

Depression: A Quiet Crisis

Schools can save students' lives by understanding depression, knowing what to look for, and intervening before it's too late.

John E. Desrochers and Gail M. Houck

Just before the first morning bell, Principal Hancock receives a call informing her that a ninth-grade student was hospitalized the night before for major depression following a suicide attempt at home. Alyssa was such a good student—popular, high achieving, involved in cocurricular activities in school and the community—what went wrong?

A Quiet Crisis

Alyssa's story is not unusual. The National Institute of Mental Health (NIMH, 2012) estimates that approximately 11% of adolescents experience a level of depressive disorder significant enough to receive a clinical diagnosis. Moreover, 10% to 30% have subclinical but significant symptoms of depression, meaning that in any given classroom, as many as six students are probably suffering from depression to some degree (Huberty, 2012). Left untreated, many of those students experience low educational accomplishment and as adults will have lower income, earlier marriage and parenthood, and more disability than their classmates. Like Alyssa, some resort to suicide: it is the third leading cause of death among young people ages 10

to 24 (NIMH, 2010). In 2009, we lost 4,636 young people to suicide; 1,934 of them were between the ages of 5 and 19 (Centers for Disease Control and Prevention, 2012).

Depression is a quiet crisis in schools. Despite its prevalence; impact on school performance; and lifelong costs to students, their families, and society as a whole, there is little discussion about intervention for depression among school personnel. One reason for this is that it is often hard for educators to tell when a student is depressed: students often keep the sad and hopeless feelings of depression private, which makes them hard to detect. Symptoms of depression that are observable (e.g., agitation, irritability, classroom misbehavior, declining classroom engagement and performance) are often misinterpreted as motivational or discipline problems.

Prevention Is Possible

The tragedy is that depression is preventable. In an extensive review of outcomes of prevention programs, the National Research Council (NRC) and the Institute of Medicine (IOM) (2009), concluded that "it is no longer accurate to argue that emotional

and behavioral problems cannot be prevented or that there is no evidence for the prevention of MEB [mental, emotional, and behavioral] disorders experienced during childhood, adolescence, and early adulthood" (p. 216).

Depression is a developmental process: early (even mild) episodes of depression left untreated make it more likely that major depression will develop later. Early intervention is essential. Well-developed prevention programs that have been designed for use by school personnel are readily available for a reasonable cost. Such programs, especially comprehensive programs that are coordinated with other programs in the school and the community, can be very effective in preventing depression and other mental health problems; improving students' social, emotional, and behavioral skills; and promoting a productive learning environment.

Prevention and intervention for depression affect academic outcomes too. Hundreds of research studies involving hundreds of thousands of students have consistently found that students with better social, emotional, and behavioral skills perform better academically, and vice versa. This find-

ing is so robust that it is considered an established fact (Algozzine, Wang, & Violette, 2011). Moreover, students who participate in programs designed to promote social, emotional, and behavioral skills have significantly better academic outcomes than students who do not (NRC & IOM, 2009). In a recent analysis of 213 high-quality research studies involving more than 270,000 students of varied ethnicity and socioeconomic status in both urban and nonurban schools, Durlak, Weissberg, Dymnicki, Taylor, and Schellinger (2011) found that on average, students who participated in social-emotional learning programs performed 11 percentile points higher on academic outcomes than students not exposed to such programs.

Recognizing the Signs

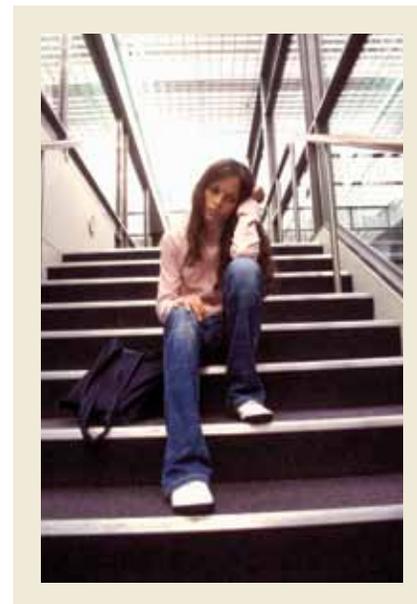
Most adolescents with depression exhibit signs that they are struggling. But without the proper structures and supports in place, those students can easily slip through the cracks. Take Alyssa. By all accounts, she was a popular girl and a high achiever who was involved in a variety of cocurricular and community activities. Over the course of several days following her hospitalization, however, the school psychologist gathered more information from Alyssa's teachers and parents, and a different picture of Alyssa began to emerge.

Alyssa had a reputation as an exemplary student, but her records indicated that as early as elementary school she had been prone to periods of moodiness and withdrawal; there was even a psychological evalua-

tion report at the district office that talked about her occasional depressed behavior. She had been an exemplary student through the first two grading periods of the current year, but several teachers had recently noticed that her classroom participation, grades, and social engagement had fallen off. Her English teacher mentioned "dark themes" in some of her writing, and the school nurse remarked that Alyssa had come to her office with vague physical complaints that were often followed by absences. Alyssa had also quit the volleyball team, and her mother told the coach that Alyssa didn't seem happy; had dropped out of all of her school activities; and was no longer singing in the church choir, something that had given her enormous pleasure previously.

A System of Mental Health Supports

To recognize and effectively address depression and other mental health problems, schools must have systems in place to connect the dots and provide appropriate support. Mental health services for children and youth are most effective when provided as a continuum of care that integrates schools, families, and communities, most commonly known as a "multitiered system of supports" (MTSS). The MTSS framework engages school-based and community providers. It encompasses prevention and wellness promotion, universal screening for academic and behavioral barriers to learning, evidence-based interventions that increase in intensity as needed, ways to monitor students' responses



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Created in collaboration with the National Association of School Psychologists (NASP) and the School Social Work Association of America (SSWAA) to facilitate partnerships between principals and school psychologists and to remove barriers to learning. Additional resources are available at www.nasponline.org/resources/principals.

Next Steps

Form a school-family-community collaborative team to assess the current state of mental health services in your school and begin the process of developing a comprehensive, coordinated framework for screening, assessment, prevention, and intervention.

Review mechanisms within the school for communication, collaboration, and referral among administrators, teachers, and school mental health professionals to ensure that concerns about students are shared and appropriate actions are taken.

Provide parent education and staff development sessions about recognizing and providing interventions for students with depression. Educate all stakeholders about the relationship between mental health and academic achievement.

Work toward developing a multitiered problem-solving framework for delivering mental health services.

to implemented interventions, and systematic decision making about programming and services.

The MTSS framework also mirrors the multitiered problem-solving models for academics and behavior that are commonly used in schools, such as response to intervention (RTI) and positive behavioral interventions and supports (PBIS). This alignment is important because it not only facilitates early identification and intervention but also enhances the link between mental health, behavior, and learning and establishes a familiar forum for staff members to communicate, solve problems, and evaluate the effectiveness of interventions. In addition, alignment improves school mental health professionals' abilities to consult with and support teachers and be the bridge between school, families, and community providers.

School leaders do not need to wait until an MTSS system is fully in place to address student mental health. They should work with their mental health staff members to enhance or develop key mental health supports, even as the school or district works toward full MTSS implementation. Following are a few initial steps.

Review current problem-solving structures and identify those aspects that can also support mental health services. For example, aspects of RTI that can be applied to addressing such mental health problems as depression include universal social-emotional learning programs, targeted interventions for at-risk students, and intensive interventions for students diagnosed with or at high risk for depression; prevention and early intervention;

evidence-based interventions; and data-based decision making that is applied to screening, intervention planning, progress monitoring, and program evaluation.

Facilitate planning by and close collaboration among school mental health professionals. School psychologists, counselors, social workers, and nurses are trained to provide and effectively integrate mental health services into the learning environment. They can provide a comprehensive range of services, including education, formal and informal screening, psychological and functional behavioral assessment, counseling, behavioral and cognitive-behavioral approaches to managing depression, and referral to and collaboration with community providers. They are instrumental in the design, implementation, and monitoring of programs that prevent and treat depression and other mental health problems.

Establish some version of universal screening for depression and other mental health disorders. Ideally this is conducted in the first semester when early intervention and ongoing follow-through are possible. Screening instruments commonly used at the secondary level include TeenScreen (www.teenscreen.org) and the SOS Signs of Suicide Prevention Program (www.mentalhealthscreening.org/programs/youth-prevention-programs/sos).

Provide parent education sessions and professional development for school personnel regarding signs, symptoms, outcomes, and methods of referral for students who seem to be exhibiting depressed behavior.

Signs of Depression in Adolescents

- Disengagement from family and friends; difficulty with interpersonal relationships
- Increased irritability, anger, sensitivity to criticism, and classroom misbehavior
- Excessive time spent with video games and other solitary activities
- Lack of interest in previously enjoyed activities
- Decreased school performance
- Changes in eating habits, frequent physical complaints, fatigue, or sleep disturbance
- Increased tardiness or absence from school
- Lack of grooming or self-care
- Feelings of boredom, apathy, sadness, hopelessness, helplessness, or worthlessness
- Low self-esteem
- Self-destructive thoughts or thoughts of suicide or death
- Crying
- Difficulties with paying attention, remembering, completing tasks, or making decisions

It is important to remember that although these are some common signs of depression, not every student who exhibits these signs is depressed. Consulting with a school mental health professional is one way to help put the behaviors into perspective.

Understanding Depression

Depression in adolescents is currently under-recognized and inadequately addressed.

Depression is a developmental process. Each episode of depression makes it more likely that potentially more severe episodes will occur later. Preventing and treating the earlier episodes makes major depression less likely.

Depression is not an all-or-nothing phenomenon. Depressive behavior occurs on a continuum of severity.

Research has shown that school-employed mental health professionals are able to implement a variety of programs designed to prevent and treat depression.

Family-school-community collaboration is a necessary component of effective intervention for depression. Equally important is a high degree of collaboration among staff members.

Use of a multitiered problem-solving model (e.g., a three-tiered response-to-intervention framework) is an effective method for delivering services to students with depression.

Improving student mental health improves student achievement. Advocacy for social, emotional, and behavioral programs is just as important as advocacy for academic programs. In fact, the two are inextricably intertwined.

Depression is preventable.

Students should also receive basic education about depression and be encouraged to identify a trusted adult they can talk to if they are concerned about themselves or a classmate. Referral systems should include an anonymous reporting option as well.

Conclusion

Depression represents a quiet crisis in schools. Increased awareness of the problem, staff development, and reorganization of structures for the delivery of school mental health services goes a long way toward alleviating the suffering of students and

Resources

- Anxiety and Depression in Children and Adolescents: Assessment, Intervention, and Prevention.* T. J. Huberty. 2012. New York, NY: Springer.
- Behavioral Response to Intervention: Creating a Continuum of Problem-Solving and Support.* R. Sprick, M. Booher, & M. Garrison. (2009). Eugene, OR: Pacific Northwest Publishing.
- Depression in Children and Adolescents: Guidelines for School Practice.* J. E. Desrochers & G. M. Houck. 2013. Silver Spring, MD, & Bethesda, MD: National Association of School Nurses & National Association of School Psychologists.
- Mental Health in Schools: Engaging Learners, Preventing Problems, and Improving Schools.* H. S. Adelman & L. Taylor. 2010. Thousand Oaks, CA: Corwin Press.
- Transforming School Mental Health Services: Population-Based Approaches to Promoting the Competency and Wellness of Children.* B. Doll & J. A. Cummings. 2008. Thousand Oaks, CA, & Bethesda, MD: Corwin Press & National Association of School Psychologists.



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families struggling with this problem. Moreover, of particular interest to administrators, preventing depression and other social, emotional, and behavioral problems is an underused way to accomplish two major goals in education: increasing academic achievement and improving the instructional environment. Developing a comprehensive, coordinated approach to mental health in schools not only benefits students with depression but also improves outcomes for all students. **PL**

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