



Centre of Excellence for  
MENTAL HEALTH

To: *Our colleagues throughout Quebec* From: *The Lester B. Pearson School Board, SSD*



## What is Depression?

We all feel a little blue sometimes. We know how it feels to experience sadness and grief following a difficult event or an important loss. **True depression, however, is a serious health problem. It is defined as a persistent experience of a sad or irritable mood as well as the inability to experience pleasure in nearly all activities.** It can include other symptoms such as change in appetite, disrupted sleep patterns, increased or diminished activity level, impaired attention and concentration, and markedly decreased feelings of self-worth.

Major depressive disorder, often called clinical depression, is a form of mental illness that affects the entire person. It changes the way the person feels, thinks, and acts. It is not a personal weakness or a character flaw. Children and youth with depression cannot just snap out of it. If left untreated, depression can lead to school failure, eating disorders, conduct disorder and delinquency, anxiety, substance abuse, or suicide.

For free school-based workshops on depression, see the

### How common is depression?

Mental Illness Foundation:  
(<http://www.mentalillnessfoundation.org/>)

Major depressive disorder (MDD) affects 6-8% of adolescents with females being twice as likely to be affected as males. Most adults who develop MDD experience their first episode between 14-24 years of age.

### Is it just teen angst?

For information on the difference between teenage angst and depression, click on the link:

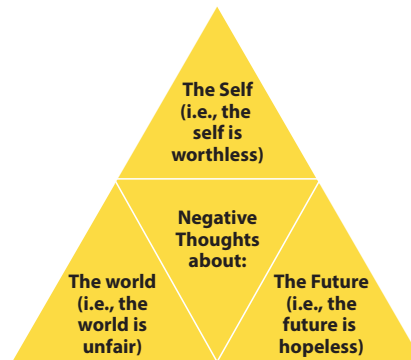
<http://www.childmind.org/en/posts/ask-an-expert/2010-10-14-difference-between-depression-and-teen-angst>

### What to look out for?

Characteristics of depression that usually occur in children and adolescents may include:

- Persistent sad and irritable mood
- Loss of interest or pleasure in activities once enjoyed
- Significant change in appetite and body weight
- Difficulty sleeping or oversleeping
- Physical signs of agitation or excessive lethargy
- Feelings of worthlessness or inappropriate guilt
- Difficulty concentrating
- Frequent absences from school or unusually poor school performance
- Chronic boredom or apathy
- Withdrawal or social isolation
- Increased reckless behavior, drug, or alcohol use
- Recurrent thoughts of death or suicide

For facts on depression, click on the link:  
<http://www.childmind.org/en/quick-facts-depression/>



## Untreated Depression and Suicide

Sadly, suicide is one of the leading causes of death among youth 10 to 19 years. Suicide involves a complex interaction of biological, social, psychological, environmental risk and protective factors. Untreated depression is the leading risk for suicide in adolescents. In young people, emotional pain and suffering affects rational thinking allowing them to believe that suicide is the only solution. Tragically, suicide is a very permanent solution to what was most likely a temporary problem.

For more information on suicide and what schools can do, click on the link:

<http://store.samhsa.gov/shin/content/SMA12-4669/SMA12-4669.pdf>

### What Schools Can Do: Focus on Education and Wellness

- Create a caring, supportive environment that promotes connectedness
- Prevent all forms of bullying as a vigorously enforced school policy
- Educate students, staff members, and parents on the realities and signs of depression; help distinguish between depression and normal adolescent emotions
- Destigmatize attitudes and openness about the illness
- Ensure that each student has at least one adult who takes a special interest in them
- Encourage students to get regular exercise, proper nutrition, increase social support networks, and listen to relaxing music. These strategies can go a long way towards enhancing one's mood!

### What Schools Can Do: Suicide Prevention & Increase Protective Factors

- **Know the warning signs:**
  - Threatening to hurt or kill themselves
  - Depression (helplessness/hopelessness)
  - Reckless behavior
  - Making final arrangements
  - Death and suicidal themes
  - Preoccupation with means
  - Sudden and dramatic changes in mood and personality

### How to respond when we are concerned?

- Keep the student safe; The student should never be left alone
- Be aware of who can help
- Collaborate with colleagues
- Mobilize a support system

For information on evidence-based treatment for depression, click on the link:

<http://www.childmind.org/en/posts/articles/2011-5-16-what-behavioral-therapy-works-childhood-depression>

### There is Good News!!!

The good news is that depression is treatable. Early diagnosis and appropriate treatment are essential. Children or youth who exhibit signs of clinical depression should be referred to and evaluated by a mental health professional (i.e., psychologist, social worker, guidance counselor) in your school or community (CSSS).

### Reaching out

Creating a positive connection between a student and a trusted adult is important. However, teachers are not trained mental health professionals and should not take on responsibility for treating a student. Staff members should never promise to keep a student's feelings a secret but should assure the student that they will only share their concerns with other appropriate adults who can and will help.

If you have found this postcard to be helpful and informative, please share it with colleagues. Dissemination of information about mental health is the first step toward promoting better mental health!

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