

Mood Disorders Go to School

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- "But when the melancholy fit shall fall
Sudden from heaven like a weeping cloud,
That fosters the droop-headed flowers
all,
And hides the green hill in an April
shroud;
Then glut thy sorrow on a morning rose."

John Keats, Ode on Melancholy

Mood Disorders

- Depression
- Bipolar disease
- Adjustment disorder

Mood Disorders Go to School

- How does depression impact learning?
- How does bipolar disease impact learning?

How Prevalent are Mood Disorders in Children and Adolescents?

- 7-14% of children will experience an episode of major depression before the age of 15. 20-30% of adult bipolar patients report having their first episode before the age of 20.
- Out of 100,000 adolescents, two to three thousand will have mood disorders out of which 8-10 will commit suicide.

Secondary Schools & Students

- Most experience brief, sometimes intense episodes of the blues, irritability, rebellion.
- Adherence to fads, body piercing, erratic sleep habits, cyber socializing – may all seem pathological to adults
- How do you tell the difference between a 'normal' teen and one who has a mood disorder?

How big is the problem?

- Secondary school of 1,000
 - 100 may be experiencing depression or mood swings severe enough to warrant a psychiatric diagnosis
 - Approximately 13 of those will attempt suicide in a given year
 - Fortunately, most will not succeed, but 15 of the 100 are likely to die by their own hands eventually.

How big is the problem?

- Approximately 90% of those who commit suicide have a treatable disorder at the time they die.
- About 70 of those 100 teens will never see a mental health provider.
- Of the 30 who do, 20 will only have that contact in school.
- If the school has a higher than average number of students living in poverty, all these numbers increase.

Besides suicide.. Other risks of depression

- School failure
- Social isolation
- Unsafe sexual behavior
- Drug and alcohol abuse
- Long-term life problems

Common denominator of
kids with mood disorders...



Causes

- Researchers believe most serious mental illnesses are caused by complex imbalances in the brain's chemical activity.
- They also believe environmental factors can play a part in triggering, or cushioning against, the onset of mental illness.

So....

- Genetic predisposition to depression (twin studies)
- Environmental triggers may play a part
 - Losses
 - Divorce
 - Move
 - Death
 - Etc.

Risk factors

- Coexisting mental disorder (> 50%) – ED or BD kids are at greater risk
- Poverty
- Female
- Low self esteem
- Uncertainty about sexual orientation
- Poor academic functioning
- Poor physical health

Risk factors - continued

- Ineffective coping skills
- Substance abuse
- Frequent conflicts with family, friends, teachers
- Experience of significant trauma or abuse
- Those who are bullied
- Not accepted/welcomed at school

Impacts daily living

- Children and adults who suffer from mood disorders cannot cope well in society.
- When depressed, they experience a loss of interest and lack of enjoyment in life.

What is depression?

- When a person's feelings of sadness persist beyond a few weeks, he or she may have depression.
- Researchers do not know the exact mechanisms that trigger depression.
- Two neurotransmitters-natural substances that allow brain cells to communicate with one another-are implicated in depression: serotonin and norepinephrine.

Symptoms of depression in children

- Changes in appetite and sleeping patterns
- feelings of worthlessness, hopelessness, and inappropriate guilt
- loss of interest or pleasure in formerly important activities
- fatigue
- inability to concentrate

Symptoms, continued

- overwhelming sadness
- disturbed thinking
- physical symptoms such as headaches or stomachaches
- and suicidal thoughts or behaviors

What depression is...

- Mental illness which affects the entire person
- Persistent sadness or irritable mood
- Anhedonia (loss of ability to experience pleasure in nearly all areas)
- More than a feeling down or having a bad day
- More than feelings of grief that experience a significant loss

What depression is not

- Personal weakness
- Character flaw
- Result of poor parenting

Depression symptoms include

- Sadness
- Difficulty sleeping
- Fatigue
- Hopelessness
- Despair
- Sense of inferiority
- Dejection

- Exaggerated guilt
- Changes in appetite
- Feelings of incompetence
- Loss of interest
- Inability to function effectively

Depression in adolescence

- Depression, particularly in teenagers, is often described as the invisible illness.
- Symptoms can easily masquerade as part of the normal tumult of adolescence.
- Rapid changes in hormonal balance, physical and cognitive development, response to peer pressure, and perceptions of the world, combined with conflicting desires to be independent but free of responsibilities, make adolescence a time of emotional turmoil and behavioral extremes.

Adjustment disorder

- extremely intense reaction to life stressors that is in excess of what would ordinarily be expected and can be dangerous
- usually does not become chronic;
- dysthymic disorder or mild, chronic depression—a few or milder symptoms occurring either continuously or most of the time for a year or more, but with relatively good functioning

What is bipolar disorder?

- Also called manic-depression
- Bi-polarity is characterized by wild mood swings ranging from deep sadness and depression to euphoric and manic type behavior.

Bi-polar symptoms include same as depression, plus....

- Increased strength and energy, decreased sleep
- Extreme irritability
- Rapid, unpredictable emotional changes
- Racing thoughts, flights of ideas

Symptoms, continued

- Increased interest in activities, overspending
- Grandiosity, inflated self-esteem
- Increased sexual drive
- Poor judgment

What mood disorders look like at school

- Behavior problems
- Lack of attention in class
- Unexplained drop in grades
- Cutting class
- Dropping out of activities
- Fighting
- Withdrawing from friends

Where to begin?

- Consider the impact on learning
- Communicating concerns to parent(s)
- Supporting student in the classroom and school setting
- Ensuring that the student has an outlet – someone to go to
- Relaxation strategies
- SI T Team process
 - Eligibility through I DEA for I EP
 - 504 Plan

Where to end up....

- parenting team
- parents team with teacher(s)
- parents, teacher(s)
doctor/psychologist team
- home modifications
- school modifications
- consistency
- 504 Plan or IEP

IEP vs. 504

- Does the student need *special* education?
- Does the disability
 - a. Exist
 - b. Affect learning

- Does the student need accommodations?
 - Counseling
 - Support at school
 - Extended time to complete work
 - Etc.

IDEA Eligibility - 34 CFR 300.7 - Emotional Disturbance is defined as follows:

- (A) An inability to learn that cannot be explained by intellectual, sensory, or health factors.
- (B) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers.
- (C) Inappropriate types of behavior or feelings under normal circumstances.
- (D) A general pervasive mood of unhappiness or depression.
- (E) A tendency to develop physical symptoms or fears associated with personal or school problems.
- (F) The term includes schizophrenia. The term does not apply to children who are socially maladjusted, unless it is determined that they have an emotional disturbance.

Important note to remember....

- DO SOMETHING!
- HAVE SOME SORT OF PLAN.

What's a School to Do??

- Prevention
- Early intervention
- Destigmatize and shed light on the illness
- Train staff members, students and parents in appropriate interventions
- Create a caring, supportive school environment

What's a School to Do??

- Create a caring, safe, supportive school environment
- Develop a suicide prevention and intervention plan
- Be mindful of at-risk students
- Use school mental health professionals
- Provide students with appropriate supports
- Encourage cooperation with parents

Possible accommodations

- Counseling
- Social work
- Group support
- Extended time to complete work

Parents: Professionals to Seek Out

- Physician or pediatrician
- Psychologist
- Consult with an educational consultant to help find the right program for the child.
- Consult with a therapist or counselor.

Education Consultants

- Educational consultants are professionals who assist students and families with educational decision making. Their specialized training and experience equip them to help students choose schools, colleges, or programs that meet their individual needs and goals.

Independent Educational Consultants Association (IECA) 2000-2001

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Handouts

- The following pages may be used for staff development or as a resource book.

2003. National Association of Secondary School Principals, produced in cooperation with the National Association of School Psychologists.

Facts About Depression

- Depression is a treatable medical illness, not just a bad mood or an inevitable part of life's ups and downs.
- Depression affects 8-10% of adolescents and is the most common cause of disability in the United States.
- Depression in teens differs from depression in young children or adults. Teens are more affected by their social environment, more irritable than sad, and more chronically depressed.
- Depression affects people of all ages and backgrounds. However, postpubescent girls are twice as likely to suffer from serious depression than boys, and certain populations, such as gay and bisexual youths and American Indians, suffer higher rates of depression.
- Suicide is the third leading cause of death among adolescents ages 15-24 and the fourth leading cause of death among children ages 10-14. Nearly 2,000 young people die of suicide every year; nearly 400,000 attempt suicide; nearly 2 million make a suicide plan.

Facts About Depression

- Untreated depression is the leading risk for suicide among adolescents.
- Girls are twice as likely to attempt suicide but boys are 10 times more likely to succeed because they tend to choose more lethal methods of attempting suicide (e.g. guns).
- Depression can be linked to poor academic performance, poor social relationships, school absenteeism, dropping out, disruptive behavior, and school violence.
- Depressive episodes can resolve themselves but, if ignored, are likely to reoccur within a year.
- Talking to friends or family is an important source of support but on its own is not enough to treat depression.
- Nearly 70% of children and youth with serious mental health problems do not get treatment.
- Eighty percent of people treated for depression respond to treatment, which usually includes a combination of medication, psychotherapy, and support groups.

Identifying Depression

Distinguishing depression from adolescents' normal mood swings can be difficult. School staff members should contact a mental health professional if a student exhibits symptoms that:

- Are new or changed in intensity, frequency, or manifestation
- Continue for a two or more weeks
- Interfere with the student's social and academic function
- Cause disruptive or uncontrolled behavior
- Reflect thoughts of hurting oneself or others

Warning signs of depression in adolescents

- Sadness, depressed mood, or irritability
- Agitation, defiance, or sullenness
- Lack of pleasure in daily activities
- Withdrawal or crying
- Unexplained physical complaints
- Lethargy or chronic boredom
- Poor concentration or inability to make decisions
- Poor academic performance
- Negative thoughts about self, the world, and the future
- Self-blame, guilt, and failure to recognize one's success
- Change in appetite or weight gain or loss
- Excessive sleeping
- Increased-risk behaviors (e.g., sexual risk-taking or abuse of drugs and alcohol)
- Suicide ideation or attempts

Risk Factors for Depression

- Existing or history of mental health problems
- Poor academic functioning
- Poor physical health
- Poor coping skills or social skills
- Low self-esteem
- Behavior problems
- Problems with friends or family
- Poor school and family connectedness
- Major life stressors
- Substance abuse
- Family history of depression or suicide

Warning signs of suicide risk

- Suicide notes, threats, and references either verbal or expressed in writing or creative work
- Previous attempts
- Obsession with death
- Depression or other disturbed mood or behavior
- Risk-taking behaviors, such as aggression, reckless driving, gunplay, and alcohol or substance abuse
- Efforts to hurt oneself (e.g., cutting oneself or jumping from heights)
- Inability to concentrate or think rationally
- Changes in physical habits (e.g., sleeping or eating) and appearance (e.g., hygiene and dress)
- Sudden changes in personality (e.g., sadness or irritability), friends (e.g., withdrawal or isolation), or behaviors (e.g., loss of interest, absenteeism, or drop in grades)
- Making final arrangements (e.g., a will) or giving away belongings
- Suicide plan (i.e., specific talk or allusions to timing and method) and access to method (e.g., guns or prescription drugs)

Reaching out to students

- Students who are depressed may not ask for help because they believe no one cares or that nothing can be done.
- Students may not want to be labeled as having a problem, particularly if they already believe they are to blame for being unpopular, unworthy, or a failure.
- It is never wrong to ask a student who seems troubled if she or he is OK, but a depressed student may dismiss overtures of concern as misplaced or intrusive. Depending on the severity of the student's symptoms and behavior, staff members can respect this type of response but should continue to observe the student and confer with other staff members.

Reaching out to students

- Positive connection between an at-risk student and a trusted adult is important. However, teachers are not trained mental health professionals and should not take on responsibility for treating a student.
- Staff members should never promise to keep a student's feelings a secret but should assure the student that they will only share their concerns with other appropriate adults (including parents) who can and will help.
- Contact parents and the school psychologist or other mental health professional immediately.
- Do not leave the student alone at any time if they are suspected of being suicidal.

Schools can help

- Create a caring, supportive school environment that promotes connectedness and prevents alienation.
- Educate students, staff members, and parents on the realities and signs of depression. Help distinguish between depression and normal adolescent emotions (being upset by a bad grade or a fight with a friend). Destigmatize attitudes and openness about the illness.
- Build trust between school personnel and students. Ensure that each student has at least one adult in the building who takes a special interest in him or her.

Schools can help

- Develop and disseminate a protocol for reaching out and responding to students who may be depressed. Train staff members and parents in appropriate ways to observe students and to increase their comfort level and ability to intervene and refer students.
- Know the signs of suicide and have a suicide prevention and intervention plan in place. Emphasize the responsibility of all students and staff members to report any threat of suicide or violence.
- Use school mental health professionals (e.g., school psychologists and social workers) to develop prevention and intervention plans, provide intervention, and train others. Be familiar with community mental health resources.