

**Educational Implications of Depression**

Victoria Amarasiri

Department of Education, College of Saint Elizabeth

ED 665: Nature and Needs of Students with Educational Disabilities

Dr. Vincent Aniello

May 5, 2020

## **Educational Implications of Depression**

Depression is when a sad mood lasts over a period of time and interferes with normal everyday living, from learning to interacting to enjoying life's experiences. Severe depression can be an incurable life-long illness, or in a child build-up quickly over a tough school year, but with intervention be cured. Depression can form in any child, of any age and of any personality type and from any community, with or without strong friend and family support networks.

Depression is a sign that a child is in a state of poor mental health. Mental health is a combination of mental, emotional and cognitive issues that can affect one's overall wellness and ability to make good decisions. Depression can make carrying out daily activities difficult for children, impairing their ability to function in school and at home, interact with family and have a social life. A major depressive episode is where a child has a sudden mood change, diminishing of self-worth or loss of interest in daily activities, accompanied by problems with sleeping, eating, energy or concentration (SAMHSA, 2019).

New Jersey (NJ) provide intervention to those with mental health issues (NJAC 6A:14) and is in the process of providing services to teach children the core competencies of mental health (S2861). NJAC 6A:14 categorizes a student with depression as "Emotionally Disturbed" defined as "A condition exhibiting one or more of the following characteristics over a long period of time and to a market degree that adversely affects a student's educational performance..." This law ensures a free and appropriate education to a child with severe depression, with "over a long time" considered to mean several months (North Dakota Department of Public Instruction, 2016). Also, the Harassment, Intimidation and Bullying Act (HIB) makes it illegal for a child or educator to bully. Bullying is typically directed at a child's distinguishing characteristics and can cause depression in certain personality types.

Section 504 of the 1973 Rehabilitation Act (Section 504) does not classify depression, but instead is very broad in who it covers, protecting any student who has “a physical or mental impairment which substantially limits one or more major life activities.” This covers any child with a depression that interferes with their ability to learn, concentrate or think in the classroom.

Children are reporting disturbing rates of depression and anxiety (Clark, 2019) and rate these as the major problems among peers in their community (Horowitz, 2020). High school administrators are reporting a flood of anxious, overwhelmed students (Denizet-Lewis, 2017). It is now just as likely for middle school students to die from suicide as from traffic accidents, and 75% of children who commit suicide are depressed. Still, CDC data shows NJ as having the lowest suicide rate in the nation (2020).

There were reported to be just over 65 million students in 2018 (U.S. Department of Education [USDOE], 2019). In 2018, about 1 in 7 teens had a major depressive episode, an increase of 75% from 2007, with 41% receiving intervention. Nearly 3 in 10 teens felt tense or nervous almost every day, with academic and social pressures as the reasons; 6 in 10 teens felt academic pressure, 3 in 10 teens felt social pressures and 2 in 10 felt pressure to be good in sports. Teens in lower-income households felt family obligations to help-out financially. Having a job or career they enjoy is at the top of teens’ long-term goals (SAMHSA, 2019).

The Civil Rights Data Collection (CRDC), while providing counts on 504 plan and IEP usage, does not provide the breakdown by disability needed to understand depression in our education system (Madaus & Shaw, 2007). But from an analysis of the CRDC, IEPs and 504s can in no way account for the numbers of students with depression as listed above (e.g. around 65% of middle and high schools in NJ have only 4% of students on a 504 plan and a general web search shows that the majority of those plans are ADHD related.)

According to the USDOE Annual Report to Congress on IDEA in 2019, about 331,680 students (i.e. 5.5% of all students using IDEA services) were provided services for “serious emotional disturbances” in the 2017 school year. Yet it is estimated by SAMHSA that over 9 million students would have had a major depressive episode in that year.

Depression is never one thing; the etiologies are multiple and complex (Mallory 12, 2020). Biological, social, cultural and personal experiences altogether affect the mental health of a child. Some children are more likely to develop depression based on factors including genetics (e.g. having a parent with depression), personality (e.g. being sensitive, uncooperative), environment (e.g. danger, stress, cultural, stigma-related issues) and trauma (e.g., loss of friend, abuse) (National Association of School Psychologists [NASP], 2010; British Columbia Coroners Service [BCCS], 2018). Lack of self-esteem, important to life satisfaction, and anxiety, also leads to childhood depression (Banks, 1997, as cited in Hong, 2010; BCCS, 2018).

Sudden onset depression is connected to recent stress or change (NASP, 2010) and can be attributed to demands on academic achievement, fear of failure, homework pressures, class and extra-curricular conflicts, lack of sleep, bullying and isolation. Students are facing tremendous stress with teachers and coaches who demand 100% commitment and are left to make difficult life choices with little school guidance and support. Students are starting homework late in the night and waking up for before-school extra-curricular practices and what schools refer to as period zero. Social media and bullying, according to the CDC, play a big role in the increase in depression and suicide. The mistakes that teens do just being teens can bring lasting trauma as parents and teachers overwhelm them with their disappointment. Learning in a world where we dread to be different is a source of stress for the LGBTQ, indigenous or learning-disabled children (NASP, 2010).

With depression, there are those that have a history of suicidal thoughts, who struggle with depression visibly for much of their lives. But the vast majority of cases are milder, shorter in duration and do not attract notice, appearing like typical teenage angst or a lack of motivation.

Researchers categorize the characteristics into cognitive, behavioral and physiological (Huberty, 2010; Hong, 2004). Cognitive issues include being easily frustrated, concentration and focus issues, negative thinking of self/world/future, reliance on automatic thinking, difficulty making decisions, quick to give up on problems, avoidance of academic work or school in general. At the most severe end, the child may have thoughts of or act on suicide. Behavioral issues include social withdrawal, loss of interest in daily activities, cries often, decline in personal appearance, significant grade and GPA drops, loss of friends, troubled relationships with teachers and school absenteeism. Physiological issues include somatic complaints, poor appetite or overeating, migraines, lethargic physical and motor activity, an inability to sleep.

Children with depression experience significant academic difficulties, with students finding it difficult to complete assignments, pay attention and participate in class or attend school on time or at all (NASP, 2010). They find it difficult to navigate the inevitable conflicts that arise with teachers, coaches and friends. They lose interest in the extra-curriculars once enjoyed and worked so hard to achieve at or are even asked to leave because of their recent change in motivation or attitude or the difficulties their conflict causes the team. Sometimes in the case of bullying, the child will be asked to leave to protect themselves (The Parent Project, 2020).

When a child with depression feels that nothing is solvable at school, then the problem worsens and they may drop out or accelerate education just to graduate out early. These children so want to be successful and social but lack the ability and motivation; they are not choosing these behaviors (NASP, 2010). These are the children that teachers often push away because

they are seen as combative, unmotivated or troubled, but these are the ones that need their help the most. Some may have suicidal ideations or commit suicide.

Schools do not always take accountability for mental health. They want to believe there must be something disturbing at home for a child to be depressed, thinking, “what is wrong with that family.” Districts brush these problems under the rug and often it will take multiple suicides before districts accept that there is a problem (The Parent Project, 2020). It is important to consider the implications that education has on childhood depression, too.

Childhood help for depression usually occurs outside of the school environment. Counseling centers are responsible for providing children with services including cognitive behavioral therapy, interpersonal therapy, family therapy and for children with severe depression a combination of therapies and medication (Understood). There is, however, a shortage of child psychologists in NJ (Clark, 2019) that is forcing children with mental illness into the ER and into distant centers, far from parents, with children with unrelated severe cases. “It’s not what we signed up for,” said one mother after her daughter’s school alarmed her to what they perceived a major depressive event. The NJ mother immediately brought her daughter to an ER, waited hours overnight for a diagnosis and their child placed in a facility out in Pennsylvania (Clark, 2019). Schools can become alarmists when they lack the training to discern major events from what is typical behavior for the student; ERs tend to trust the teacher’s diagnosis (Unnamed Psychiatrist, personal communication, 2017). The process, the ER visit, the distance from parents, itself becomes yet another traumatic event feeding the child’s depression.

One solution to this problem is to establish and fund counseling centers staffed with psychologists within close proximity to schools. The East Windsor Regional School district, in coordination with iCare and funded with \$2M from grants to local charities, provides access to a

mental health facility that is in walking distance from the high school and the children are choosing to use these services on their own and there is a waiting list (The Parent Project, 2020).

Educators in NJ are also revising the NJSLS curriculum to include core competencies needed to support positive mental health starting in kindergarten through 12<sup>th</sup> grade. The bill (NJ S2861) is intended to enhance student understanding, attitudes and behaviors related to mental health to promote well-being. In addition, NJ S3160, established a pilot program to provide later school start times for high school students. These are positive changes, it is a mammoth effort, that requires collaboration with teachers and the implementation remains to be seen.

British Columbia, for example has a rewritten curriculum that completely integrates career education and mental health core competencies. British Columbia defines core competencies as a set of intellectual, personal, and social and emotional skills that students need to support learning. The experiences are embedded in core classes as well as in a new section of the child's education called Career Education. The Core Competencies are taught within the home and school environment in formal and informal settings, with the goal to demonstrate competence in supported settings and into independent life contexts. Teachers and legislators shared responsibility for the development of the child's Core Competencies. (BCDOE, 2016).

Another example is the National Science Council of Taiwan (Hong, 2004) that did a study on self-esteem and recommended a change in how self-worth is defined, broadening it from academic to inclusion of virtues such as generosity and kindness. The recommendation in Taiwan is to develop programs that promote student self-esteem through enrichment that teaches the affective domains (e.g. self-esteem, family values, career exploration, leadership, communication), peer tutoring, introduction of adult mentors, support groups, health promotion and college experiences and parent-child communication training.

There is little research available to show how well integrated core competency programs are working to improve the mental health of children. But these schools do continue to face incidents of suicide and depression (BCCS, 2018; The Pingry School, personal communication 2015). These programs are positive steps forward but bring with them challenges. One challenge is how to “catch up” the new children that enter such a school; this happens through moves, school mergers or entrance years at private schools. These schools need to consider how new students are introduced in a way that maintains the respectful community that has been established. Another challenge is funding. The program can become superficial, a check-the-box, low-cost solution. One school district replaced their HIB program with a free online service and assigned the superintendent to the HIB counselor role just to meet a budget shortfall.

But possibly the biggest challenge is in how we measure and improve educational processes that have been implemented through legislation. It should be akin to what we see in the airline industry in that when an airline crashes, the FAA investigates and implements resulting change; it has defined the safety of our airline systems worldwide. IDEA and 504 seem to improve through legislation and lawsuits instead of an industry practice such as Six Sigma that provides the processes to continuously measure and improve services in any industry.

Smaller changes to pedagogy can also go a long way to reducing student depression in the classroom. The current favored pedagogy, “constructivist” teachers use every moment in the classroom to have children collaborate to solve problems. However, 20-50% of students are introverts, with these children having a sensitivity in their nervous system that makes them stressed when facing novelty, socializing and volume. (Cain, 2013). We are learning more on this from at-home school experiences induced by COVID-19, and hopefully new accommodations will allow for remote learning and more individual think time for the child.

According to NASP, depression in schools continues to go mostly unidentified. Educators, parents and peers need better training on the characteristics and interventions available, for when identified early, depression can be fully treatable. Probably the most important thing a school can do is hire school psychologists. We need to stop kidding ourselves that simply training teachers and hiring social workers can fill the roles that should be filled by highly degreed school psychologists. Every school should be required to have two on staff.

College of St. Elizabeth can also train our future teachers to be aware of the signs of depression, to better understand NJAC 6A:14 and 504 accommodations for depression and HIB documentation. The word “depression” does not even exist in the index of “Special Education in Contemporary Society” (Gargiulo, 2018), the textbook for the 665 course Nature and Needs of Students with Educational Disabilities. Our future teachers are our best advocates for implementing and teaching a curriculum integrated with the core competencies of mental health.

## References

- British Columbia Coroners Service. (2018, December 13). *Supporting Youth and Health Professionals: a report on youth suicides* (Publication No. 16-6249). Retrieved from [https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/deaths/coroners-service/child-death-review-unit/reports-publications/youth\\_suicide\\_drp\\_report\\_2018.pdf](https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/deaths/coroners-service/child-death-review-unit/reports-publications/youth_suicide_drp_report_2018.pdf)
- Cain, S. (2013). *Quiet: The power of introverts in a world that can't stop talking*. New York: Broadway paperbacks.
- Center for Disease Control. (2020, February 20). Stats of the state - suicide mortality. Retrieved from <https://www.cdc.gov/nchs/pressroom/sosmap/suicide-mortality/suicide.htm>
- Civil Rights Data Collection. (n.d.) Retrieved from <https://ocrdata.ed.gov/DistrictSchoolSearch>
- Clark, A. (2019, December 30). N.J. schools are failing after teen suicides. Here's how to fix the tragic aftermath. *NJ.com*. Retrieved from <https://www.nj.com/education/2019/12/nj-schools-are-failing-after-teen-suicides-heres-how-to-fix-the-tragic-aftermath.html>
- Denizet-Lewis, B. (2017, October 11). Why are more American teenagers than ever suffering from severe anxiety? *New York Times*. Retrieved from <https://www.nytimes.com/2017/10/11/magazine/why-are-more-american-teenagers-than-ever-suffering-from-severe-anxiety.html>
- Gargiulo, R. M., & Bouck, E. C. (2018). *Special education in contemporary society: An introduction to exceptionality*. SAGE Publications.
- Harassment, Intimidation & Bullying. (n.d.). Retrieved from <https://www.state.nj.us/education/students/safety/behavior/hib/>

- Hong, Z. R., McCarthy Veach, P., & Lawrenz, F. (2004). Psychosocial Predictors of Taiwanese Secondary Students' Self-Esteem. *The Alberta Journal of Educational Research*, 50(4), 430–446. Retrieved from <https://cdm.ucalgary.ca/index.php/ajer/article/view/55081>
- Horowitz, J. M., & Graf, N. (2020, January 5). Most U.S. Teens See Anxiety, Depression as Major Problems. *The Pew Research Center*. Retrieved from <https://www.pewsocialtrends.org/2019/02/20/most-u-s-teens-see-anxiety-and-depression-as-a-major-problem-among-their-peers/>
- Madaus, J. W., & Shaw, S. F. (2007). The Role of School Professionals in Implementing Section 504 for Students with Disabilities. *Educational Policy*, 22(3), 363–378. doi: 10.1177/0895904807307069
- Mallory 12. (2020). Retrieved from <https://vimeo.com/ondemand/mallory/406563040504/02783199409553614>
- National Association of School Psychologists. (2010). *Depression: Supporting Students at School*. Retrieved from [https://www.nasponline.org/Documents/Resources%20and%20Publications/Handouts/Families%20and%20Educators/Depression\\_Supporting\\_Students\\_at\\_School.pdf](https://www.nasponline.org/Documents/Resources%20and%20Publications/Handouts/Families%20and%20Educators/Depression_Supporting_Students_at_School.pdf)
- NJAC 6A:14 (2006). New Jersey administrative code for special education. Retrieved from <https://www.state.nj.us/education/code/current/title6a/chap14.pdf>
- NJAC 18A:37-13 through 17 (2010). Anti-bullying rights. Retrieved from [https://www.njleg.state.nj.us/2010/Bills/PL10/122\\_.PDF](https://www.njleg.state.nj.us/2010/Bills/PL10/122_.PDF)
- North Dakota Department of Public Instruction. (2016, September 9). *Guidelines for serving students with emotional disturbance in educational settings*. Retrieved from: <https://files.eric.ed.gov/fulltext/ED594653.pdf>

The Parent Project. (2020). Retrieved from [https://www.youtube.com/watch?v=9\\_IicuPlzWI](https://www.youtube.com/watch?v=9_IicuPlzWI)

S3160. Assemb. Reg. Sess. 2018-2019. (N.J. 2019). Retrieved from

<https://www.billtrack50.com/BillDetail/995418>

S2861. Assemb. Reg. Sess. 2018-2019. (N.J. 2019). Retrieved from

<https://www.billtrack50.com/BillDetail/990286>

Shellenbarger, S. (2017, November 21). Step away from your over-scheduled high school student. *Wall Street Journal*. Retrieved from <https://www.wsj.com/articles/step-away-from-your-over-scheduled-teen-1511282108>

Substance Abuse and Mental Health Services Administration. (2019). *Key substance use and mental health indicators in the United States: Results from the 2018 National Survey on Drug Use and Health* (HHS Publication No. PEP19-5068, NSDUH Series H-54).

Rockville, MD. Retrieved from <https://www.samhsa.gov/data/>

Understood. (n.d.). *5 Steps to Take If You Think Your Child Is Depressed*. Retrieved from

[https://www.understood.org/en/friends-feelings/managing-feelings/depression/i-think-my-child-is-depressed-what-should-i-do?\\_ul=1\\*8xpwol\\*domain\\_userid\\*YW1wLTFZLW1ReTh1YmNwQTZvaTAtWEtoMIE](https://www.understood.org/en/friends-feelings/managing-feelings/depression/i-think-my-child-is-depressed-what-should-i-do?_ul=1*8xpwol*domain_userid*YW1wLTFZLW1ReTh1YmNwQTZvaTAtWEtoMIE)

U.S. Department of Education. (2019). *41st Annual Report to Congress on the Implementation of the Individuals with Disabilities Education Act*. Retrieved from

<https://www2.ed.gov/about/reports/annual/osep/2019/parts-b-c/41st-arc-for-idea.pdf>