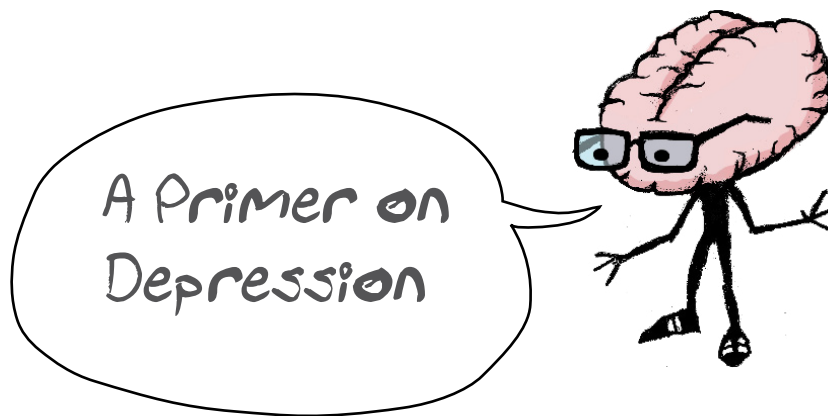




Erika's Lighthouse



A Primer on Depression

Depression is more than just a sad or depressed mood, which most of us feel from time to time. Depression is a diagnosable, medical condition that is defined by specific symptoms within a fixed time frame.

Five or more of these symptoms must be present most of the day for at least two weeks:

- Sad, depressed or irritable mood
- Loss of interest or pleasure in favorite activities
- Significant weight loss or gain or change in eating habits
- Change in sleep patterns
- Restlessness or agitation
- Fatigue or loss of energy
- Feelings of worthlessness or guilt
- Trouble concentrating or making decisions
- Repeated thoughts of death or suicide



Children and adolescents who have depression frequently also have physical symptoms like headaches and stomach-aches.

Children may say they feel stupid or use other self-deprecating language and may be reluctant to go to school. Adolescents may talk about the future pessimistically. Running away, cutting or other self-injury, extreme aggressiveness, inattention to appearance, substance abuse and excessive risk-taking behavior are also common symptoms at this age.

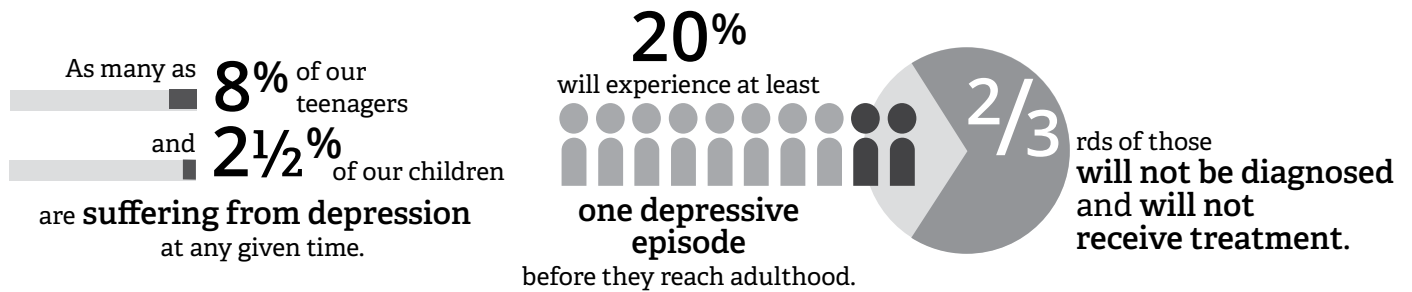
Teachers and parents often see an unexplained drop in school performance, inability or refusal to complete school work, change in friends, social isolation, low tolerance or frustration, lack of motivation, apathy, and disrespect.

Certain medical conditions, like thyroid disease, adrenal gland disease and diabetes, can cause many of the same symptoms. Depressive symptoms can also be a result of bereavement, alcohol abuse, street drugs or the side effects of prescription medications.

There are known risk factors for depression. These include a family history of depression or suicide, family dysfunction, chronic stress, particularly early childhood trauma, and previous episodes of depression.

Anxiety is a frequent precursor to depression in children and adolescents.

For further reading, go to
erikaslighthouse.org



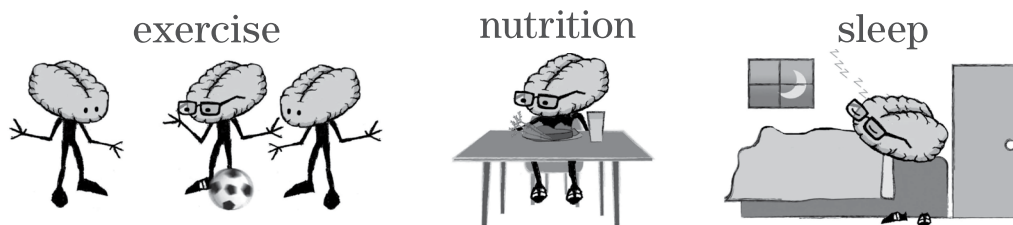
About two-thirds of those who suffer from depression also suffer from another mental disorder. The most frequent co-occurring disorders are:

- anxiety disorders
- conduct disorder
- substance-related disorders
- ADHD (attention deficit-hyperactivity disorder)
- learning disorders.

Before age 15, depression occurs about as frequently in boys as girls. After age 15, twice as many girls suffer from it. Girls are more likely than boys to attempt suicide, but attempts by boys more frequently result in death.

Most depressive episodes last between seven and nine months. However, most people who suffer from depression will experience a relapse. The relapses are often more severe than the previous episodes. There is some evidence that the severity of the relapse can be mitigated by treatment of the preceding episodes.

The recommended treatment for children and adolescents is talk therapy with regular monitoring. If talk therapy alone is not effective, carefully monitored medication together with talk therapy may be needed. If a child is an immediate threat to himself or others, hospitalization may be necessary.



There is a gathering body of evidence that regular, vigorous exercise, meditation and eating a healthy diet can be helpful in reducing the symptoms of depression. Regular sleep patterns play a role as well.

Teachers are often the first to know when a child is suffering from depression. They see hundreds of students over the years, giving them a good sense of the norm for a particular age group.

Teachers can help students who are depressed by keeping a record of behaviors they are seeing, and by speaking to the school mental health staff or nurse about the concerns so that appropriate action can be taken by the school and with parents.

Teachers can also help by being patient and understanding in the classroom. A child who is depressed often has trouble focusing on tasks. An understanding voice from a trusted adult can be a great comfort to a child who is suffering. You might tell the child that you notice that they seem to be struggling at school, and ask if there is anything you can do to help, or ask the child if they would like to speak to the school nurse or mental health staff.



You can also help by giving the child some practical solutions in the classroom that make the school day easier. For instance, if the child has a hard time paying attention in class, sitting at the front of the classroom might be a big help. Allowing extra time to complete projects and/or tests might help. Ask the student what accommodations might be helpful and how you can address the situation in general.

It's also important to respect the child's sensitivities—they may not wish to be singled out, and probably feel very vulnerable, so the tone and phrasing of private conversations with the child is extremely important.

You can go a long way towards helping a child who has depression by noting what you see, consulting with the school's health staff, and treating the child with respect and sensitivity.

**But it's important to note that
you are not responsible for either
diagnosing or treating a child who has depression.
Only a trained mental health professional
can do that.**

Acknowledgment

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