

Major Depressive Disorder Fact Sheet



Minnesota Association for
Children's Mental Health

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Symptoms/Behaviors

- Sleeping in class
- Defiant or disruptive
- Refusal to participate in school activities
- Excessive tardiness
- Not turning in homework assignments
- Fidgety or restless, distracting other students
- Isolating, quiet
- Frequent absences
- Failing grades
- Refusal to do school work and general non-compliance with rules
- Talks about dying or suicide
- Inability to concentrate
- Forgetfulness
- Overreaction to criticism
- Lack of energy or motivation

Resources: See macmh.org/edguidelink for more major depressive disorder specific resources.

About the Disorder

All children/youth feel sad or blue at times, but feelings of sadness with great intensity that persist for weeks or months may be a symptom of major depressive disorder or persistent depressive disorder (chronic depression). These depressive disorders are more than “the blues”; they affect a young person’s thoughts, feelings, behavior, and body. Depressive disorders can lead to school failure, alcohol or drug abuse, and even suicide. Major depressive disorder is one of the most common and serious mental health disorders experienced by children and adolescents.

Depression can occur at any age but the risk for depression increases as a child gets older. The National Institute of Mental Health (NIMH) estimates that about 11 percent of adolescents have a depressive disorder by age 18. During adolescence the disorder is more prevalent among girls.

The DSM-5 states that depression that occurs in childhood is harder to diagnose, more difficult to treat, and more likely to reoccur than depression that strikes later in life. Youth who experience a severe depression also have a greater likelihood of recurrence. Children and adolescents who experience adverse childhood experiences (ACEs) are at risk for developing depression and at even greater risk if they experience multiple ACEs.

Students who are depressed may display sadness that won’t go away, hopelessness, thoughts of death or suicide, low energy, poor concentration, changes in eating and sleeping patterns, and frequent complaints of aches and pains. However, they also can present symptoms that many adults do not associate with depression, such as frequent fearfulness, extreme sensitivity to failure or rejection, low self-esteem and guilt, irritability, school avoidance, persistent boredom, increased activity, and self-deprecating remarks.

Students who used to enjoy playing with friends may spend most of their time alone, or they may start hanging out with a completely different peer group. Activities that were once fun hold no interest. They may talk about dying or suicide. Older students with a depressive disorder may self-medicate with alcohol or drugs.

Students who cause trouble at home or at school may actually be experiencing depression, although they may not seem sad. Younger students may pretend to be sick, be overactive, cling to their parents, seem accident prone, or refuse to go to school. Older students often refuse to participate in family and social activities and stop paying attention to their appearance. They may also be restless, grouchy, or aggressive.

Most mental health professionals believe that depression has a biological origin. Research indicates that children have a greater chance of developing depression if one or both of their parents experienced depression.

Educational Implications

Students experiencing depression may display a marked change in their interest in schoolwork and activities. Their grades may drop significantly due to lack of interest, loss of motivation, or excessive absences. They may withdraw and refuse to socialize with peers or participate in group projects.

Instructional Strategies and Classroom Accommodations

- Reduce some classroom pressures.
- Break tasks into smaller parts.
- Reassure students that they can catch up. Show them the steps they need to take. Be flexible and realistic about classroom expectations. (School failures and unmet expectations can exacerbate the depression.)
- Help students use realistic and positive statements about their performance and outlook for the future.
- Help students recognize and acknowledge positive contributions and performance.
- Students with a depressive disorder may see issues in black and white—all bad or all good. It may help to keep a record of their accomplishments that you can show to them at low points.
- Encourage gradual social interaction (i.e., small group work).
- Ask parents what would be helpful in the classroom to reduce pressure or to motivate the student.
- Spend extra time with the student, when necessary, and assist the student with planning and time management.
- Reduce some classroom pressures by being flexible with deadlines, providing notes, or helping the student find a note-taker from the class.
- For disability-related reasons, students may need to miss class or even leave the room in the middle of the class. Your understanding and any assistance with filling in the gaps will help reduce the stress and anxiety related to getting behind or missing assignments.
- Allow the student to record lectures.
- Clearly define (and put in writing) the course requirements, dates of exams, and when assignments are due; provide advance notice of any changes.
- When in doubt about how to assist the student, try asking what they need.
- Encourage school administration to identify personnel and resources to support students with depression.

For additional suggestions on classroom strategies and modifications, see [An Educator's Guide to Children's Mental Health](#) chapter on Meeting the Needs of All Students.