

DEPRESSION IN CHILDHOOD AND ADOLESCENCE: A QUIET CRISIS

Depression among children and adolescents represents a quiet crisis for those students and their families, for schools, and for society as a whole. By the time they turn 18 years, approximately 11% of children and adolescents will have experienced some form of diagnosable depressive disorder (National Institute of Mental Health [NIMH], 2012). If one considers subclinical levels of depression, the percentage is even higher (Avenevoli, Knight, Kessler, & Meridangas, 2008). Studies have found that 10% to 30% of adolescents either show significant subclinical depressive symptoms or would meet clinical cutoffs if self-reports were considered, suggesting that “if 20% is considered a ‘middle ground’ approximation, the data would indicate that, in a classroom of 30 adolescent students, approximately six would have serious depressive symptoms or disorders” (Huberty, 2012, p. 151). These students exhibit significant depressive symptoms and functional impairment and are at increased risk for the later development of clinical levels of depression (Rudolf, 2009).

THE COST TO STUDENTS, ADULTS, AND SOCIETY

Students with depression frequently exhibit difficulties in academic performance and social interactions. Their motivation, initiative, and persistence can suffer, and teachers sometimes misperceive them as lazy or not caring about their work. This can result in fewer positive

student–teacher interactions followed by further student disengagement from school and increased depressive symptoms. In a similar way, students exhibiting depression frequently also have difficulty maintaining social connections with peers. They sometimes exhibit irritability, indifference, or behavior problems that alienate their classmates, contributing to feelings of disconnection and depression. Tardiness and absence from school can reinforce this downward cycle with teachers and peers.

In adulthood, these students often experience low educational and occupational accomplishment (with correspondingly low income), early marriage and parenthood, and marital dissatisfaction. Negative outcomes are more pronounced for those with more severe depression (Avenevoli et al., 2008). The World Health Organization (WHO) reports that major depressive disorder is the leading cause of disability among Americans age 15 to 44 years (WHO, 2011, as cited in NIMH, 2012).

Depression that is left untreated in childhood and adolescence results in significant suffering to these individuals as adults. It also makes later treatment more lengthy and costly and places greater demands on family, healthcare, welfare, educational, business, and justice systems down the road, causing significant and preventable costs to society (NIMH, 2004).

The most tragic cost associated with depression is suicide. Suicide is the third leading cause of death among children and adolescents ages 10 to 24 years of age (NIMH, 2010). In 2009, this country lost 4,636 young people ages 5 to 24 years to suicide; 1,934 of those who died were between the ages of 5 and 19 years (CDC, 2012).

ESSENTIALS

- In a classroom of 30 students, approximately 6 might have serious symptoms of depression.
- Depression is associated with impaired school performance; negative interpersonal, vocational, and mental health outcomes in adulthood; and death through suicide.

CHALLENGES TO DISCUSSING DEPRESSION IN SCHOOLS

- Depression is mostly internal to the student and hard to observe.
- Knowledge about depression is lacking.
- Stigma and denial about mental health problems exists in society.
- People may hold the mistaken belief that mental health is not the responsibility of the schools.
- School personnel may be concerned that addressing depression would overwhelm resources.

A QUIET CRISIS

Notwithstanding the huge, long-lasting cost to students, families, and society, the prevention and treatment of depression is discussed very little in schools. The reasons for this include (a) the nature of depression and other internalizing disorders, (b) lack of knowledge among educators about student depression, (c) the stigma associated with depression, and (d) limited resources. Given the long-standing consequences, it is imperative that we begin the discussion.

THE NATURE OF DEPRESSIVE SYMPTOMS

The nature of depressive symptoms does not make it easy to observe or talk about. The symptoms, like those of other internalizing disorders, are internal to the student; that is, the key symptoms of depression are usually internal thoughts and feelings not easily observable by others. Many depressive symptoms that are observable behaviors (e.g., restlessness, agitation, irritability, classroom misbehavior) are often misinterpreted by adults as a lack of motivation or as discipline problems. As a result, the true problems of students suffering from depression are often not recognized or treated appropriately.

LACK OF KNOWLEDGE ABOUT DEPRESSION

Most educators are not taught to identify signs of depression. Most people, including educators, are also not aware that depression has a significant effect on academic performance, that it can be prevented, and that school staff can effectively implement programs that prevent and reduce depressive symptoms. Moreover, very little attention is paid to this issue in educators' professional development. This lack of knowledge makes it less likely that teachers and other school personnel would realize that the topic of depression was even within their professional purview, making it very unlikely that they would feel comfortable or empowered to talk about issues of identification and intervention in their classrooms or schools.

STIGMA AND DENIAL

Despite continuing gains in this area, there is still a stigma associated with mental illness in general and depression in particular among a significant portion of society. This stigma operates to keep students, school personnel, and family members from talking openly about these issues, regardless of whether it concerns an individual student's suffering or school-wide programs to address mental health. Denial can also sometimes be at work with depression, much as it is with a variety of mental health problems. In addition, people often hold the mistaken belief that mental health is not the responsibility of the schools and that, instead, it is the responsibility of the family to find services outside of the school system.

LIMITED RESOURCES

The problem of limited resources, including inadequate numbers of school mental health professionals, often exerts subtle pressure to avoid looking too closely into these problems. The unspoken fear is that if school personnel were to become involved in addressing depression and anxiety to the same extent that they now address mental health issues such as aggression, conduct problems, and other externalizing disorders, they would not be able to handle the additional work.

WHO ARE SCHOOL MENTAL HEALTH PROFESSIONALS?

- School counselors
- School nurses
- School psychologists
- School social workers

MAJOR THEMES OF THIS BOOK

Several major themes are addressed throughout this book. One central theme is that depression is an under-recognized problem among children and adolescents that causes them and their families significant suffering, and results in immense cost to schools and society at large. Another is that, to be most effective, services for students with depression need to be comprehensive in scope, integrated with other programs in the school and community, and delivered in a coordinated manner. Other themes central to this book are introduced in this section and are elaborated in subsequent chapters.

Depression is Best Understood From a Developmental Perspective

Recent information about the developmental nature of many mental health problems (National Research Council and Institute of Medicine, 2009) is refocusing the attention of school mental health professionals on the necessity for early identification, prevention, and early intervention. Important concepts from this understanding of the development of mental disorders include the following:

- The most effective programming for addressing mental health requires an equal emphasis on mental health *problems* and on mental health *strengths* (Miles, Espiritu, Horen, Sebian, & Waetzig, 2010). This move away from a disease-oriented perspective may be especially relevant for children and adolescents.
- While there may be some risk factors specific to depression, there are also more general risk factors that contribute to a variety of mental problems, including depression (National Research Council & Institute of Medicine, 2009).
- A child's ability to successfully negotiate developmental stages depends on his or her prior history of success or failure. Moreover, the effects of these successes or failures is cumulative, resulting in a cascading effect whereby a preponderance of successful earlier experiences results in success with later experiences which, in turn, results in subsequent cascades of successful adaptation to each developmental

stage. The reverse is also true: a history of difficulty with adaptation at one stage makes it more likely that the child will have difficulty with a later stage, with the effect cascading through multiple developmental levels. In fact, a child's level of resilience is now seen not exclusively as a trait inherent to the child, but as a developmental effect of the interplay of risk and protective factors in that child's life history (Edwall, 2012).

ESSENTIALS

- Family-school-community collaboration is a critical component of intervention for students with depressed behavior.
- RTI frameworks that exist in schools should be used as frameworks for assessment and intervention with depression and other mental health problems.

The implications of this view of mental health problems are profound for the prevention and treatment of depression and other mental health problems. For school mental health professionals, it means that they have both a great responsibility (because depression and other mental health problems should be addressed during the school-age years) and a great opportunity (because they have access to students for a long stretch of time) to prevent and treat depressive symptoms during a critical period of child development. Some of the most important implications of this point of view include the following:

ESSENTIALS

- Schools that offer programs to promote social and emotional health typically have academic outcomes approximately 11 percentile points higher than schools that do not
- Depression is preventable.

- School mental health professionals are ideally situated to deliver a coordinated, integrated set of mental health interventions from a developmental perspective, offering a continuum of services from mental health promotion through interventions for mental health problems—starting at the pre-school level and extending through high school.
- It is not sufficient to simply look for symptoms of depression and other mental health problems; we have to pay attention to risk and protective factors and develop programs for prevention. Depression (and many other mental disorders) exists on a continuum of severity from subclinical behaviors and symptoms to a diagnosable disorder. It is important to treat subclinical levels not only because they cause functional impairment in themselves, but also because, left untreated, they lead to more serious problems later.
- Consider the cascading effect (in either a positive or negative direction) of successful or unsuccessful adaptation in childhood and adolescence for subsequent mental health. It is critical to begin mental health services as early as possible and to take a longer-term, more developmental view than we are generally accustomed to doing. The outcomes of what we do in second grade may not necessarily show up in end-of-year data, but may very well manifest in twelfth grade or even early adulthood.

Depressive Symptoms Occur on a Continuum

Rather than being an all-or-nothing phenomenon, depression refers to a continuum of emotions and behaviors that vary in frequency, duration, and intensity. Temporary behaviors and emotions typically associated with depression (e.g., feelings of sadness) come and go in most people's lives. As these states increase in duration, they can be considered as *symptoms* of a disorder. As the number of such symptoms increase, they may be considered as constituting a *syndrome* existing below the level of formal diagnosis (e.g., a major depressive episode as defined by the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR)*; American Psychiatric Association, 2000). Finally, the existence of a syndrome of sufficient intensity and duration may result in a diagnosis of a *disorder* (e.g., major depressive disorder).

Given the developmental nature of depression and the cascading effect of early symptoms of depression on later development of depressive disorders, prevention of depressive disorders should focus on interventions that prevent the emergence of symptoms and the development of syndromes such as major depressive episodes. The logic is irrefutable: preventing major depressive episodes would prevent major depressive disorders (Muñoz, Beardslee, & Leykin, 2012).

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School Mental Health Professionals Are Front-Line Service Providers

In the United States, most mental health services provided to children are provided in school, primarily by school-employed mental health professionals. These professionals include school counselors, school nurses, school psychologists, and school social workers. Each has a unique contribution to make to the mental health team and all are critical providers of mental health services to children and adolescents with depression.

ESSENTIALS

- Most mental health services for children are provided by school counselors, school nurses, school psychologists, and school social workers.
- School mental health professionals have the training to prevent and treat depression.

School mental health professionals provide a comprehensive range of mental health services including the following:

- Education about depression for students, parents, school personnel, and members of the community.

- Formal and informal screening for depression and suicide.
- Psychological and functional behavioral assessment.
- Group and individual counseling.
- Behavioral and cognitive-behavioral approaches to managing depression.
- Referral and case management involving community providers such as therapists and medical personnel.

Moreover, a great deal of research has shown that school mental health professionals have the capability to effectively design, implement, and monitor a number of programs that prevent and treat depression and other mental health problems (see, for example, Durlak, Weissberg, Dymnicki, Taylor, & Schellinger, 2011).

Collaboration Is Critical to Effectively Addressing Depression

While schools and school mental health professionals have a critical role in interventions for depression, school personnel cannot do it alone; authentic family–school–community collaboration is a key component of any effective intervention program for students with depression. Schools and school mental health professionals are at the nexus of these systems and are in an excellent position to coordinate an integrated continuum of services for students.

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Response to Intervention Can Be an Effective Framework for Delivering Mental Health Services

Delivery of services for students with depression is best provided through a multi-tiered problem-solving model. In schools, this model is often represented by the framework known as response to intervention (RTI). RTI is an educational reform that has been adopted by the majority of states in a relatively very short time.

RTI “is a practice of providing high-quality instruction and interventions matched to student need, monitoring progress frequently to make decisions about changes in instruction or goals, and applying child response data to important educational decisions” (National Association of State Directors of Special Education, 2006). Certain procedures have made RTI a powerful force for reform in the delivery of academic services: multi-tiered problem solving model of service delivery, emphasis on prevention, use of evidence-based interventions, and assessment practices such as screening and progress monitoring. These procedures are the same ones that should be used as a framework for assessment and intervention of students with depression. Of particular importance is the idea that these

services should be delivered in a comprehensive and coordinated way across three tiers of intervention:

- **Tier 1—Universal Interventions:** Universal interventions are provided to everyone in a given population (e.g., all students in the school, all parents, or all teachers) without regard to whether or not members of that population are at risk. Examples are social–emotional learning programs for students, staff education about depression, or teaching all parents about the signs of depression and suicide.
- **Tier 2—Targeted Interventions:** Targeted interventions are provided to individuals or groups of people at risk of developing depression. Examples are groups for children of divorce, social skills groups, and programs for parents of students at risk for depression.
- **Tier 3—Intensive Interventions:** Intensive interventions are provided to students who have symptoms of depression or who are at very high risk of developing depression. Examples of intensive programs include a variety of individual and group counseling programs for students with symptoms of depression.

Integrating mental health assessment and intervention with the academic side of the RTI framework offers the opportunity to improve services to students, reduce the marginalization of mental health services in schools, and allow school mental health professionals to more fully utilize all the skills in their clinical repertoires.

Improving Student Mental Health Improves Academic Outcomes

The primary mission of schools is education, and the argument is sometimes made that schools should invest only in strictly academic interventions and programs and not be distracted from that mission by providing student mental health programs. At this point in time, however, it is clear that students who participate in programs designed to promote social and emotional health perform significantly better on academic outcomes than students who do not have access to these programs. Indeed, schools that offer such programs typically have academic outcomes approximately 11 percentile points higher than schools that do not (Durlak et al., 2011). Providing comprehensive social, emotional, and behavioral support systems for students not only successfully prevents mental illness but also significantly improves academic outcomes.

Depression is Preventable

The hopeful conclusion emerging from the contemporary developmental understanding of mental health and research demonstrating the effectiveness of readily available interventions is that depression is preventable. It has been estimated that services provided over the course of a lifetime could prevent 22% to 38% of major depressive episodes (Muñoz et al., 2012). Schools have a critical role in this project because they have long-term access to students and adolescents at critical periods of their development, employ mental health professionals capable of delivering appropriate interventions, and are positioned at the nexus of the family–school–community system.

Advocacy Is Part of Our Job

Most ethical codes for the helping professions require that professionals advocate for programs and services needed to promote the welfare of their clients. School mental health professionals often address their advocacy efforts to the need for targeted and intensive services for students at risk of depression and other mental health problems. This continues to be an important focus given that services for students with depression are often marginalized, overextended, or even nonexistent.

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Meanwhile, other school professionals (e.g., teachers, administrators) typically focus their advocacy efforts on services that enhance academic outcomes for the greatest number of students. This continues to be an important effort given that so many students are underperforming in this area. But research demonstrating the reciprocal relationship between

mental health and achievement, along with recent conclusions about the effectiveness of social, emotional, and behavioral programs in improving academic outcomes throughout the school, creates the opportunity for all school professionals to unite in advocating equally for improving mental health *and* academic services in their schools. If improving academic services improves mental health outcomes and improving mental health outcomes improves academic outcomes, advocacy for these programs becomes a broader agenda of advocacy for *all* students, not just those with mental health problems or just those with academic problems. In fact, the two issues are so intertwined as to be indistinguishable. Advocacy is part of our jobs; it is often the first step toward intervention for students with depression.

ACTION PLAN

- As a school counselor, school nurse, school psychologist, or school social worker, reflect on your role as a member of a collaborative team of mental health professionals. What is the scope of practice permitted under your certification or licensure? What competencies do you possess as a mental health professional? How can you expand your role in preventing depression?

RESOURCES

This book will provide key information and resources for assessing, preventing, and intervening with depression. Professionals wishing to become more expert on this topic will require further study. One of the three comprehensive textbooks on depression among children and adolescents listed below would provide an excellent starting point.

- *Handbook of Depression in Children and Adolescents*, edited by J. R. Z. Abela and B. L. Hankin (2008; New York, NY: Guilford). Covering only children and adolescents, this edited textbook covers foundations, treatment, and prevention of depression in a very authoritative manner.
- *Anxiety and Depression in Children and Adolescents: Assessment, Intervention, and Prevention*, by T. J. Huberty (2012; New York, NY: Springer). Organized as a graduate-level textbook, this resource comprehensively covers foundations, assessment, prevention, intervention, and legal issues for anxiety and depression.
- *Helping Students Overcome Depression and Anxiety: A Practical Guide (2nd ed.)*, by K. W. Merrell (2008; New York, NY: Guilford Press). This highly readable book is written specifically for use by school mental health professionals in their treatment of students with depressed behavior. It covers the basics of assessment but is strongest in its descriptions of school-based interventions for depression.

For a more comprehensive textbook that covers depression from childhood to adulthood, the *Handbook of Depression* (2nd ed.) edited by I. H. Gotlib and C. L. Hammen (2009) is an authoritative edited volume covering theory, assessment, prevention, and treatment of depression. Although this book covers depression across the lifespan, there are several outstanding chapters devoted to children and adolescents.

The book edited by B. Doll and J. A. Cummings, *Transforming School Mental Health Services: Population-Based Approaches to Promoting the Competency and Wellness of Children* (2008; Thousand Oaks, CA: Corwin Press—a joint publication with the National Association of School Psychologists) is also highly recommended, in particular for its discussion of providing school-wide interventions for students. Chapters in this book of particular interest include the following:

- Doll & Cummings: *Why Population-Based Services Are Essential for School Mental Health and How to Make Them Happen in Your School.*
- Baker: *Assessing School Risk and Protective Factors.*
- Christenson, Whitehouse, & VanGetson: *Partnering With Families to Enhance Students' Mental Health.*
- Merrell, Gueldner, & Tran: *Social and Emotional Learning: A School-Wide Approach to Intervention for Socialization, Friendship Problems, and More.*
- Mazza & Reynolds: *School-Wide Approaches to Prevention of and Intervention for Depression and Suicidal Behaviors.*
- Adelman & Taylor: *School-Wide Approaches to Addressing Barriers to Learning.*

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