



CONTRIBUTION OF SCHOOL IN DEALING WITH DEPRESSION AMONG HIGH SCHOOL STUDENTS

Sourovi Thakur, Dr. Usashi Kundu (De)

Ph.D. Scholar, Asst. Professor

ABSTRACT:

Depression is a mental disorder that can affect anyone, at any age, any time, whatever be his/her background. Often we do not even realize that we are suffering from depression. In global statistics, depression comes in fourth position as a leading cause of sickness and disability among adolescence. School builds its students' attitude, emotional balance, coping powers, patience. So the focus of the paper is to explore a school's role in prevention of depression among high school students. To carry out the qualitative study analytical review based research method has been used. The findings suggest that the co-curricular activities play a major role in developing a sound mental health among adolescent high school students and fighting against depression.

Keywords: Depression, High school students, Adolescents, Co-curricular activities

INTRODUCTION:

On March 2017, WHO gave a "Wake up call" to mental health professionals across the globe telling depression is now the leading cause of disability throughout the world and a major contributor to the overall global diseases. According to WHO, 300 million people around the world are suffering from depression (2017 Report). But most of the time depression remains undiagnosed. Many times we feel sad which is a normal reaction to our loss or struggle. But when intense sadness including feeling of hopeless, helpless and worthless lasts for many days to weeks and keeps a person from living his life, that might be something more than sadness, he might be suffering from depression. As Evans, Patricia and Schumacher (2002) mentioned, depression might be one of the most overlooked and under-treated mental disorder in adolescence. By the time they turn 18 years, approximately 11% of children and adolescents will have experienced some form of diagnosable depressive disorder (National Institute of Mental Health [NIMH], 2012). Abela and Hankin (2008) very rightly suggested that till recent times most of the study of depression were conducted on adult samples and unfortunately those results cannot be extended downward to the adolescence. The untreated depression of childhood and adolescence turn severe when they reach adulthood. At the same time the treatment becomes more lengthy and costly. School is an organization that teaches its

students how to adapt, adjust and cope in life. School is a place that helps the students to vent out their pent up emotions through its multifarious activities. So schools, more precisely high schools as we are dealing with adolescence group, have a challenging role in prevention of depression of its students. As the cliché statement ‘prevention is better than cure’ suggests, high school period is the right time to take interventions in the early onset of adolescence depression and prevent it from passing on to the later life.

DEPRESSION:

According to American Psychiatric Association, depression is very common but serious medical problem that affects a person emotionally, cognitively and physically, negatively. Fortunately treatment of depression is available. Depression leads to feelings of sadness, it reduces interest in things once enjoyed. It can cause a wide range of emotional and physical issues and that can affect a person’s ability to perform at work and at home negatively. The sadness is not same as we experience when someone very close dies or it is not like how we feel after any loss. This is much more than this. It is a mixture of signs and symptoms that persists for a longer time and affects a person’s daily activity (Morgan, 2011).

SYMPTOMS: All time sadness is primarily experienced when a person suffers from depression. He/she lacks interest in activities in which he/she previously took pleasure. Appetite changes. Sudden weight gain or loss without any other reason. Sleep pattern also changes that sometime leads to over sleeping or insomnia. They also experience fatigue, increase in purposeless physical activity (e.g., hand-wringing or pacing), sluggish movements and speech, feeling worthless or guilty, difficulty in thinking, concentrating or making decisions, thoughts of death or suicide are few of the symptoms of depression. According to the DSM-5, a manual that doctors use for diagnosing mental disorders, if a person has five or more of these symptoms continuing for at least 2 weeks then he might be depressed.

DEPRESSION IN ADOLESCENCE:

Depression can begin during adolescence. One recent study in USA suggests that the sharp increase in depression among adolescence since 2011, is due to excessive use of technology leading to a decline in actual face to face interaction with others (Twenge, 2020). There is inverse relationship of depression with student’s academic achievement and it was also found that depression is linked with occurrence of adverse experiences in a student’s life (Bhasin, Sharma & Saini, 2010). As girls are more prone to have depression than boys in adults, likewise there is a sharp increase in depression in girls just after puberty (Hankin & Abramson, 1999).

EFFECT OF DEPRESSION ON ADOLESCENCE: In majority of cases the main cause of teenage depression are physical changes, hormonal changes and peer pressure. Their basic or/and common symptoms are withdrawing from friends and family. They frequently face difficulties in academic performance and social interactions and concentrating on schoolwork, they show lesser motivation, initiative, and persistence, most of times they are misinterpreted as lazy or not caring about their work.

This results in weakening of teacher-student interaction, all the time they feel guilty, they cannot sit still, experience restlessness, and find themselves helpless or worthless. Many times students having depression also have difficulty maintaining social connections with peers as they show irritability, indifference, or behavior problems that alienate their classmates, resulting in feelings of disconnection and depression. Absence and tardiness from school can reinforce this downward cycle with teachers and peers. If untreated, these students when reach their adulthood, often experience low educational and occupational accomplishment, early marriage and parenthood, and marital dissatisfaction.

DEPRESSION STATISTICS OF ADOLESCENCE: There is a sharp increase in depression in girls just after puberty. American Academy of Pediatrics study (2016) revealed that in spite of ever increasing cases of adolescence depression, the rate of treatment is not increasing and they are not upto the mark. Morin (2019) gave the latest statistical scenario of depression in USA. According to it, in the past year in USA, about 3.1 million adolescents of 12-17 age range have gone through at least one major depressive episode. 20% of adolescent girls have experienced a major depressive episode whereas of adolescent boys' percentage is 6.8. Out of them about 71% of adolescents who have been suffering from depressive episode in the previous year, also experienced impairment but this is very unfortunate that 60% of the adolescents having depression are not getting any type of treatment.

HIGH SCHOOL STUDENTS AND ADOLESCENCE:

In India secondary and higher/senior secondary level come under High school, meaning class IX to XII. It is the transition period between schooling and college life. The age of the high school students ranges between 13 years to 18 years. This is the teenage years and students of high school level belong to adolescence period. Adolescence is an important transitional phase of growth and development from childhood and adulthood. According to the World Health Organization (WHO), the adolescence age range is from 10 to 19. Puberty comes during adolescence period. This is the period of internal turmoil leading to various mental health disorders in adolescence that include anxiety, depression, attention deficit-hyperactivity, and eating disorders. Depression is considered as a quite crisis during adolescence that affects approximately 6 out of 30 high school students. The most tragic result associated with depression is suicide. According to a study suicide is in the third position as a cause of death among children and adolescents, age ranging from 10 to 24 years (NIMH, 2010).

ROLE OF SCHOOL IN PREVENTION OF DEPRESSION AMONG ITS HIGH SCHOOL STUDENTS:

Schools are said to be the second home for the students. In a day they spend almost 6-7 hours in school. Teachers become their second parents and their role model. Schools have been identified as an important place that supports adolescent emotional health, but evidence as to which interventions are effective remains limited.

• **ROLE OF CO-CURRICULAR ACTIVITIES IN PREVENTION OF DEPRESSION:** Driessens (2015) showed that extracurricular activities buffered the impact of school and family factors on the presence of disruptive behavioural problems like depression. Researches suggest that structured extra-curricular activities can promote mental health among all adolescents. Saravanan, Mohamad ans Alias (2019) carried out a study and the participants of their study stated that engaging in dancing, singing, watching movies, and involving in useful activities have diverted their minds from feelings of homesickness and sad mood. Bairagee (2012) also found that students who participate in co-curricular activities have lower risk of depression. Mammen and Faulkner (2013) suggested that physical activities can prevent future depression. Participating in school sports improve engagement in school activities and thus increases self-esteem among the students which eventually decreases the chance of depression among them (Bang, Won & Park, 2020). Aalbers, et. al. (2017) showed that music therapy provides short-term beneficial effects for people with depression. Music therapy also shows efficacy in improving functioning of depressed individuals. Dunphy, et. al. (2019) found positive effects of creative art interventions on depression and depressive symptoms of older adults. Co-curricular activities are now integral part of school curriculum and have immense importance. The evolution of the term 'co-curriculum' from 'extra-curriculum' gives support to the notion. Co-curricular activities include a wide range of activities ranging from music or dance class to physical activities, art class to martial art class, from drama to sports activities, poetry to yoga and so on. Each of them gives the students a scope of satisfying their passion, vent out their emotions through various art forms or exhaustive physical activities, helps them to be occupied, helps them to find their self-worth. Yoga and meditation helps to control their internal turmoil. Performing in various activities boosts up their self-confidence. As mentioned earlier, most of the time depression remains undiagnosed. Sometimes different art forms like painting, poetry, and dancing reflect students' mental state. Hence, they help in identifying depressive mental conditions of the students. Exhaustive physical activities promote good sleep pattern. Co-curricular activities also improve their concentration.

• **ROLE OF TEACHERS IN PREVENTION OF DEPRESSION:** The most important role of a teacher is to identify the students who is or might be suffering from depression. If s/he does not have the professional competency to deal with depressive students then s/he must seek help from professional counselors. They need to be more compassionate, sympathetic and patient toward these students. They may assign more collaborative work to their students so that nobody feels isolated. S/he should make such a comfort zone with her/his students that they do not hesitate to come forward, share their emotions and thought to him/her. Teachers should be in touch with parents so that they can discuss over students' behavioural changes. It would be worthwhile to participate in seminars, workshops to deal with the issue and help students suffering with depression or any other mental illness. A study was conducted on 49 school mental health studies, the analysis revealed that in 40.8% mental health service, teachers were actively involved and they were the only providers of interventions in 18.4% of the studies (Franklin, Kim, Ryan, Kelly & Montgomery, 2012). The study also found that many of these school mental health services were universal (Tier 1) and took place in the classrooms.

- ROLE OF SCHOOL MENTAL HEALTH PROFESSIONALS IN PREVENTION OF DEPRESSION:** National Research Council and Institute of Medicine (2009) suggested that early identification, prevention, and early intervention of mental illness by the school mental health professionals is needed to be refocused. In the United States, the schools provide all the mental health services to their children. Every schools have officially appointed mental health professionals for that purpose. These professionals include school counselors, school nurses, school psychologists, and school social workers (Desrochers & Houck, 2014). School mental health professionals provide a wide range of mental health services to the students that include educating students, parents, school personnel, and members of the community about depression, formal and informal identification for depression and suicide. Psychological and functional behavioral assessment of the students, group and individual counseling, behavioral and cognitive-behavioral approaches to manage depression, referring to therapists and medical personnel when required are also done by the counselor.
- ROLE OF PEERS IN PREVENTION OF DEPRESSION:** Generally when we talk about peer and depression together, first thing that comes in our mind is peer pressure or bullying. But peers also play a positive role in coping up with or prevention of depression. When peers work together, they do not feel lonely or isolated. Peer can be a great support when they want to vent out their pent up emotions and thoughts. As peers are so close to each other and spend most of the time together, they can first identify their fellow friend's behavioral change. Young, Berenson, Cohen and Garcia (2005) highlighted the importance of peer support in predicting future depression among adolescents.

PROBLEMS FACED BY SCHOOLS IN PREVENTION OF DEPRESSION OF STUDENTS:

Being a covert behavior change, majority of time student's depression goes undiagnosed. Teaching professionals lack knowledge about depression and therefore are unable to intervene. Stigma and denial about mental health problems still exists in society. So depressed students remain unheard and untreated. Sometimes school authorities do not take any responsibility of students suffering from depression or any other mental illness. Limited resources, including inadequate numbers of school mental health professionals are also barriers in prevention of depression in school.

CONCLUSION & FURTHER SUGGESTIONS:

The hopeful conclusion is that depression is preventable through available interventions, resulting from contemporary developmental understanding of mental health and research work. As high schools have long-term access to students and adolescents during critical period of their development, they play a critical role in prevention of depression. The school authorities should include useful and meaningful co-curricular activities to build a healthy mental state of its students. The teaching personnel must maintain a healthy and friendly relationship with their students. If due to resource unavailability each school cannot afford to have a professional psychological counselor, a cluster of schools can appoint one such professional co-operatively. But school personnel cannot do it alone. A well planned family–school–community collaboration is essential for effective intervention program for students with depression. The families and community must

come forward to fight against this mental illness and stand by their children raising above all the social stigma.

This paper is completely based on qualitative, analytical research. From the review of the literature, it was found that very insufficient work has been carried out on this issue. So, there is a wide scope of research work, especially quantitative, in this field. Work must be focused on all age groups of children and adolescence. But above all, any positive result, coming out of these researches must reflect on real school functioning.

REFERENCE:

Aalbers, S., Fusar-Poli, L., Freeman, R. E., Spreen, M., Ket, J. C. F., Vink, A. C., Maratos, A., Crawford, M., Chen, X., & Gold, C. (2017). Music therapy for depression. *Cochrane Database of Systematic Reviews*, (11).

Abela, J. R. Z., & Hankin, B. L. (2008). Depression in children and adolescents: Causes, treatment, and prevention. In Abela, J. R. Z., & Hankin, B. L. (Eds.), *Handbook of depression in children and adolescents*, 3–5. New York, NY: Guilford Press.

American Psychiatric Association. (n.d.). *Depression*. Retrieved from <https://www.psychiatry.org/patients-families/depression/what-is-depression>

American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)*, Fifth edition.

Bairagee, R. B. (2012). Importance of co-curricular activities in adventist schools. *Asia-Africa Journal of Mission and Ministry (AAMM)*, 6, 61-76.

Bang, H., Won, D., & Park, S. (2020). School engagement, self-esteem, and depression of adolescents: The role of sport participation, volunteering activity, and gender differences. *Children and Youth Services Review*, 105012.

Bhasin, S. K., Sharma, R., & Saini, N. K. (2010). Depression, anxiety and stress among adolescent students belonging to affluent families: A school-based study. *The Indian Journal of Pediatrics*, 77(2), 161-165.

Desrochers, J. E., & Houck, G. M. (2014). *Depression in children and adolescents: Guidelines for school practice*. Silver Spring, MD: National Association of School Nurses. Chicago.

Driessens, C. M. (2015). Extracurricular activity participation moderates impact of family and school factors on adolescents' disruptive behavioural problems. *BMC Public Health*, 15(1), 1110.

Dunphy, K., Baker, F. A., Dumaresq, E., Carroll-Haskins, K., Eickholt, J., Ercole, M., & Wosch, T. (2019). Creative arts interventions to address depression in older adults: A systematic review of outcomes, processes, and mechanisms. *Frontiers in Psychology*, 9, 2655.

Evans, J. R., Van Velsor, P., & Schumacher, J. E. (2002). Addressing adolescent depression: A role for school counselors. *Professional School Counseling*, 5(3), 211.

Franklin, C. G., Kim, J. S., Ryan, T. N., Kelly, M. S., & Montgomery, K. L. (2012). Teacher involvement in school mental health interventions: A systematic review. *Children and Youth Services Review*, 34(5), 973-982.

Hankin, B. L., & Abramson, L. Y. (1999). Development of gender differences in depression: Description and possible explanations. *Annals of Medicine*, 31(6), 372-379.

Mammen, G., & Faulkner, G. (2013). Physical activity and the prevention of depression: a systematic review of prospective studies. *American Journal of Preventive Medicine*, 45(5), 649-657.

Mojtabai, R., Olfson, M., & Han, B. (2016). National trends in the prevalence and treatment of depression in adolescents and young adults. *Pediatrics*, 138(6). doi:10.1542/peds.2016-1878

Moragne, W. (2011). *Depression*. USA Today. Health Reports: Diseases and Disorders. Minneapolis: Twenty-first Century Books.

Morin, A. (2019, September). Depression Statistics Everyone Should Know. Verywellmind. Retrieved from <https://www.verywellmind.com/depression-statistics-everyone-should-know-4159056>

Saravanan, C., Mohamad, M., & Alias, A. (2019). Coping strategies used by international students who recovered from homesickness and depression in Malaysia. *International Journal of Intercultural Relations*, 68, 77-87.

Twenge, J. M. (2020). Why increases in adolescent depression may be linked to the technological environment. *Current Opinion in Psychology*, 32, 89-94.

Young, J. F., Berenson, K., Cohen, P., & Garcia, J. (2005). The role of parent and peer support in predicting adolescent depression: A longitudinal community study. *Journal of Research on Adolescence*, 15(4), 407-423.