MAJOR DEPRESSIVE DISORDER WELLEMAN Attallah College of Educational Studies



IF YOU OR SOMEONE YOU KNOW NEEDS IMMEDIATE HELP, CALL 911 OR THE NATIONAL SUICIDE PREVENTION LIFELINE AT 1-800-273-TALK (8255).

DIAGNOSIS & SYMPTOMS

5 or more of 9 symptoms (including at least one of depressed mood and loss of interest or pleasure) in the same 2 week period; each of these symptoms represents a change from previous functioning

- Depressed mood (or irritable in children or adolescents)
- Loss of interest or pleasure
- Change in weight or appetite
- Insomnia or hypersomnia
- Psychomotor agitation
- Loss of energy or fatigue
- Worthlessness or guilt
- Impaired concentration or indecisiveness
- Thoughts of death or suicidal ideation/attempt

EPIDEMIOLOGY

Prevalence:

Genetics:

- 1 in 5 children in the United States suffer from depression
- Major depressive episodes were higher among

adolescent females (23.0%) compared to males (8.8%).

Male vs. Female:

Significant gender difference in depression begins to emerge around age 13 as females' rates of depression begin to increase while males' rates remain fairly constant

ETIOLOGY

- The dopamine receptor gene DRD4 has been shown to be more highly expressed in individuals with current MDD
- Parental depression, primarily maternal depression have been associated with a child's risk for developing depression

Environmental Factors:

- Low parental support
- Proverty
- Harmful enviorment
- Stressful life event

SCHOOL-BASED TREATMENT

Tier 1

- SEL Curriculum
- Mental Health Literacy & Psychoeducation
- Suicide Prevention
- Trauma-informed
 Practices

Tier 2

- Check & Connect Program
- Group-based
 Counseling (TF-CBT, COPE)



Tier 3

- Individual & Intensive
 - Counseling
- 504s and IEPs
- Referral to Outside Providers / Community-based efforts



RESOURCES









Depression and Bipolar Support Alliance

BIPOLAR DISORDER

CHAPMAN Attallah College of UNIVERSITY Educational Studies

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DIAGNOSIS & SYMPTOMS

Bipolar Disorder 1

Manic Episode Present

Bipolar Disorder 2

Hypomanic Episode Present

The hypomanic episode is also preceded or followed by a depressive episode.

Manic

Abnormal/persistent elevated, expansive, or irritable mood (1 week)

Impairs social/ occupational functioning
Requires hospitalization
Psychotic features

Hypomanic

Grandiosity

Decreased need for sleep

More talkative

- Distractible

- Psychomotor

agitation / increase in

goal-directed activity - High risk activities

(*3/ 7 present or 4/7 if

irritable only)

Not substance related Abnormal/persistent elevated, expansive, or irritable mood (4 days)

- Uncharacteristic change in functioning

- Noticeable by others

-No hospitalization, psychotic features, and does not impair social/occupational functioning

EPIDEMIOLOGY

Prevalence:

- 1.8% of children and adolescents
- 2.8% of adults



Distribution:

- Roughly equal amongst sex and race
- Most typically diagnosed between ages 15-24 or 45-54

Genetics:

- Highly heritable but not absolute
- Risk increases as

Physiology:

ETIOLOGY

 Associated with abnormalities in brain regions

Environmental Factors:

- Stressful life events
 - childhood
 trauma

 Risk increases as genetic relatedness increases brain regions association with emotion regulation

- death of a loved one
- financial instabiliy

SCHOOL-BASED TREATMENT

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Tier 1

- Universal Screening
- SEL Curriculum
 PATHS
- Psycho-education

Tier 2

- Group CBT
 - Emotion Regulation
 - Grounding techniques
- Check In Check Out

Tier 3

- Individual & Intensive
 - Counseling
- 504s and IEPs
- Referral to Outside Providers
 - medication

RESOURCES

Scan to learn more about NAMI's resources for Bipolar Depression.

