Depression is dangerous territory. Having entered it, kids need every bit of help they can get to survive and find their way out.

BY MARY FISCHER

Today, kids are arriving at school with greater needs, pressures and distractions. One issue that has become more prevalent in recent years is childhood depression. Depression can have harsh and lasting consequences for children. It can lead to setbacks in a child’s social life, emotional growth and performance in school, as well as substance abuse. Also, it is well-known that depressed children are at high risk for suicide.

“As the only school counselor in an elementary school with nearly 900 students, I see depression on many levels,” said Nancy Afflerbach. “Numerous factors may contribute to a student’s depression, such as economic issues, genetic issues, inadequate nutrition and exercise, bullying, lack of family interaction/support, exposure to social media sites too early and also academic stress. I find that one of the best ways to counteract depression is to teach all students the value of empathy and to recognize and express emotions. The earlier we start teaching social skills to all students, not just those exhibiting signs of depression, the better equipped our students will be to deal with the stresses that contribute to depression.” It is also important to teach parents and school staff how to recognize the possible signs of depression in children.

Depression hits students in so many different ways, and students often don’t recognize their feelings of loneliness, inadequacy and regret.

“As a high school counselor, I have worked with many such students,” said Jan Porter, NBCC-SC. “They engage in counterproductive activities with other students who are angry and disengaged. They join cliques to help them find an identity within their defined group.”

Questions We Ask
As a middle school counselor, I ask questions about depression,” said Debbi Trust. “What is it? What does it look like? Is it situational, acute, chronic, biochemical? Is the student diagnosed and in treatment? Is the student treated with meds or not? How do we really go about recognizing and understanding depression in kids? How do we deal with confidentiality issues? Do I
Four million children and adolescents suffer from a serious mental disorder that causes significant functional impairments at home, school and with peers.

- Of children ages 9 to 17, 21 percent have a diagnosable mental or addictive disorder that causes at least minimal impairment.
- Half of all lifetime cases of mental disorders begin by age 14.
- Despite effective treatments, there are long delays between the first onset of symptoms and when people seek and receive treatment.
- An untreated mental disorder can lead to a more severe, more difficult-to-treat illness and to the development of co-occurring mental illnesses.
- In any given year, only 20 percent of children with mental disorders are identified and receive mental health services.

Source: National Alliance for Mental Illness

Suicide is the third leading cause of death in youth ages 15 to 24.

- More teenagers and young adults die from suicide than from cancer, heart disease, AIDS, birth defects, stroke, pneumonia, influenza and chronic lung disease combined.
- More than 90 percent of children and adolescents who commit suicide have a mental disorder.
- States spend nearly $1 billion annually on medical costs associated with completed suicides and suicide attempts by youth up to 20 years of age.
- Approximately 50 percent of students age 14 and older who are living with a mental illness drop out of high school. This is the highest dropout rate of any disability group.
- Youth with unidentified and untreated mental disorders often end up in jails and prisons. 65 percent of boys and 75 percent of girls in juvenile detention have at least one mental illness.

Source: Children’s Mental Health Network

More Info

- National Alliance for Mental Illness (NAMI) www.nami.org
- Intervention Central www.interventioncentral.org
- SchoolMentalHealth.org www.schoolmentalhealth.org
- National Mental Health Association www.thenationalcouncil.org
- Mental Health American www.nmha.org
- NAMI Fight Stigma www.nami.org/Template.cfm?Section=Fight_Stigma
- Suicide Hotline (800) SUICIDE or (800) 273-TALK
- The Trevor Project www.thetrevorproject.org/late.cfm?Section=Fight_Stigma
- The Substance Abuse and Mental Health Services Administration www.samhsa.gov/
- The Balanced Mind www.thebalancedmind.org/learn/library/about-pediatric-bipolar-disorder?page=all

have permission to share info with teachers? What is the specific role of the school counselor as part of the treatment team?”

School-based counseling can be effective in helping a child with depression navigate the social, behavioral and academic demands of the school setting. Trust offers planning for maintaining academic engagement and success and answers the questions the students ask her, such as: Why am I different? Do people know? Why do I do things that I don’t mean to do? Is school a place where I am safe or not?

The symptoms of depression in children vary. It is often undiagnosed and untreated because the symptoms are passed off as normal emotional and psychological changes that occur during growth. Early medical studies focused on “masked” depression, where a child’s depressed mood was evidenced by acting out or angry behavior. Although this does occur, particularly in younger children, many children display sadness or low mood similar to adults who are depressed. The primary symptoms of depression revolve around sadness, a feeling of hopelessness and mood changes.

Signs and symptoms of depression in children include:

- Irritability or anger
- Continuous feelings of sadness and hopelessness
- Social withdrawal
- Increased sensitivity to rejection
- Changes in appetite, either increased or decreased
- Changes in sleep, sleeplessness or excessive sleep
- Vocal outbursts or crying
- Difficulty concentrating
- Fatigue and low energy
- Physical complaints (stomachaches, headaches) that don’t respond to treatment
- Reduced ability to function during events and activities at home or in school
- Feelings of worthlessness or guilt
- Impaired thinking or concentration
- Thoughts of death or suicide

These symptoms will vary at different times and in different settings. Often teachers and school counselors
will notice loss of interest in school and poor academic performance or a change in appearance.

Depression is complex, particularly when it co-exists with other emotional and behavioral problems. Often, there are family problems, making a difficult situation even more challenging. The good news is that, with proper intervention, most children and youth can learn to address their depression and lead happy and productive lives. In some cases, medication and outside therapy may be needed. Although a student may need outside counseling or therapy, there are many things school counselors and teachers and others can do to help the depressed student. Some suggestions include:

**Develop a relationship:** Try to develop a working, collaborative relationship with the student with depression. Do not be afraid to talk with the student. Many times, depressed students are seeking someone who cares about them, although it might not seem that way. Above all, don’t give up on them.

**Use positive approaches:** Do not use punishment, sarcasm, disparagement or other negative techniques. They are not effective and likely will only further reinforce feelings of incompetence and low self-esteem, which may deepen the depression. Punitive approaches are not recommended in these cases; instead, it is best to give extra help or support.

Remember that these students are not choosing to be depressed. They want to feel better and to 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. Students with depression need to receive extra support and caring, as well, not criticism, punishment or indifference. Consider ways to give the extra support and attention they need, while recognizing that the student may be doing the best he or she can do at the time.

**Consider making 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 Pretty amazing numbers considering that was how students graded Rice University in the 2015 edition of Princeton Review’s “The Best 379 Colleges.” The guide also includes student quotes about the university’s “stellar faculty,” “vibrant research program” and “diverse selection of courses and departments.” Such rankings reflect the amazing efforts and dedication of the Rice faculty and staff to provide the best possible educational experience.

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unearned grades. However, give more time, break assignments into smaller pieces, offer extra help in setting up schedules or study habits, or pair the student with others who express an interest in helping. Accommodations like these are provided often for students with learning disabilities. There is no reason students with depression cannot receive similar considerations.

Provide opportunities for success: To the extent possible, arrange experiences so the student can be successful and be recognized for successes. It is important students with depression feel accepted as a part of the school and that educators believe in the students’ competence.

Seek help from other support personnel: Consult with the school psychologist, nurse or social worker. Each case is different and requires individual planning.

Almost all students with depression benefit from some type of talk therapy. Talk therapy is a good place to talk about their feelings and concerns and to learn ways to deal with them. The school counselor is the one to make appropriate agency referrals.

School counselors are the key in the school environment. They advocate, consult and collaborate, functioning as leaders in assisting students, parents, teachers, administrators and other school personnel in learning about depression and implementing methods to help can make the difference for a student between success and underachievement. They can have significant, positive impacts on improving the academic, social and emotional development of children with depression.

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RESOURCES
NIMH Information Resource Center
www.nimh.nih.gov/health/topics/depression/index.shtml

National Association of School Psychologists
www.nascenter.org/teachers/teachers.html

PBS Kids
http://pbskids.org/itsmylife/emotions/depression/

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