



# **Mood Disturbance and Depression**

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## Why are we here today?

- **Mental illness is common in young people**
- **Most students with an emotional or behavioural problem perform 1 year below the standard grade level.**
- **Early identification and intervention can improve outcome for children and adolescents**



## Objectives

- **Refresher on emotional development**
- **What is depression?**
- **Provide classroom-oriented responses to:**
  - Depressive disorder
  - Suicidal prevention
- **Depression prevention**



## Emotional Development Children



- **Experienced intensely and are often acted out**
- **One at a time, then multiple**
- **Rudimentary skills in coping with emotion**
- **Learn social and cultural rules about expression of emotion**



# Emotional Development Adolescent



- **Complex emotions**
- **Experience and expression of emotion declines**
- **Emotional control improves – use of cognitive and behavioural strategies increases**
- **Intense scrutiny of emotional reaction amongst peers**

# Storm & Stress?





## Normal Sadness vs Depression

- **Sadness is a normal, helpful emotion**
- **Sadness is usually in reaction to something**
  
- **Persistent sadness can be a symptom of depressive disorder**
- **Depressive disorder is made up of multiple symptoms.**



## Irritable Mood

- **Definition: Lowered threshold to anger**
- **Insight?**
- **“we have to walk around on eggshells”**
- **Elevated irritability associated with future mental health problems**



## **Key Symptoms of Depressive Disorder**

- **Mood disturbance (Sad/Irritable)**
- **Loss of interest**
- **Sleep problems**
- **Appetite disturbance/ weight loss**
- **Concentration problems**
- **Hopelessness/guilt**
- **Low energy**
- **Low self-esteem**
- **Psychomotor retardation/agitation**
- **Thoughts of death or suicide**



## **Other possible symptoms and signs**

- **Excessive tearfulness**
- **Withdrawal from activities/friends**
- **Can't bounce back**
- **Excessive conflict at school or home**
- **Easily angered**
- **Dropping school marks**
- **Hard on oneself/low self worth**
- **Poor school attendance**
- **Physically ill/somatic complaints**
- **Attention seeking behaviours**



## Epidemiology

- **Prevalence**
  - <1% Children
  - 3-5% Adolescents
  - Lifetime prevalence (10-25% F; 5-12% M)
- **Gender ratio**
  - 1:1 (F:M) Children
  - 2:1 (F:M) Adolescents
  - 2:1 (F:M) Adults
- **No difference between socio-eco class**
- **Recurrence**



## **Risk Factors**

- 1. Female gender**
- 2. Familial risk – genetic & environment**
- 3. Stressful life events (loss, abuse, neglect, frustration)**
- 4. Pessimistic attributions**
- 5. Other mental or physical illness**



# Adolescent Developmental Considerations

- **Difficulty expressing emotions**
- **Sorting out identity**
- **Often want to be heard**
- **Confidentiality and privacy are valued**
- **Risk behaviours & questioning authority**
- **Biological changes**
- **Sleep patterns change**



# Responding to Depressed Children & Youth in a School Setting

- **No evidence base or current best practice for responding to depressed students in the classroom.**
- **However, we have some good ideas...**



# Responding to Depressed Children & Youth in a School Setting

- **Monitor behaviour**
  - Look for symptoms
  - Note changes in functioning
- **Ask if you notice something**
  - “I notice that you’ve seemed like you are struggling and I’m a bit worried about your moods”.
  - “Are you feeling depressed?”
  - “Have you been feeling sad/angry/irritated a lot lately?”



# Responding to Depressed Children & Youth in a School Setting

- **Communication**

- Communication with parents

- > Present strengths as well as difficulties

- > Be clear about what happens next

- Communication with clinicians

- > Clinicians may seek teacher advice on functioning of a child

- > Completion of questionnaires

- > Clinician opinion can be sought on level of impairment and any modifications required



# Responding to Depressed Children & Youth in a School Setting

- **Modify expectations but don't abandon them**
  - Allow additional time if concentration is impaired or
  - Break up work into smaller pieces
  - Consider accepting late starts if sleep dysregulated (short term)
  - Follow up unexplained absence



## Responding to Depressed Children & Youth in a School Setting

- **Opportunities for participation and achievement are needed**
  - Match with a buddy
  - Suggest or connect with structured activities
  - Organise additional “responsibilities”
- **Create a safe space**
  - A system for exiting the classroom e.g., card system might be needed.



# Suicide Prevention Strategies

- **What works (Mann et al. 2005)**
  1. Physician education (22-73% decline in suicide rate)
  2. Means restriction
  3. Gatekeeper Education
  4. Pharmacotherapy & Psychotherapy



## **Suicidal thoughts...**

- **30% of teenagers experience suicidal thoughts**
- **50-70% of depressed teenagers have suicidal thoughts**
- **If you are concerned about a student it is important to ask.**
- **Person asking often feels anxious!**
- **Asking about suicidal thoughts does not lead to increased risk of suicidal ideation or distress but perhaps the opposite...**



## How to ask...

- **Be clear and direct**
- **“Your essay focussed a lot on death and harm, I’m wondering if you might be having thoughts about suicide?”**
- **“Sometime when things are really tough for young guys, they might think of suicide. Have you had any thoughts like this?”**
- **Evidence of thoughts should trigger referral**



## Watch out for....

- **“I’ll tell you if you promise to keep it a secret?”**
- **RESPONSE: “I’d really like to hear what’s happening for you, but I can’t keep things a secret”**



## Watch out for....

**“But you are the only one I can talk to about this!”**

- **RESPONSE: “I’m glad that you feel comfortable talking to me. However, I think we need some extra help. I’m going to help you get that help”**



## Watch out for...

- **“I get really stressed after arguing with my Mum, can I call you tonight if I argue with Mum?”**
- **RESPONSE: “Sounds like those arguments are intense and you guys might need help with that. I’d like to help you get some help with that but I can’t be there for you after school hours”**



# What to do if someone is suicidal?

- **Speak openly and listen to their story**
- **Don't promise to keep it a secret**
- **Don't leave the person alone**
- **Tell them that they need help and you will help them get help**
- **Consult mental health services or a professional**



## **Self-Harm (Non suicidal self injury)**

- **The act of deliberately destroying body tissue (cut, burn, ingest)**
- **Motivation – often to manage emotional pain, or punish oneself**
- **Often secretive, ritualised, can be “addictive”**
- **For some it may be form of rebellion**
- **If detected, should also be a trigger for referral**



## Can we prevent depression?

- **Cognitive behavioural skills based programs have been trialled.**
- **Current evidence suggests that universal prevention efforts have limited effect (e.g. Sawyer et al 2010)**
- **Approaches that targeted high risk youth appear to be more promising (Gladstone et al 2009; Garber, 2009)**



## After today...

- **Think about how you would respond to a student detected with depression at your school...**
- **Does your school have a policy on how to respond to students at risk? If not, play a part in its development**
- **If worried about a student consult parents, school psychologist/welfare staff, student's therapist, or principal.**



## Resources

- <http://www.youthbeyondblue.com/>
- [www.headspace.org.au](http://www.headspace.org.au)



# Useful Reference

- Rowe, Bennett & Tonge (2009).  
I Just Want You To Be Happy.

