

Tips to Increase Cultural Competence

- Pronounce students' names correctly and learn key phrases in their native language.
- Allow students to share their thoughts, ideas and feelings through the use of cooperative groups, role plays, dialogue journals and other forms of active and interactive learning.
- Become aware of the impact of your own culture and worldviews when interacting with others.
- Become aware and respectful of diverse values, traditions, customs, and parenting styles.
- Recognize that cultural differences exist within an ethnic group.
- Understand the attitudes about mental health issues, treatment, and help-seeking behaviors within different cultures represented in the student body.
- Enhance students' self-image, motivation and cultural pride by using culturally-relevant materials.
- Invite parents and caregivers to actively participate in their child's education; including obtaining needed mental health services which would improve their educational outcomes.

Warren County Grant to Integrate School and Community Mental Health Systems

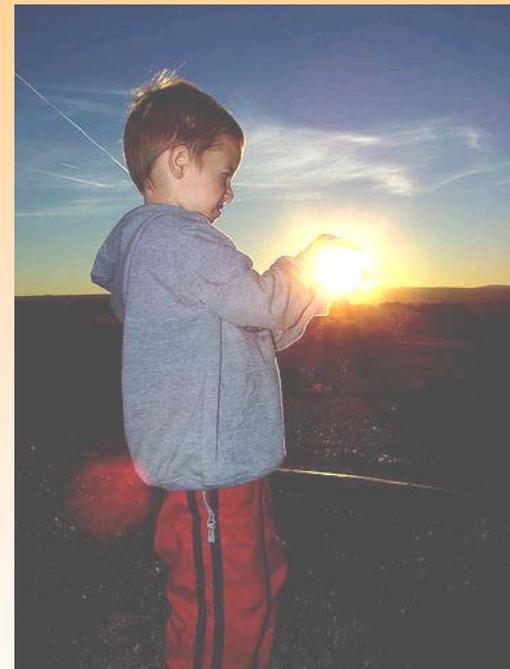
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An Information Booklet for Warren County Educators

Quick Facts: DEPRESSION



This fact booklet is intended to enhance understanding of school personnel about the mental health issues that may be encountered in students. The information included is not exhaustive and should never be used to formulate a diagnosis. Mental health diagnoses should be made only by a trained mental health professional after a thorough evaluation.

What is Depression?

Depression is a medical illness that causes a person to feel persistently sad, low, or disinterested in daily activities. It is not something that a person can simply “snap out of”. Depression may involve a complex interplay of genetic (e.g. family history of depression), biological (e.g. altered brain chemistry), and environmental (e.g. family instability, peer pressure, major loss) factors.



Types of Depression

Major Depressive Disorder - a severe form of depression that lasts for at least two weeks and significantly impairs one’s functioning in a variety of areas such as at home and in school

Dysthymia - a milder form of depression that lasts for at least one year and impairs functioning at home and at school

Bipolar Disorder - a depressive disorder primarily characterized by extreme changes in emotional states between depression and mania

Adjustment Disorder with Depressed Mood - a response to an identifiable stressor that results in clinically significant depressive symptoms

Seasonal Affective Disorder - a seasonal depression that is triggered by the change of seasons (often Fall or Winter)

Getting Linked

- Visit www.warrencountyesc.com to link to the Warren County online mental health resource directory
- Dial 2-1-1 to reach Warren County 2-1-1, a countywide health and human services information and referral program where you can get person to person assistance to find depression resources in your community.
- Visit www.mhaswoh.org/services to access Mental Health America of Southwest Ohio’s current mental health resource directory.



Additional Resources

Cincinnati Children’s Hospital
www.cincinnatichildrens.org

School Psychiatry Program
Massachusetts General Hospital
www.schoolpsychiatry.org

National Alliance on Mental Illness
www.nami.org

Suicide Awareness Voices of Education
www.save.org

American Association of Suicidology
www.suicidology.org

SAMHSA—Federal Program
www.mentalhealthsamhsa.gov

American Academy of Child/Adolescent Psychiatry
www.aacap.org

American Academy of Pediatrics
www.aap.org

National Institute of Mental Health
www.nimh.nih.gov

Call The Suicide Prevention Hotline at (877) 695-6333 (NEED) for crisis services for children and adolescents

A Note About Suicide and Depression

Research shows that children with depression are at least five times more likely to attempt suicide than children not affected by depression.

Any of the signs and symptoms of depression found on the previous pages could indicate suicidal risk and should be taken seriously. If you notice signs or symptoms of depression, seek help by contacting a school or community mental health professional.

In addition, there are some signs that may indicate overt suicidal crisis and should be acted upon immediately. These include:

- Threats or attempts to hurt or kill oneself
- Looking for the means (e.g. gun, pills, rope) to kill oneself
- Making “final arrangements” such as writing a will or a farewell letter, saying goodbye with a sense of finality, or giving away cherished belongings
- Pre-occupation with suicide or dying (often expressed through music, poetry, drawings, online web pages like Face Book and MySpace).
- Sudden improvement after a period of extreme sadness and withdrawal

If you notice these signs of suicidal crisis, immediately call The Suicide Prevention Hotline at 1 (877) 695-6333(NEED) or dial 9-1-1

Suicidal thoughts, comments , and/or behavior should always be taken very seriously and require immediate attention and evaluation. Recognizing the warning signs of suicide can help to prevent a serious tragedy.

Prevalent Depression Signs & Symptoms

Depressed or irritable mood - may include sadness, a lack of affect, or feeling “blah”, easily triggered tearfulness, feelings of anger, hopelessness, rage, irritability, moodiness and/or hypersensitivity

Somatic complaints - stomachaches and headaches are common complaints in children and adolescents

Psychomotor agitation - may include pacing, hand wringing, picking at skin, fidgeting, and restlessness

Psychomotor retardation - may include listlessness, slowed speech, thinking or body movements and deterioration of handwriting

Diminished interest in usual activities - may include a loss of interest in favored activities and hobbies, a withdrawal from peers and family, school avoidance and decreased school performance, or inattention to personal appearance

Change in appetite - may include an increased appetite and/or excessive eating or a decreased appetite with possible food avoidance or refusal

Changes in sleep patterns - may include insomnia (difficulty sleeping) resulting in sleepiness in class or hypersomnia (excessive sleeping) leading to school absences and tardiness

Indecisiveness and diminished concentration - may include distractibility, daydreaming, difficulty making decisions, and memory difficulties

Feelings of worthlessness or guilt - may include low self-esteem, negative self statements, extreme sensitivity to rejection or failure, a sense that bad things happen because of them, and guilty preoccupations over current or past mistakes

Fatigue or loss of energy - may include lethargy, reduced physical activity, or the need to exert substantial effort to do even small tasks

Recurrent thoughts of death or suicide or risky behavior - may include increased risk-taking, recklessness, or self harming behavior, increased alcohol or other substance use, thoughts of wanting to harm self or feelings that they would be better off dead, focus on death related themes

Developmental Variations

Early Childhood (@3-6 years old)

Because many of the diagnostic symptoms of depression are also characteristic of typical early childhood development, diagnosing depression in children this young can be complex. Though depression symptoms across all ages are similar, they may manifest in different ways according to developmental level. For instance, sleep difficulties may manifest as frequent nightmares in young children. Depression in young children may also be characterized by developmental regression (i.e. bed wetting).

Middle Childhood (@7-11 years old)

As with the early childhood group, children in this age group may show some signs of developmental regression such as bed wetting. They may also begin to show decreases in school performance and attendance and may begin self-harming behaviors (e.g. substance use, cutting, eraser burning).

Pre-Adolescence/Adolescence (@12-18 years old)

In addition to other symptoms of depression characteristic of all age groups, adolescents with depression may have an increase in school failure, truancy, alcohol or other substance abuse and other self-harming behaviors. In the 2008 Ohio Youth Survey of this age group in Warren County, 22% felt so sad or hopeless almost every day for the previous two weeks that they stopped doing some usual activity, 8% made a suicide plan, and 5% actually attempted suicide.



Educational Implications

Depression can have a devastating impact on a student's ability to learn and function within the learning environment. Students with depression may experience a significant drop in grades due to decreased work readiness and work performance, lack of participation, and increased tardiness to and absences from school. Depression has a significant impact on how the brain functions. Students with depression are often unmotivated and disorganized and may have increased difficulty with short term memory. Depression and school failure can be a self-perpetuating cycle. Depression contributes to school failure; school failure can, in turn, exacerbate depression.



Cultural Considerations

As the student population in Warren County increasingly becomes more multicultural and diverse, educators need to deepen their understanding of how cultural background influences symptoms of depression.

Cultural context plays a significant part in both assessing depression in students and also how students choose (or don't choose) to seek help. For example: non-Western individuals frequently utilize persons from within their own culture when seeking help for a mental health issue. Seeking outside help for a mental illness is often stigmatized. In contrast, youth from Western societies find it more socially acceptable to share their feelings of sadness, guilt and worthlessness with an adult.

Some Asian and Hispanic cultures are more comfortable reporting depressive symptoms that are physical in nature rather than mental. For example, individuals from Asian countries may complain of bodily discomfort, feelings of inner pressure, headaches, and symptoms of pain, dizziness, and fatigue. Many do not want their families and friends to know that they may have depression.

Additionally, due to the influence of environment on depression, children from marginalized groups (i.e. poverty, immigrants, gay/lesbian youth, learning or physical disabilities) are at a greater risk to develop depression. Though pre-adolescent girls and boys are affected by depression at equal rates, depression is two times more likely in adolescent girls than in adolescent boys.