



# Mott Poll Report

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## Recognizing Youth Depression at Home and School

Rising rates of suicide highlight the importance of recognizing depression in youth. Some schools have expanded mental health services, including efforts to identify and counsel students with depression. The C.S. Mott Children's Hospital National Poll on Children's Health asked a national sample of parents with children in middle, junior high, or high school about their views on the role of parents and schools in recognizing youth depression.

The topic of depression is familiar to youth in middle and high school. One in four parents say their child knows a peer or classmate with depression, and 1 in 10 parents say their child knows a peer or classmate who has committed suicide.

The vast majority of parents rate themselves as either very confident (42%) or somewhat confident (48%) that they would recognize the signs and symptoms of depression in their children; only 10% are not confident. However, two-thirds of parents also cite barriers they may have in recognizing their child's depression, such as it being hard to tell normal ups and downs from possible depression (40%), and youth being good at hiding their feelings (30%). Less common barriers are youth not talking much about feelings (14%), parents not spending time with their children (7%), and parental uncertainty about the signs of depression (4%). One third of parents (35%) say nothing would make it hard to recognize depression in their child.

Most parents are confident their children would recognize signs of depression in themselves (22% very confident, 50% somewhat confident); 28% are not confident. Most parents feel their child would talk with them or ask them for help if feeling depressed (39% very likely, 46% somewhat likely); only 12% say their child is unlikely to talk with them, and 4% are unsure. Many parents believe their child would talk with someone else if feeling depressed (23% very likely, 46% somewhat likely), with the most common sources being an adult family member or friend (38%) or another youth (35%).

Despite confidence in their own ability to recognize depression in their child, most parents also feel that their child's school should screen all students for depression (29% definitely yes, 42% probably yes), while 22% say probably not; only 7% of parents say definitely no to schools screening all students. Most parents think school screening should begin at middle school, in 6th grade (47%) or in 7th or 8th grade (24%).

### Challenges to parent recognition of their child's depression

% of parents citing barrier

Hard to tell normal ups and downs from depression 40%

Youth is good at hiding feelings 30%

We don't talk about feelings much 14%

Don't spend much time with my youth 7%

Not sure what signs of depression are 4%



### Report Highlights

1 in 4 parents say their middle or high school-age child knows a peer or classmate with depression.

Though most parents are confident they would recognize depression in their middle or high school-age child, two-thirds cite barriers to recognizing signs and symptoms.

7 in 10 parents think schools should screen all students for depression; 6th grade is the most preferred age to begin depression screening.

## Data Source & Methods

This report presents findings from a nationally representative household survey conducted exclusively by Ipsos Public Affairs, LLC (Ipsos) for C.S. Mott Children's Hospital. The survey was administered in August 2019 to a randomly selected, stratified group of adults who were parents of at least one child age 0-18 years living in their household (n=2,004). Adults were selected from Ipsos's web-enabled KnowledgePanel® that closely resembles the U.S. population. The sample was subsequently weighted to reflect population figures from the Census Bureau. The survey completion rate was 60% among panel members contacted to participate. This report is based on responses from 819 parents who had at least one child in middle school, junior high, or high school. The margin of error for results presented in this report is  $\pm 1$  to 4 percentage points.

A publication from C.S. Mott Children's Hospital, the University of Michigan Department of Pediatrics, and the University of Michigan Susan B. Meister Child Health Evaluation and Research (CHEAR) Center.

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## Implications

Findings from this Mott Poll report make clear that youth depression is a critical issue for parents of children in middle, junior high, and high school. Depression is not an abstract concept for today's teens and preteens: 1 in 4 parents say their child knows a peer or classmate with depression, while 1 in 10 parents say their child knows a peer or classmate who died by suicide. This level of familiarity with depression and suicide is consistent with recent statistics showing a significant increase in suicide among US youth over the past decade.

The vast majority of parents in this poll were confident that they would recognize depression in their preteen or teenager. However, there can be a gap between having a general knowledge of the signs and symptoms of depression, and being able to determine the point at which a child's pattern of behaviors suggests the possibility of depression. Another difficulty is that the signs of depression can vary; for some youth, a key sign will be sadness or isolation, while others might exhibit anger, irritability, or acting out.

The extent to which parents can recognize signs of depression in their preteen/teen likely depends on the individual child's temperament, as well as the relationship between parents and youth. In many families, the preteen and teen years can bring dramatic changes both in youth behavior and in the dynamic between parents and children. These changes can make it particularly challenging to differentiate when the normal ups and downs of the preteen/teen years cross over into signs of possible depression; this was cited by parents in this poll as the biggest barrier to recognizing depression. In addition, many parents noted that because youth often hide their feelings, it can be challenging to get a read on their emotional state.

One third of parents in this poll said nothing would interfere with their ability to recognize signs of depression in their preteen or teen. These parents may be overestimating their ability to apply their knowledge of the signs of depression to the mood and behavior of their own child. An overconfident parent may fail to pick up on the subtle signals that something is amiss. For this reason, parents might talk with their preteen/teen about identifying a "go to" adult that can be a trusted source if they are feeling blue or down.

Compared to the ratings of their own ability, parents were less confident that their preteens/teens would recognize depression in themselves. It is likely that parents understand that self-recognition requires a level of mental health literacy and maturity that many youth do not possess. For this reason, parents in this poll viewed schools as an important partner in identifying youth who are exhibiting signs of depression. Most parents felt that screening should begin in middle school, preferably at 6th grade.

Many schools have expanded their mental health services, sometimes focused exclusively on depression and suicide prevention, and other times taking a broader approach to include other mental health topics such as anxiety and substance use. Parents should find out whether depression screening is taking place at their child's middle, junior high or high school. Given the limited resources in many school districts, parents should communicate their support for school depression screening to school administrators and school board members, and be strong advocates for increased funding for expanded screening and counseling services.

Parents also may look for resources to learn more about recognizing depression in their children, including both observation of nonverbal signs and strategies to maintain communication during the preteen and teen years. Community mental health agencies, child health providers, and schools may offer parent workshops, while mental health advocacy organizations have helpful information online.