

Evidence Based Practices in School Mental Health:**Depression****Background Information**

Depression is a serious health problem that can affect not only adults, but children and adolescents. Depression is generally defined as a persistent experience of a sad or irritable mood as well as the loss of the ability to experience pleasure in nearly all activities (Cash, 2004). Children and youth with depression will not outgrow or overcome depression on their own and if left untreated, depression can lead to school failure, delinquency, eating disorders, panic attacks, school phobia, substance abuse and suicide (Cash, 2004).

Research indicates that the onset of depression is occurring earlier in life than in past decades. Researchers at the University of Oregon estimate that 28% of all adolescents and 1-2% of all children under the age of 13 will experience at least one episode of major depression. Some risk factors for developing clinical depression are experiencing a significant loss, learning or behavioral difficulties, family history, family conflict, issues regarding sexual orientation, substance abuse disorders, abuse or neglect, and trauma. There are no gender differences for children developing clinical depression; however, adolescent girls are twice more likely to develop clinical depression than adolescent boys (Merrell, 2001).

Characteristics of Childhood Depression

The way symptoms are expressed in children and adolescents varies depending upon their developmental level. The presence of one or even all of these signs and symptoms does not necessarily mean clinical depression. However, if several of the following characteristics are present, it could be cause for concern and further professional evaluation (Cash, 2004):

- Frequent non-specific physical complaints
- Frequent absences from school
- Poor school performance
- School refusal or excessive separation anxiety
- Outbursts of shouting, unexplained irritability
- Crying
- Chronic boredom or apathy
- Lack of interest in playing with friends
- Alcohol or drug abuse
- Withdrawal, social isolation, and poor communication
- Excessive fear of or preoccupation with death

- Extreme sensitivity to rejection or failure
- Unusual temper tantrums, defiance, or oppositional behavior
- Reckless behavior/increased risk taking behavior
- Difficulty maintaining relationships
- Aggression

What can Schools do Regarding Depression?

Schools can facilitate prevention, identification and treatment for depression in children and adolescents. It is important that school personnel know the warning signs of depression. If school staff believes a child might be depressed, they should inform parents and not hesitate to ask a child if he or she has thought about, intends, or has plans to commit suicide. The student is often relieved to be asked, and this does not give him new ideas. Effective interventions must include collaboration among school, families, and the community. Some of the most important steps for schools regarding depression are:

- Develop a caring school environment, ensuring that at least one adult in the school takes a special interest in each student
- Prevent all forms of bullying
- Establish clear rules that are fairly addressed
- Have a suicide and violence prevention plan in place and implemented
- Train faculty and parents to recognize the risk factors and signs as well as appropriate interventions for depression
- Break the conspiracy of silence among students
- Have a crisis plan in place for handling the aftermath of a suicide, violence, natural disaster
- Utilize the expertise of mental health professionals in the school in prevention and intervention strategies
- Emphasize and facilitate school/home collaboration.

Disclaimer

The information gathered for this evidence-based practice sheet is a summary of common practices and/or programs with a strong research base and definitions found in recent literature. This summary is by no means a comprehensive representation of all information, definitions, programs, and standards to be found. In addition this information is not intended to provide any type of professional advice nor diagnostic service. The listing of a specific program within this sheet does not constitute as an endorsement from CDE for the program.

Program/Intervention	Publisher/Resources	Level of Intervention 	Target Population	Type of research conducted (Stringent research-research design, random assignment; Research – mixed method, random sampling; Applied with Fidelity – outcome measures, case studies*)	Research Sample
Penn Resiliency Program: Strives to build optimism and resiliency in young people. Used with groups of students to give students the skills they need to combat unrealistically negative thinking to prevent serious depression.	Co-Directors: Jane Gillham, Ph.D. & Karen Reivich, Ph.D. Phone: (215) 573-4128 Email: info@pennproject.org	Targeted Universal	Children & Adolescents	Research – not necessarily random assignment	Studies have been conducted with Caucasian, Hispanic, African American
Cognitive Therapy Summary: Therapy that seeks to identify and then modify the thought processes and beliefs that may be fueling depression (Merrell, 2001). This therapy involves the students in monitoring their own maladaptive thoughts and beliefs.	Beck, Alvin (1979). <i>Cognitive Therapy of Depression</i> . New York: Guilford Press. Merrell, Kenneth (2001). <i>Helping Students Overcome Depression and Anxiety</i> . New York: Guilford Press.	Intensive	Normal to high functioning adolescents and older children (ages 9-12) that are high functioning because this method requires introspection and abstract thinking.	Stringent Research	Meta-Analysis of studies through the years of 1861 – 2004 with a final sample of 35 studies containing random assignment (Weisz, et. al.).
Adolescent Coping with Depression Course Summary: A cognitive-behavioral group treatment intervention for actively depressed adolescents. This course contains parent sessions in addition to the adolescent group sessions. The website has a free downloadable manual for educators and a teen workbook.	Publisher: Kaiser Permanente Research Website: www.kpchr.org	Targeted Intensive	Adolescents and parents	Stringent Research	Randomly assigned to a treatment or control group of 114 students ages 13-17, culturally diverse sample; 48% female and 52% male.
Coping with Stress Course Summary: A cognitive-behavioral group prevention/intervention for students at risk for depression but not currently depressed. This course contains group sessions for students with a free downloadable educator manual and student workbook.	Publisher: Kaiser Permanente Research Website: www.kpchr.org	Targeted	Adolescents	Stringent Research	Randomly assigned to a treatment or control group of 87 students ages 13-17, culturally diverse sample; 64% female and 36% male.

Resources

U.S. Department of Education. (2003). *Identifying and implementing educational practices supported by rigorous evidence: A user friendly guide*. [Brochure]. Washington, D.C.: Author.

Promising Practices Network:

<http://www.promisingpractices.net/>

What Works Clearinghouse: <http://www.w-w-c.org/>

National Institute of Mental Health: <http://www.nimh.nih.gov/>

National Institute of Mental Health. (2001). Let's Talk about Depression (for teens). Bethesda, MD: Author (NIH Publication No. 01-4162).

Available: www.nimh.nih.gov/publicat/letstalk.cfm

Yellow Ribbon Suicide Prevention Program
(303) 429-3530
Ask4help@yellowribbon.org
Web: www.yellowribbon.org

Depression and Bipolar Support Alliance
(800) 826-3632
www.dbsalliance.org

References

Aseltine, R. H. & DeMartino, R. (2004). An Outcome Evaluation of the SOS Suicide Prevention Program. *American Journal of Public Health, 94, 3*, pp. 446-451.

Cash, Ralph, (2004). Depression in Children and Adolescents: Information for Parents and Educators. NASP. Bethesda, MD. Reprinted from *Helping Children at Home and School II: Handouts for Families and Educators* (NASP, 2004).

Merrell, K. W. (2001). *Helping children overcome depression and anxiety: A practical guide*. New York: Guilford. ISBN: 1-57230-617-3.

Weisz, J.R., McCarty, C.A. & Valeri, S.M. (2006). Effects of Psychotherapy for Depression in Children and Adolescents: A Meta-Analysis. *American Psychological Association, 132, 1*, pp. 132-149.