

**OVERVIEW****BIG IDEA**

Depression is a chronic, treatable mental illness arising from a complex interplay of factors. Risk factors increase one's likelihood of having depression while protective factors reduce one's likelihood.

**OBJECTIVE**

1.4 Analyze risk factors and protective factors for depression.

**AGENDA**

1. KWL chart
2. Depression background
3. Discussion/article
4. Risk factors & protective factors
5. Creating scenarios

**HOMEWORK**

Find an article describing a study on factors (risk or protective) associated with depression. Then write a paragraph summary of the study.

# LESSON 1.4

## Depression

**SUMMARY:**


This lesson introduces the important idea of risk factors and protective factors in the context of depression. Students will begin by determining what they already know and want to know about depression. Then students will read about depression and determine which of their questions were answered and which are still unknown. Next, students will grapple with the question, "Are those who are depressed more likely to commit violent crime?" After thinking and discussing, they will read an article summarizing a study that sheds light on this question. Finally, students will learn the terms risk and protective factors and will predict and discover some factors for depression. The lesson finishes with an opportunity for students to develop characters who have some risk and protective factors for depression.




UNIT 1: MENTAL HEALTH LESSON 1.4


## What is health?

**PH1.1: Analyze risk factors and protective factors for depression**

 Fill in the K-W-L chart about depression. In the "Know" column, write down things you think you know about depression. In the "Want to know" column, write down questions you have about depression, and leave the "Learned" column open to write answers to those questions during and after the lesson.

Know	Want to Know	Learned

 Share your list of "Knows" and "Want to Knows" with a partner

 Use the following basic background information on depression from the National Institute of Mental Health (NIMH) and the Mayo Clinic. If any of your questions from the K-W-L chart were answered, briefly list the answers in the table above, or draw a line connecting the question with the information in this table.

**DO NOW:**  
**Know** = Facts or Ideas students think they know  
**Want to Know** = questions about depression  
**Learned** = have students fill this in when they learn interesting new information or find out the answers to their questions

**DISCUSS:** Encourage students to share ideas and expand their lists. But if students have a large quantity of information written down they can be selective about what they share.

**NEW INFO:**  
**Did you know?**

- If 100 US adults are followed over their entire lifetime, 16 will have at least one episode of clinical depression (the lifetime prevalence of depression is 16.5 percent).
- In any given single year, 6 of the 100 will experience depression symptoms that meet the diagnostic clinical depression criteria.



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What is Depression?

Depression...

- \*is a medical illness that causes a persistent feeling of sadness and loss of interest and even physical symptoms
- \*affects how you feel, think and behave & can lead to a variety of emotional and physical problems.
- \*is a chronic illness that usually requires long-term treatment (summarized from Mayo Clinic)

Most likely, depression is caused by a combination of genetic, biological, environmental, and psychological factors. Depressive illnesses are disorders of the brain. Brain-imaging technologies, such as magnetic resonance imaging (MRI), have shown that the brains of people who have depression look different than those of people without depression. The parts of the brain involved in mood, thinking, sleep, appetite, and behavior appear different. But these images do not reveal why the depression has occurred. They also cannot be used to diagnose depression. (NIMH)

Types of Depression:

**Major depression:** a combination of symptoms that interfere with a person's ability to work, sleep, study, eat, and enjoy once-pleasurable activities. Major depression is disabling and prevents a person from functioning normally. Some people may experience only a single episode within their lifetime, but more often a person may have multiple episodes.

**Dysthymia:** long-term (2 years or longer) symptoms that may not be severe enough to disable a person but can prevent normal functioning or feeling well. People with dysthymia may also experience one or more episodes of major depression during their lifetimes.

**Minor depression:** having symptoms for 2 weeks or longer that do not meet full criteria for major depression. Without treatment, people with minor depression are at high risk for developing major depressive disorder. (NIMH)

Signs & Symptoms of Depression:

People with depressive illnesses do not all experience the same symptoms. The severity, frequency, and duration of symptoms vary depending on the individual and his or her particular illness. (NIMH)

**Signs and symptoms include:**

- \*Persistent sad, anxious, or "empty" feelings
- \*Feelings of hopelessness or pessimism
- \*Feelings of guilt, worthlessness, or helplessness
- \*Irritability, restlessness
- \*Loss of interest in activities or hobbies once pleasurable, including sex
- \*Fatigue and decreased energy
- \*Difficulty concentrating, remembering details, and making decisions
- \*Insomnia, early-morning wakefulness, or excessive sleeping
- \*Overeating, or appetite loss
- \*Thoughts of suicide, suicide attempts
- \*Aches or pains, headaches, cramps, or digestive problems that do not ease even with treatment.

**NOTE:** Possible script for preparing the students for the lesson: "Depression is very common and probably effects some of us in this room and many of our family members and friends. Therefore, as with any health issue, we must be sensitive in the way we discuss it. After learning more about depression today, if you feel you want to talk to someone about any concerns you have for yourself or a family member or friend, you should not be afraid to do so. You can talk to any trusted adult, including myself, the school social worker/nurse (if there is one), advisors/counselors, your parents, etc."

- Slide 5: What is Depression?  
Emphasize that depression is not just feeling sad (a normal response to grief or other events in life), but it is a clinical diagnosis and is chronic. (Be sure students understand the definition of chronic illness vs. acute illness).
- Slide 6: What is Depression?  
Depending on students background, it may help to bring in more technical background information about how depression seems to be linked to abnormal levels of neurotransmitters in the brain.
- Slide 7: Types of Depression  
Students are likely unaware (unless they have a personal or family experience with depression) that there are various types of depression. To take this further, you can even ask if they know of additional diagnoses within the "depression spectrum." They might mention postpartum depression, psychotic depression, seasonal effective disorder, etc.
- Slide 8: Signs & Symptoms of Depression  
Remind students that someone does not need to display all of these symptoms in order to have depression. Ask students why depression might be



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**Diagnosing Depression:**

There is no diagnostic lab test for depression. To be diagnosed with major depression, you must meet the symptom criteria spelled out in the Diagnostic and Statistical Manual of Mental Disorders (DSM). This manual is published by the American Psychiatric Association and is used by mental health providers to diagnose mental conditions and by insurance companies to reimburse for treatment. To be diagnosed with major depression, you must have five or more of a set of symptoms over a two-week period. At least one of the symptoms must be either a depressed mood or a loss of interest or pleasure. Symptoms can be based on your own feelings or may be based on the observations of someone else. (Mayo Clinic)

**Treating Depression:**

Once diagnosed, a person with depression can be treated in several ways. The most common treatments are medication (antidepressants) and psychotherapy. **Antidepressants:** Primarily work on brain chemicals called neurotransmitters, especially serotonin and norepinephrine. Other antidepressants work on the neurotransmitter dopamine. Scientists have found that these particular chemicals are involved in regulating mood, but they are unsure of the exact ways that they work. **Psychotherapy:** Several types of psychotherapy—or “talk therapy”—can help people with depression. Two main types of psychotherapies—cognitive-behavioral therapy (CBT) and interpersonal therapy (IPT)—are effective in treating depression. CBT helps people with depression restructure negative thought patterns. IPT helps people understand and work through troubled relationships that may cause their depression or make it worse. (NIMH)



**Think-Pair-Share:** Do you think those who are depressed are more likely to commit violent crimes? Why or why not?



After discussing the question above, read the following article and share your reactions.

**Study: Teen depression linked to higher property crime, but not violent crime**

By Suzy Khimm, Published: February 18

The gun control debate has prompted many legislators to call for stronger mental health care, among other reforms, in the name of getting to the root of the violence. But new research reveals that one of the most common mental disorders among adolescents—depression—isn’t statistically linked to violent crime later in life, though it is strongly related to higher property crime rates.

In a new working paper for the National Bureau of Economic Research, D. Mark Anderson, Resul Cesur and Erdal Tekin examined data from the National Longitudinal Survey of Adolescent Health collected from students who were in grades 7 to 12 in the 1994-95 school year, then tracked them for the next 13 years. The researchers argue that much of the existing research on mental health and crime doesn’t

difficult to diagnose and why many people may not seek help.

• Slide 9: Diagnosing Depression

The classification of mental health illnesses among health care practitioners has been relatively recent, although basic categories such as “insanity” were statistically tracked in the census as early as 1840. More interesting background information on the DSM can be found here: <http://www.psychiatry.org/practice/dsm/dsm-history-of-the-manual>

• Slide 10: Treating Depression

Students may believe many myths about depression and mental health, such as: Working hard can help you get through depression; People who engage in ‘talk therapy’ are “crazy”; If you start meds, you’ll always be on meds...and many more.

A good way to approach these is to encourage students to share, indicate that you value their ideas, ask them why this might or might not be true, and clarify with background information or rationale. Approaching incorrect statements with the phrasing, “Many people believe... however...” will help students realize that these can be common misconceptions, so they won’t feel “wrong” or develop a negative association with sharing. While this may not be a major concern, for more sensitive students the way misconceptions are dealt with in the health sciences will be continuously important.

**Think-Pair-Share:** Given the mass shootings in recent times, this is a very “hot button” topic. Many citizens and lawmakers have held the notion that more funding needs to be focused on mental health in order to stop violence. While this may be partially true, it is not entirely supported by evidence. In the case of depression, the article students will read turns the misconception posed in this question on



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have adequate controls for a whole range of factors—including socioeconomic status and poor parenting—and is limited in time span.

The NBER study seeks to explore the long-term consequences of teenage depression and controls for poverty, parenting style, school type, education level and employment among many other factors. Researchers found that there was only one kind of crime that was linked statistically to adolescent depression: property crime.

Our findings indicate that adolescents who suffer from depression face a substantially increased probability of engaging in property crime. We find little evidence that adolescent depression influences the likelihood of engaging in violent crime or the selling of illicit drugs. Our estimates imply that the lower-bound economic cost of property crime associated with adolescent depression is about 219 million dollars per year....Moreover, our findings persist even when we compare individuals who attend the same schools or individuals who are siblings. Such findings suggest that there's a more complex relationship between mental illness and crime than the conventional wisdom suggests.

Source Link: <http://www.washingtonpost.com/blogs/wpnblog/wp/2013/02/18/study-teen-depression-linked-to-higher-property-crime-but-not-violent-crime/>



This study argues that there is not a linkage between the two variables: violent crime and depression. Scientists think about “linkages” as associations or correlations. A correlation refers to two variables which seem to show up in a population together. However, it is much more difficult to find evidence that one variable causes another variable to happen in a health science study. This is because most health phenomena have many influences and causes, not just one. However, many people make errors in this. You will learn hear these errors referred to as **causation vs. correlation errors**. **When we examine depression, we must keep this in mind.** Although there is much that researchers still do not know about the causes of depression, they believe that it is caused by a combination of genetic, biological, environmental, and psychological factors.

In the study of health science, we call many of these variables RISK FACTORS or PROTECTIVE FACTORS.

**Risk Factor:** Any action or condition that increases the likelihood of injury, disease, or another negative outcome

*List some risk factors you can think of:*

**Protective Factor:** Any action or condition that reduces a person’s potential for injury, disease, or another negative outcome

*List some protective factors you can think of:*

**Scenario 3 Answers:**

**MH:** stress (over weight); spending time secluded in room; possible depression

**SH:** spending less time w/ family/friends

**PH:** softball; trying to lose weight; lack of physical activity; watches food intake

**NEW INFO:** To segue students into the idea of risk factors and protective factors, use the variables studied in the article as an example.

Example: (Risk factor = Depression; Hypothesized Outcome = Violence VS. Actual Outcome = Property Crime)



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In the table below, make some predictions about **RISK FACTORS** and **PROTECTIVE FACTORS** for depression:

	RISK FACTORS	PROTECTIVE FACTORS
Predicted Factors		
Known Factors		



Apply what you learned to create characters that illustrate the risk and protective factors for depression:

- 1) Write a 3-5 sentence scenario about a person who has at least THREE of the **RISK FACTORS** for depression:
- 2) Write a 3-5 sentence scenario about a person who has at least THREE of the **PROTECTIVE FACTORS** for depression:

Provide students with notes to fill in some risk and protective factors for depression, after they have had a chance to brainstorm on their own.

**Risk factors:** Family history of depression, stress, women, Non-Hispanic whites, age: teens/20s/30s, traumatic events\* (losing a loved one or job), certain medications, alcohol or substance abuse, hormonal changes (ex: thyroid problems or menopause), having few friends or loved ones, recently having given birth, having been depressed previously, having a serious illness, having certain personality traits such as low self-esteem, having frequent or serious conflicts or disputes, social isolation, other mental illnesses, being divorced/separated, lack of exercise, urban/city-dwellers...

\*it may help students to distinguish the trigger risk factors (i.e. traumatic events, stress) vs. demographic risk factors (i.e. women). A circumstance might be a risk factor because it triggers a depressive episode (i.e. stress), because more people that fit the characteristic (i.e. women) are diagnosed, etc. Another important point is that while these have been found to be risk factors given the data that researchers have, it is not clear WHY. For example, perhaps more women are diagnosed with depression because they are more likely to seek help than men, not because prevalence is higher in women.

**Protective factors:** Exercise, strong relationships, communication & support systems (*students should begin to get the idea that protective factors are usually the OPPOSITE of risk factors.*)

MORE INFORMATION ON DEPRESSION RISK FACTORS CAN BE FOUND AT: <http://psychcentral.com/lib/risk-factors-for-depression/00058>



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Find an article describing another study that was done to determine which factors are associated with depression. Then write a one paragraph description of the study.

You may use any reliable source, however a recommendation is to use one of the following:

- 1) Science Daily ([www.sciencedaily.com](http://www.sciencedaily.com)): This website summarizing science research and allows you to type in key words you are searching for
- 2) Google Scholar ([www.google.com/scholar](http://www.google.com/scholar)): This will direct you to scholarly journal sources, written by the scientists who conduct the actual studies themselves.
- 3) News articles: NYTimes, CNN, and several other sources summarize health news and scientific studies and can be accessed with basic google searching

Title	Author	Date
Source		
SUMMARY		

**DISCUSSION:**

Ask students: **Can we predict who is likely to suffer from depression?**

-**YES** because there have been studies confirming certain risk factors that are correlated with depression, but...

--**NO** because truly anyone can experience it. So while we may be able to take a large sample size and predict what percentage of certain people will have depression, this doesn't translate usefully for an individual person.

**Note:** This idea may be challenging for students to grasp initially, but it will ultimately help them understand the nature of risk and protective factors more.

**Check for Understanding:** When students complete their characters, have them pair up and read to one another. If they randomly pick one to start with and read aloud, the partner can identify the risk or protective factors present in the short scenario. This will provide one more opportunity for them to solidify their understanding of the factors related to depression.

The goal of the homework is for students to practice basic research online with limited guidance toward appropriate and useful sources. This assignment will also extend their understanding of depression, while promoting scientific literacy skills and reading comprehension (summarizing) practice. This may be challenging for struggling readers, so differentiation may be required. Articles on ScienceDaily.com are short and concise and could be pre-selected for struggling readers with difficult vocabulary highlighted and possibly defined.