



Trends is published regularly throughout the school year by **Cornerstone Day School** as a service to New Jersey school professionals. Each issue highlights one important topic with practical applications for those working with students with emotional problems.

TRENDS

SPOTTING DEPRESSION IN MIDDLE SCHOOL AGED KIDS

Prevalence

Middle school to high school is a time of high risk for depression development. Most depressive disorders are diagnosed between the ages of 12-17, as opposed to behavior disorders such as ADHD which are more prevalent at ages 6-11. In fact, 15% of children aged 12-17 have a major depressive episode.

DSM-5 symptoms

The difficulty diagnosing depression in middle school is that this is a time that children can develop age normative moodiness. How do we differentiate between this developmentally normative experience and a clinically diagnosable disorder?

To have a diagnosis of a depressive episode, people must have 5 or more of the following symptoms over the same 2-week period and that is different from the way they usually are. One of the symptoms must include criterion 1 or 2.

- 1) Depressed mood for most of the day nearly every day
- 2) Loss of interest or pleasure in all or almost all activities
- 3) Weight loss or weight gain or change in appetite.
- 4) Sleeping to little or too much almost every day
- 5) Talking or moving more slowly than usual, or the opposite, fidgety restless, as observed by others.
- 6) Fatigue/loss of energy almost every day
- 7) Feeling worthless or excessively guilty almost every day
- 8) Decreased concentration, thinking, or making decisions almost every day
- 9) Repeated thoughts of death or suicide.

However even if symptoms do not meet criteria for a full major depressive episodes, middle schoolers may meet criteria for dysthymia,

a moment-to-moment milder but overall more chronic type of depression that sometimes lasts years.

Developmental differences in symptoms

Depression is an internalizing disorder, which means that symptoms are focused on the own self rather than interaction with the social environment. The inward-focused nature of this disorder can make depression harder to spot by others – e.g. it is easier for teachers spot disruptive behavior typically associated with ‘externalizing’ disorders than depressed mood as it is often disruptive to the teacher themselves! Nonetheless, some symptoms may be observable to school providers. Often, withdrawal from friends or from normally enjoyed activities is the first thing noted by others. An important differential factor in middle school depression vs. adult depression is that for children and adolescents, depressed mood may take the form of irritability rather than sadness. Other factors that may be noted are changes in appetite, increased sleepiness in class, and taking longer to respond to questions. Further, reduced academic performance may also be a warning sign for depression.

Early intervention

Early identification and intervention for depression is essential as depressive symptoms can initiate a detrimental cycle. In addition to being burdened by depression symptoms themselves, depression can have a domino effect on future

outcomes. For instance the loss of interest, concentration, and energy may result in poor school performance, which in turn can impair the middle schoolers sense of worth and also impact their future. In addition, depression can impair social skills at a time when social learning is particularly important and deprive kids that the buffering and protective effect that peer social support can have.

Co-occurring issues

Kids with depression are more likely to have co-occurring disorders, for instance about half also having an anxiety disorder. This makes sense: if you are feeling badly about yourself, this predisposes you to anxiety disorders. Depression is also a risk factor for suicidal thoughts and behaviors, though it is essential to note that suicidal thoughts and behaviors also co-occur with psychiatric disorders outside of depression. Middle schoolers who hide their psychiatric symptoms from friends, teachers, and family are at even higher risk for suicidal thoughts and behaviors, making it essential for adults to be vigilant to the key symptoms.

Social media and depression

It is hard to determine whether social media use causes depression symptoms. However mental health professionals have pointed out some concerns regarding the relationship between depression and social media use. Practice a mindfulness exercise of paying close attention how you feel when scrolling through social media.



“Integrating state of the art psychiatric treatment and outstanding academics within a dynamic school environment.”