



Building Bridges For Children's Mental Health

Behavioral Health Facts and Classroom Tips*

For use with Positive Behavior Supports & Response to Intervention

Depression

Symptoms or Behaviors

Younger children may:

- Pretend to be sick
- Be overactive
- Cling to their parents
- Seem accident prone
- Distract others
- Engage in negative self-talk
- Show sadness & crying
- Change eating and sleeping habits

Older children and teens may:

- Refuse to participate in family and social activities
- Stop paying attention to their appearance
- Be restless, grouchy, irritable, or aggressive
- Become isolated, quiet
- Develop eating disorders or cut themselves
- Engage in negative self-talk
- Have thoughts of death or suicide
- Show persistent boredom, low energy, or poor concentration

Possible Educational Implications

Students experiencing depression may display a marked change in their interest in schoolwork and activities.

Watch for:

- Drop in grades
- Clear and progressive lack of interest and loss of motivation
- Refusal to participate in school activities
- Sleeping in class
- Not turning in homework assignments, failing tests
- Excessive tardiness
- Frequent absences
- Failing grades

Information for Parents & Teachers

All mental health concerns are treatable, and more treatment progress can be made by a coordinated partnership between schools and home. It is recommended that with family consent, all community partners involved and the family work together.

All children feel sad or blue at times, but feelings of sadness with great intensity that persist for weeks or months may be a symptom of major depression. Depression is one of the most serious mental, emotional, and behavioral disorders suffered by children and teens.

Recent studies reported by the U.S. Department of Health and Human Services:

- As many as 1 in every 33 children may have depression.
- Among adolescents, the ratio may be as high as 1 in 8.
- Boys appear to suffer more depression in childhood.
- Girls appear to suffer more depression during adolescence.
- Depression affects child development. A depressed child may get "stuck" and be unable to pass through the normal developmental stages.

Students who used to enjoy playing with friends may now spend most of their time alone, or they may start "hanging out" with a completely different peer group. Activities that these students once considered fun now hold no interest. They may talk about dying or suicide. Depressed teens may "self-medicate" with alcohol or drugs.

Benefits of Early Intervention:

Support from family, school, friends, and peers can be an important part of recovery. With sensitivity, support, and help from mental health professionals, a child can lead a healthy and productive life.

Children who cause trouble at home or at school may actually be depressed, although they may not seem sad.

Most mental health professionals believe that depression has a biological origin. Research indicates that children have a greater chance of developing depression if one or both of their parents have suffered from this illness.

Questions? Request an in-service at your school.

While it is important to respect a child's need for confidentiality, if you work with children or families, you are legally required to report suspected child abuse or neglect. According to CDE Guidelines, if you suspect possible abuse you are legally required to report your suspicions to the designated agencies immediately. This legal responsibility is not satisfied by merely reporting your suspicion to other school personnel.

Both a verbal and a written report are required. Please see a standard form for a written report in "Preventing and Reporting Child Abuse and Neglect", available at: <http://www.cde.state.co.us/cdeprevention/pichildabuse.htm>

This fact sheet must not be used for the purpose of making a diagnosis. It is to be used only as a reference for your own understanding and to provide information about the different kinds of behaviors and mental health issues you may encounter in your classroom.

* Behavioral Health refers to mental health and substance use disorders



Adapted from the Minnesota Association for Children's Mental Health Fact Sheets, www.macmh.org
Published by Colorado Department of Education's "Building Bridges" Grant with funding from the U.S. Department of Education
Additional Building Bridges project information available at www.csi-policy.org/buildingbridges/index.html



Building Bridges For Children's Mental Health

Behavioral Health Facts and Classroom Tips*

For use with Positive Behavior Supports & Response to Intervention

Proactive Instructional Strategies and Classroom Accommodations

- Reduce some classroom pressures by offering flexible deadlines.
- Break tasks into smaller parts.
- Reassure students that they can catch up. Show them the steps they need to take.
- Help students use realistic and positive statements about their performance and outlook for the future.
- Help students recognize and acknowledge positive contributions and performance.
- Depressed students may see issues in black and white terms— all bad or all good. It may help to keep a record of their accomplishments to show them occasionally.
- Encourage gradual social interaction (i.e., small group work).
- Use a checklist to show task completion.
- Ask parents what would be helpful in the classroom to reduce pressure or motivate the child.
- Ask parents what works at home.
- Report suicidal ideation, gestures or concerns to the proper school staff and guardian.

Resources

Colorado Department of Education: Fast Facts,
www.cde.state.co.us/cdesped/download/pdf/FF-EBP_MH_Depression.pdf

Colorado Division of Behavioral Health, www.cdhs.state.co.us/dmh
Resource for mental health for all citizens of Colorado

Colorado Department of Education, Prevention Initiatives Unit,
www.cde.state.co.us/cdeprevention/pichildabuse.htm
Resources for reporting child abuse and neglect, implementing prevention/ intervention programs, and assisting the child victim and his/her family

Council for Exceptional Children (CEC), www.cec.sped.org, 703-620-3660

Depression Center, www.coloradodepressioncenter.org
Research and treatment information

Depression Understood, www.depression-understood.org/information/colorado.htm
On-line support community, list of Colorado hotlines

Empower Colorado, <http://www.empowercolorado.com/>

Federation of Families for Children's Mental health ~ Colorado Chapter
<http://www.coloradofederation.org/>

NAMI (National Alliance for the Mentally Ill), www.nami.org, 703-524-7600, 800-950-6264
Medical and legal information, helpline, research, publications

National Institute on Drug Abuse, <http://teens.drugabuse.gov/facts/index.php>

National Institute of Mental Health (NIMH), www.nimh.nih.gov, 866-615-6454
Free educational materials for professionals and the public

Parent Education and Assistance for Kids (PEAK), www.peakparent.org

SAMHSA'S National Mental Health Information Center—Center for Mental Health Services,
www.mentalhealth.samhsa.gov, 800-789-2647

SA/VE (Suicide Awareness Voices of Education), www.save.org, 952-946-7998