1.Teenagers dealing with depression.....	5

Lynn's Story.....	5
When You're Depressed.....	5
What Is Counseling?.....	5
Depression and Suicide.....	5
3.Warning signs of depression in school.....	6
Warn.....	6
4.Symptoms of Depression in Children.....	8
5.Clinical Depression in Children.....	11
6.Sources.....	13

1. Introduction

Depression is not something you just »snap out of it« .

Everyone occasionally feels blue or sad, but these feelings are usually fleeting and pass within a couple of days. When a person has a depressive disorder, it interferes with daily life, normal functioning, and causes pain for both the person with the disorder and those who care about him or her. Depression is a common but serious illness, and most who experience it need treatment to get better.

Many people with a depressive illness never seek treatment. But the vast majority, even those with the most severe depression, can get better with treatment. Intensive research into the illness has resulted in the development of medications, psychotherapies, and other methods to treat people with this disabling disorder.

I chose this topic based on the fact, that I will be a teacher and I will have to face with depression many times. It is therefore important to understand these situations and study all possible scenarios. I will show you how to treat depression, how to survive and fight it and also all the theory that is to know about this mood.

2. Depression in School

School depression is the type of depression that occurs in school going children and research shows this is a more common illness than was previously thought. Numbers of students are affected by depression every year and due to the age group that can be affected by depression it is important at the first signs to have the child diagnosed. School depression is not a strange kind of depression; it is just the same as some of the other types of depression. Following are the symptoms of school depression:

- The first and the foremost symptom of depression in school going children is the inability to concentrate while studying.
- Irritation at school without a proper reason.
- Poor appetite.
- School going children may exhibit sleeping problems; these consist of too little sleep or too much sleep.
- Little interest in extra curricular activities.
- Nervousness or hesitation without any reason.
- Fatigue.
- Negative thoughts and poor self-confidence also are the symptoms of depression in school going children.

School depression or depression in school age children exhibit the above listed symptoms commonly, but these symptoms might vary child to child. The prevalence of depression in school going children is 3 to 4 out of 100 children. School depression occurs equally in boy and girls. The relationship of students amongst their friends and teachers play a big role in school depression. Some of the causes that may lead to depression in school age children are:

- Extra pressure of parents or schoolteachers on students to perform well in examinations.
- Too many expectations from parents.
- Students that do not join activities may also develop depression.
- Bookworms may also develop depression.
- Low self-confidence can also develop depression in school age children.
- The fear of bad performance in activities such as sports or bad performance in studies could also be the reason of depression in school age children.

1. Teenagers dealing with depression

Four out of every 100 [teenagers deal with depression](#) each year, according to the National Institute for Mental Health (NIMH) in Maryland. It can affect people of any age, racial, ethnic or economic group.

Susan Haffert, a licensed clinical social worker in private practice in Cherry Hill, N.J. says [depression is a group of signs and symptoms](#) that are not normal reactions to life's troubles.

"When we [feel depressed but don't know why](#), it's because our brain's chemical messengers" stop working right. That means information is not passed normally from brain cell to brain cell.

Other times, something bad - like losing someone you love or watching your parents get divorced- can trigger depression, according to information provided by NIMH.

Lynn's Story

Lynn started to get scared. She was sad all the time. Her grades started slipping, and she began losing weight. She had been eating close to nothing. "I guess dieting helped me to feel like I had some purpose, some control," says Lynn. No Iframes. Inside, she was screaming for help. But on the outside, she had turned into a dangerously thin, isolated girl that others barely saw.

[Depression shows up in different ways](#) in different people. Losing or gaining weight, getting into trouble in school, using alcohol or drugs, getting bad grades and having problems with family or friends are all signs of depression, according to NIMH.

One day, Lynn and her best friend, Jamie, got in a fight, and after screaming and yelling, Lynn finally told Jamie everything. "I was so worried that she'd look at me weird. But, without her, I don't know what would've happened to me," Lynn says. Jamie told her parents, who went to Lynn's parents with their concerns. When Lynn's parents asked her about the depression, she finally broke down and told them. Lynn had waited so long to tell, and her problem had become so bad, that she was admitted to a psychiatric hospital the next day.

Lynn finally did the right thing. She told someone!!

Talk to a friend, a parent, a teacher, a guidance counselor or any other responsible adult you feel comfortable with. The more you keep things inside, the harder it is to feel better.

While Lynn went to a hospital to deal with her depression, most people are helped with counseling, medicine or both, especially when the depression is caught early on. And remember, being depressed doesn't mean a person is weak or a failure. It means they need help. Lynn stayed in the hospital for eight days. After that, she went back home and had counseling sessions for a year. She got back the good parts of herself by opening up to people who loved her.

"I was at the point where I wanted to die," says Lynn. "I had even written a suicide note to my Mom and stapled my picture to it, but I never gave it to her. If I hadn't told my friend - Who knows where I'd be today?"

If you or someone you know suffers from depression, get help. Talk to your parents, a school counselor, a trusted adult, check your telephone book under "mental health services" - or call your local hospital or teen hotline / suicide hotline.

The National Hopeline Network 1-800-SUICIDE provides access to trained telephone counselors, 24 hours a day, 7 days a week. Or for a [crisis center in your area](#), go here.

When You're Depressed...

3. Warning signs of depression in school

An estimated 1 out of 10 children have difficulty escaping the symptoms of depression for long periods of time. The rate of depression is markedly lower (1%) in children ages 1 to 6 years old. The rate is higher in older children ages 9 to 12 years (12%).

During childhood the number of boys and girls affected are almost equal. In adolescence, twice as many girls as boys are diagnosed. (Similar to adult rate) [Repeated episodes of depression](#) can take a great toll on a young mind. Well over half of [depressed adolescents](#) have a recurrence within seven years. [Children with Major Depression](#) have an increased incidence of [Bipolar Disorder](#) and recurrent Major Depression.

Warning Signs of Depression in Children and Adolescents

- Sudden changes in behavior
- Aggressive, angry or agitated behavior
- Increased risk-taking
- Changes in appetite or sleep patterns
- Lower self-esteem
- Gives up valued possessions and settles unfinished business
- Withdraws from friends, activities, and family
- Changes in dress or appearance
- Significant losses or family stress

Here I have an example of a young teenager named Sarah.

She has never had much confidence. High school is harder than she expected. My husband and I are divorced, and this has been very hard on her. Now, she looks and acts absolutely exhausted, doesn't sleep, and just sits in her room crying with her door closed. When she goes out, she dresses all in black clothing and wears heavy black eye shadow. I have tried to talk to

her, but she acts angry and won't say a word to me. I can't tell if Sarah is just "going through a phase" or is truly depressed.

The teen years offer new experiences and challenges that can be exciting, but also stressful. The stress of adolescence is one of many factors that can make young people unhappy. Teenagers are also experiencing hormonal changes which can affect their mood. Some sadness and mood swings are a normal part of life. But when the "blues" last for weeks, or interfere with school, home, or other activities, your teen may be suffering from clinical depression. Depression, a mood disorder that is a real medical illness, is often unrecognized, but can be effectively treated.

When teens, or anyone, are very upset about things, they need to talk with someone who cares and can help. Parents should be concerned and talk with their child about his or her unhappiness, whether it is a temporary state or a case of clinical depression. We should set an example of confronting problems, head on.

It is sometimes hard to tell when teens are depressed, because the symptoms may be hard to read. For example, you may mistake a sleep disturbance, which can be a sign of depression, for a late-night television habit, or your teen may only reveal her sadness in writings that contain morbid themes. Teens may say they are "bored" when, in fact, they are depressed. In addition, signs of depression may vary among cultural groups: Teens in some groups experience sadness or guilt; while others experience more physical symptoms, such as headaches and nervousness.

Clearly, Sarah is unhappy and may be suffering from depression. What is going on in her life to make her feel this way? Think about past and present problems. When did this crying begin? Did it coincide with family tension, or the divorce, or problems in school? How is she getting along with friends? How are things in your family, now? Are there any other problems or symptoms? The answers to these questions provide clues about what is wrong and how to help her.

Depression does increase the risk of suicidal behavior. Many teens think about suicide, and some of them follow through. Parents should be especially concerned and get professional help immediately if additional warning signs are evident, such as when a child has a history of previous suicidal behavior, hints at not being around in the future, expresses a desire to die, gives away prized possessions, has experienced a recent loss, or makes threats of suicide. Sarah needs to talk with someone who cares and can help. Give her an opportunity to discuss her feelings and what is causing them. If she won't find an adult with whom she can talk, such as a family physician or a mental health professional.

4. Symptoms of Depression in Children

Depression is a mental illness marked by negative moods (sadness or irritability) and a loss of the ability to enjoy life. In addition to these core symptoms, depression involves negative thoughts, changes in sleep, appetite, energy, and ability to concentrate. When they are [depressed, school-age children](#) often are irritable, rather than sad, but in other ways they experience depression just as older children and adults do.

How common is depression?

About 2 to 3 children out of 100 have [clinical depression \(major depression\)](#) at any given time. This makes depression much less common than asthma or allergies, but many times more common than, say, childhood diabetes or cancer. Up until puberty, depression occurs equally in boys and girls; after that, girls are more likely to develop it.

Depression is largely an [inherited condition](#), although a child's past and present experiences and relationships also play an important role.

What does childhood depression look like?

Any of these symptoms can be signs of depression: No Iframes

- Sadness or crying more than usual, lasting much of the day, several days of the week. (Note: Children who are depressed do not necessarily look sad all of the time.)
- Loss of interest: Things that used to be exciting, such as playing sports, baking cookies, or going on outings no longer spark any enthusiasm. If you ask, "Tell me something that's really fun to do," it's hard for a child with depression to answer.
- Irritability: Little disappointments spark big anger or distress; the child doesn't seem to be able to shrug off small frustrations.

- Pulling back from friends: A child stops going to friends' houses or having friends over. (Note: Many children like to have lots of time to themselves; depression is more of a concern if a child who was sociable changes into a loner.)
- Sleep problems: A child starts waking up in the middle of the night or early in the morning, or sleeping much longer than usual. Low energy (can't get out of bed, unusually sleepy during the day, can't get moving) are common in depression.
- Changes in appetite, either eating a lot less than usual or (occasionally) a lot more. Other physical complaints (stomachaches, headaches, body aches and pains) often go along with depression as well.
- Changes in school performance: A "straight A" student starts getting C's or F's; a child stops participating in class or starts missing lots of school; a child who was well organized starts forgetting things or having a hard time making decisions.
- Alcohol or drug use can be early signs of depression.
- Negative statements, such as "I'm stupid," "Everything's stupid," "It's all my fault." Feelings of guilt or hopelessness are common in depression.
- Suicidal statements: Sometimes, of course, the child who yells, "I wish I were dead!" is really just very angry at that moment. But suicide does happen, even in young children. Any statement about wanting to die deserves to be taken seriously, especially if a child makes these statements often or during a sad mood (rather than when he's angry).

Sorting it out

Of course, many of the signs of depression listed above can be symptoms of other medical or psychological problems, too. A primary-care physician (pediatrician or family doctor) can check for common medical issues. Some are comfortable making the diagnosis of depression; others will call in a psychologist, psychiatrist, or psychiatric social worker as a consultant. You can help, too, by [educating yourself about depression](#) and [dealing with your child](#) in a kindly, supportive way.



5. Clinical Depression in Children

In this type of depression (aka [Major Depression](#)), a child with no other psychiatric problems suddenly becomes depressed, sometimes for little or no reason. Sometimes their sleep is disturbed. They are not hungry, have no energy, are afraid of all sorts of things, think life is hopeless, can not concentrate at all, are less social and are very irritable.

Examples of Clinical Depression in Children

4-7 years old

Sara is 5. She has been in preschool all fall and overall, she enjoys it and does fairly well. After Thanksgiving, she seemed to become less and less excited about pre-school. She thought the others were bugging her. She didn't want to go some days, but her parents made her. At home, it was the same. Nothing was right. When bedtime came, she couldn't sleep and wanted to sleep with her mom. She lost interest in playing with her cousin. She didn't get even get that excited about Christmas. She started telling her parents, "You don't like me". When they took her out to McDonalds, she liked it, but she was never enthusiastic like she used to be. Her mother would notice her sitting in a chair with a horrible look on her face doing nothing. No Iframes

7-12 years old

Ryan is 11. He is in 4th grade and has always been an average student. Of their three children, he gave his parents the least cause for concern until these last few months. It started with him calling home from school to talk with his mom or dad. He just wanted to tell them what was going on. It was never good. He was worrying about passing, even though he was doing fine. Then he started saying that he just couldn't do the work. When his parents would ask why, he would just get mad and tell them they didn't understand. He refused to play hockey in the winter. He wouldn't go hunting with his Dad. The only thing he did was go to scouts and watch TV. So his parents decided to start restricting the TV. Ryan told them that if he couldn't watch TV, he might as well just die. They didn't take it seriously. He was sleeping all day, eating constantly and failing in school. His friends no longer came around. One day his father went to use the bathroom and didn't realize Ryan was in there. He wasn't using the toilet. He had a bunch of pills poured out on the sink.

13-17 years old

Tessa is 15. When she was 13, her parents remembered her being a little irritable and to herself, but it was nothing like it is now. Whenever they say anything to her, she returns it with some nasty comment. It is very hard to live with. Tessa has stopped going out very much. She sits in her room with the door locked and listens to music. Sometimes she slams things around in there. Before, Tessa would usually be asleep by 10:30 at the latest. Now she is up later than her parents. Sometimes her mother will come in and ask her if something is bothering her. "What's bothering me?" "Do you really want to know?" Yes, her mother did. So Tessa told her. Tessa felt she was the dumbest, ugliest, most useless piece of crap that God had ever made. She hated herself, her family, and her friends. She told her mother she just wished she could die and then starting crying for about an hour while her mother held her.

Dysthymia in Children

This is a milder depression that goes on for years at a time. Children and adolescents with [Dysthymia](#) often have been depressed so long that they can not recall what not being depressed is like. People think it is part of their personality. Typically they are irritable, hard to please, unhappy with nearly everything and very trying to be around. They tend to have fewer problems with sleep and appetite than children with major depression. To have this disorder you must be depressed or irritable for at least a year straight with at least two of the following:

1. poor appetite or overeating
2. insomnia or excess sleeping
3. low energy or fatigue
4. low self esteem
5. poor concentration or difficulty making decisions
6. feelings of hopelessness

Children with dysthymia often can still enjoy some activities. Children with dysthymia are at a very high risk to get MDD. Over 70% of dysthymic children will get severely depressed, and 12% will get manic depressive disorder. Rather than recover, they often go back to their dysthymic selves. A long episode of Dysthymia will mess up a child's life far more than a brief episode of severe depression.



6. Sources

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