

## **Mood Disorders: What Parents and Teachers Should Know**

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Mood disorders are among the most common mental health problems experienced by children and adolescents. They include all types of depression as well as Bipolar Disorders (formerly called Manic-Depression) and are sometimes referred to as “affective disorders.” Children with mood disorders often are either depressed, manic (unrealistically “up” or hyper), or alternating between the two. Mood disorders are generally caused by chemical imbalances in the brain but also can be triggered by environmental causes, as with Seasonal Affective Disorder; a prolonged or severe medical illness; or biological influences, such as Postpartum Depression.

Often mood disorders go undiagnosed because the symptoms can mimic the normal emotional swings and behavior issues associated with growing up, or resemble the symptoms of another disorder. This is particularly true in adolescence when hormonal changes, peer pressures, and rapid physical and cognitive development occur. Additionally, many youth are reluctant to seek help when they are struggling emotionally because of the lingering — and very counterproductive — stigma associated with mental health problems. Left untreated, though, mood disorders can lead to serious academic and behavior problems, possible school failure, extreme irritability, substance abuse, very risky or self-injurious behaviors, or even suicide.

Luckily, mood disorders are treatable. Parents and school personnel can help children and youth with mood disorders by knowing the signs and symptoms and where to get appropriate mental health care. Schools that provide prevention and early intervention-focused mental health services are better equipped to meet the needs of students with mood disorders. This should include educating students, parents and staff; collaborating with community services for referral and follow up purposes; strengthening relationships with families; working to end the stigma surrounding mental health problems; and reassuring students who are struggling that they can get help.

### **Signs of Mood Disorders in Children and Adolescents**

Feeling sad or depressed as the result of an upsetting life event, such as the death of a loved one, loss of a pet, or the break up of a romantic relationship, is normal and not the same as having a mood disorder. With love and support from family, teachers, and friends, these feelings generally resolve themselves and do not impair functioning for any length of time. Symptoms of a mood disorder occur or reoccur over an extended period of time and do interfere with normal activities and relationships. Symptoms also may differ from those in adults and vary depending on age.

In Preschool Children:

- Somber, almost ill appearance.
- Frequent complaints of physical problems for which no medical difficulties can be found.
- Lack of bounce and enthusiasm characteristic of non-depressed peers.
- Tearfulness for no little or no identifiable reason.
- Spontaneous irritability, not just when they do not get their way.
- Frequent negative self-statements.
- Self-injurious or self-destructive behaviors at times.
- Anhedonia (i.e., experiencing little pleasure from things which most peers enjoy).

In Elementary School-Aged Children and Adolescents:

- Disruptive behavior.
- Academic difficulties or declining school performance.
- Frequent problems with peers.
- Increased irritability and aggression compared to peers and to their own non-depressed state.
- Suicidal threats.
- Anhedonia (i.e., experiencing little pleasure from things which most peers enjoy).
- Statements that they hate themselves and everything around them.
- Sleeping too much.
- Rapid, unpredictable emotional changes.
- Racing thoughts and flight of ideas.
- Increased strength and energy along with decreased sleep.
- Increased interest in problematic activities such as overspending and drug use.
- Grandiosity and inflated self-esteem.
- Greatly increased or decreased sexual drive.
- Uncharacteristically poor judgment.

### **Help for Youth With Mood Disorders**

Mood disorders usually can be treated effectively. Specific treatments should be recommended as a result of a thorough evaluation conducted by a specialist in child mental health and based on:

- Age, overall health, and medical history of the child or adolescent.
- Extent and severity of the condition.
- Type of mood disorder.
- Child and parents' tolerance for specific medications, procedures, and/or therapies.
- Prognosis or expectations for the course of the condition.
- Opinions and preferences of the parents and the child (if appropriate) in collaboration with mental health professionals.

Treatment may include one or more of the following:

- Medications such as anti-depressants and mood stabilizers, especially when combined with psychotherapy, have been shown to be very effective in the treatment of depression.
- Psychotherapy, such as cognitive-behavioral and/or interpersonal therapy focused on helping the person change distorted views of themselves and the environment around them; helping them to improve their interpersonal relationship skills; and identifying stressors in the environment, how to avoid them, and how to cope effectively with those which cannot be avoided.
- Family therapy — families play a vital, supportive role in any treatment process.

Communication between home and school is very important. School mental health professionals, such as school psychologists, are a valuable resource in coordinating this communication. They also can provide counseling, community referral information, and collaborative support in the school setting, working with a student's medical doctor, psychiatrist, and/or psychologist. Working together, adults can help ensure the well-being of all children and youth.

## Resources

Cash, R.E. (2003, October). When hurts to be a teenager. *Principal Leadership*, 4 (2). [National Association of Secondary School Principals] Available at: [http://www.nasponline.org/resources/principals/nassp\\_depression.aspx](http://www.nasponline.org/resources/principals/nassp_depression.aspx)

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