

A Study on Depression among School Children and Adolescents

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Abstract

Prevention of childhood and adolescent depression tends to reduce the risk factors and helps in strengthening the protective factors by employing approaches that are appropriate for the child's developmental level. If any mental illness marked by persistent feeling of sadness, irritability, loss of interest in activities, feeling of hopelessness, worthlessness and sometimes thought and attempt to suicide. Childhood depression is something different from the everyday emotions that occur as a child develops. About 8% of children and adolescents suffer from depression. Depression in children and adolescents when untreated has serious consequences of increase the risk in future, prolonged and more severe depressive episodes and risk of suicide. About 2% of preschool and school-age children are affected by depression. Prevention of childhood and adolescent depression tends to reduce the risk factors and helps in strengthening the protective factors by employing approaches that are appropriate for the child's developmental level. An empirical study was carried out Among 207 respondents to study about the public opinion on depression and its consequences on adolescents and children. The results show that people are not aware about the magnitude of depression and the threats it can cause to the life of children and adolescents if left unnoticed and undiagnosed. So to curb this problem, Awareness about depression and other factors relating to depression should be spread among people, especially adolescents, children, teachers and parents.

Keywords: Depression, Mental health, Mood, Adolescents, Life.

1. Introduction

According to the World Health Organisation, depression is the main cause of disability which can affect adults, adolescents and children. Depression is considered as a mood disorder which involves a persistent feeling of sadness and loss of interest or anger which interfere with a person's everyday activities. Depression is not a passing one, it is an ongoing problem. Depression consists of episodes during which the symptoms last for more than two weeks. Depression can last for several weeks, months or years or for a lifetime. The World Health Organisation held that depression is a common mental disorder affecting more than two 64 million people worldwide. Depression leads to the cost of disability around the world and contributes greatly to the global burden of diseases. It is found that Women are affected more by depression than that of men. Depression might be a normal reaction to occur in events of life or circumstances Or a side-effect of drugs or medical treatments or a symptom of certain psychiatric syndromes such as mood disorders, major depressive disorder and dysthymia. Depression among Children and adolescents is similar to adult's major depressive disorder, although the young sufferers have an increased irritability or aggressive and self-destructive behaviour rather than all encompassing sadness associated with adult forms of depression. Children and adolescents who are under stress, experience loss, or have attention, Learning, behavioural or anxiety disorders tend to be at higher risk for depression. About 8% of children and adolescents suffer from depression. In childhood, boys and girls appeared to be at equal risk for depressive disorders but during adolescence, girls are twice as likely as boys to develop depression. Depression tends to affect a person's thoughts, behaviour, motivation, feelings and sense of well-being. In India, the national mental health survey was conducted in 2015-2016 which reveals that nearly 15% of Indian adults need active intervention for one or more mental health issues and one in 20 Indians suffers from depression.

There are many signs and symptoms for depression which include a depressed mood, reduced interest or pleasure in activities which were once enjoyed by them, changes in appetite, unintentional weight loss or gain, sleeping too much or very little, Agitation, restlessness, slurred movement and speech, fatigue or loss of energy, feeling of worthlessness or guilt, Difficulty thinking, concentrating, or making decisions, recurrent thoughts of death or suicide or an attempt to suicide, Difficulty in concentrating on schoolwork avoiding social situations and activities, withdrawing from friends and family crying, low energy, clinginess, defiant behaviour, vocal outbursts. Some of the symptoms of depression that tend to appear more often in females include irritability, anxiety, mood swings, fatigue, Welling on negative thoughts, etc.

The causes of depression cannot be understood easily. There are many possible causes for depression or various factors combined to trigger symptoms of depression Which include genetic features, changes in brain neurotransmitter levels, hormones, early childhood trauma, negative thinking stress and fear, pressure in school family about grades and other elements, peer pressure, family circumstances and medical conditions, Death or loss, etc.

World health organisation found that half of the mental health conditions start by 14 years of age most cases are undetected and untreated. Childhood and adolescence is a crucial period for developing and maintaining social and emotional habits which are important for

mental well-being . If unnoticed and untreated, depression is very deadlier and it may lead to the loss of life of a person. Some of the consequences of depression especially among children and adolescents include suicide, drug addiction and alcoholism, difficulty in decision making, fear of future, insomnia or Sleeplessness, memory loss, social isolation, family conflicts, health issues and many more. Most of the experts and scientists think that depression can't be prevented since most of the things that causes depression are the things which no one can control including genes, chemicals in the brain, environment. For many children and adolescents depression starts as a major life change or trauma. Some of the ways suggested by doctors and other healthcare professionals to prevent depression or to stop depression from getting worse include avoiding stress and anxiety, exercise, a proper balanced nutrition, getting enough sleep, communication of the problem with friends or family, no substance abuse including any substance like drugs, alcohol, etc, consulting a therapist for diagnosis and treatment, Avoiding common triggers, etc. The main aim of the research is to study the recent for depression among adolescents and children.

2. Objectives of the Study

1. To analyse whether school children and adolescents are feeling depressed.
2. Find out various causes for depression among children and adolescents.
3. To investigate the side-effects of depression among children and adolescents.
4. To examine whether children and adolescents are more vulnerable to depression than any age group.
5. To arrive at the effective method for prevention of depression among children and adolescents.

3. Review of Literature

1. Kunal Kishor Jha, Satyajeet Kumar Singh, Santosh Kumar Nirala, Chandramani Kumar, Pragya Kumar, and Neeraj Aggrawal (May 2017) (Jha et al. 2017) The author in this article aims to explore the Prevalence of depression and its associated socio-demographic factors among the school going adolescent. The author found that students were found to be more depressed compared to that of younger students.
2. Sukanto Sarkar, Vinod Kumar Sinha , Samir Kumar Praharaaj. (April 2011) The author in this article aims at assessing the prevalence of the present dishonest friend and the associated risk factors in the primary and secondary school children of suburban India. The data concluded that childhood depression is a distinct diagnostic entity affecting a significant number of children and adolescents. (Sokratis et al. 2017)
3. Sokratous Sokratis, Zilides Christos, Karanikola Maria (February 2017). This article aims to estimate the frequency of depressive symptoms in final grade elementary school children of Cyprus. The author found that 10.25% of Cypriot schoolchildren have reported clinical depressive symptoms. There were significant differences statistically which were reported between boys and girls. ("Combating Depression among School Children and Adolescents through Student Counselling in Saudi Arabia" 2015)

4. Materials and Methods

The research method followed here is empirical research. A total of 207 samples have been taken out through a Random sampling method. Sample frame taken by the researchers online. Independent variables taken here are gender, age, educational qualification and occupation of the dependent variables and the statistical Tools used by the researcher is graphical representation and charts.

4. Analysis and Interpretation

Figure 1 and 2 –

Legend: This graph represents the frequency of age of the respondents.

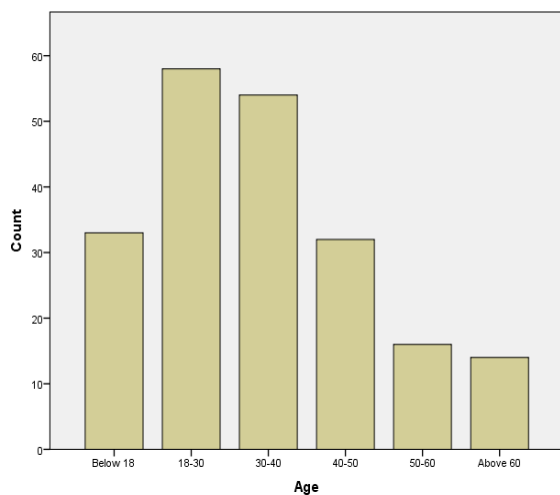


Figure 1

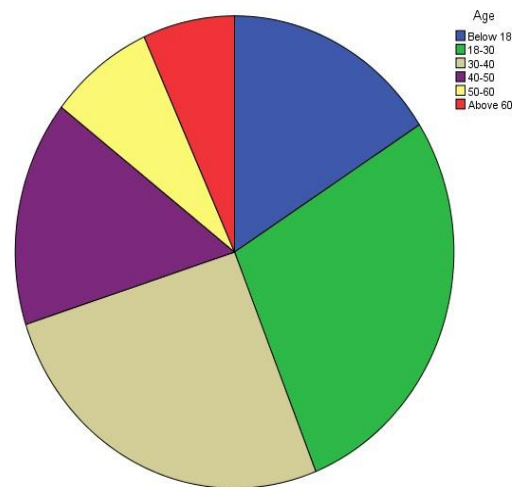


Figure 2

4.1 Interpretation

Out of 207 respondents, 15.9 % were of the age group of below 18 which amounted to 33, 28 % were of the age groups of 18 to 30 which amounted to 58, 26.1 % were of the age groups 30 and 40 which amounted to 54, 15.5 % were between the age group of 40 and 50 which amounted to 32, 7.7% were between age group of 50 and 60 which amounted to 16 and 6.8 % were of the age Group of 60 amounted to 14.

Figure 3 and 4: This graph represents the frequency of gender of the respondents

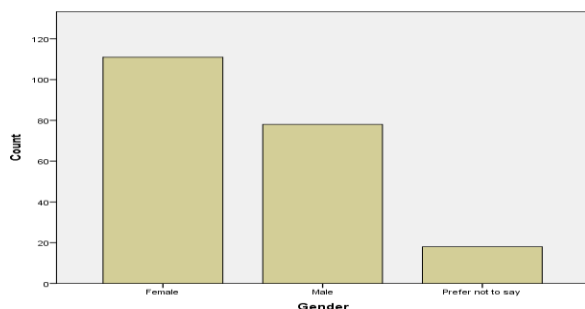


Figure 3

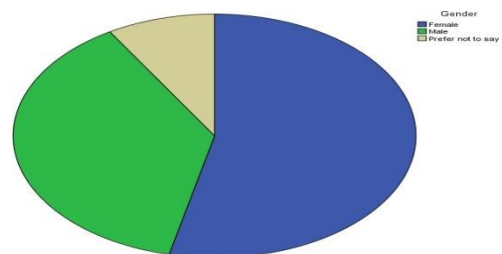
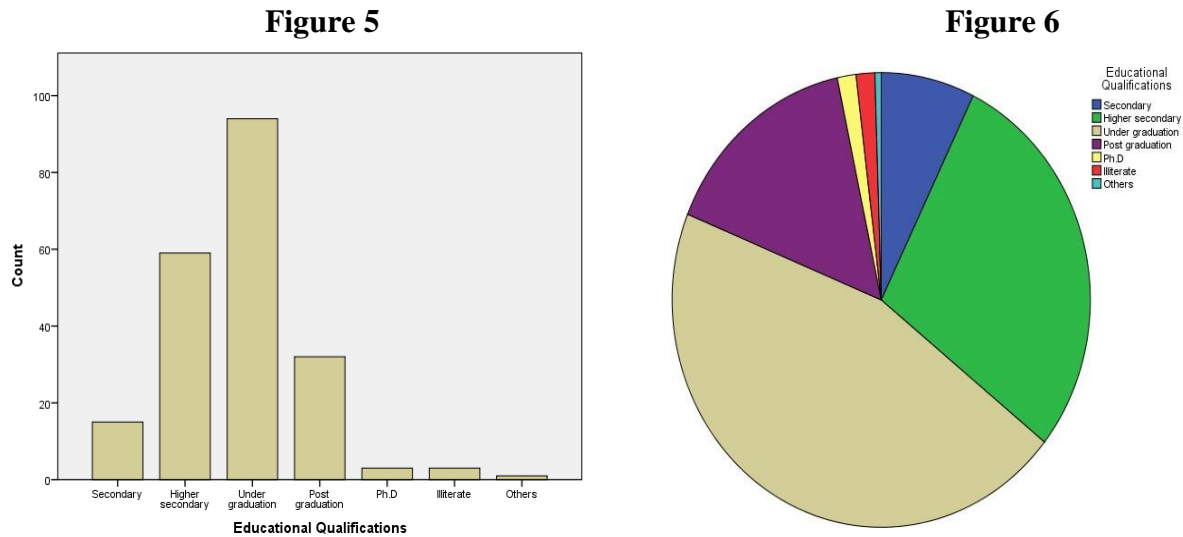


Figure 4

4.2 Interpretation

Out of 207 respondents, 37.7 % were male which amounted to 78, 53.6 % were female which amounted to 111 and 8.7 % preferred not to Disclose their gender which amounted to 18.

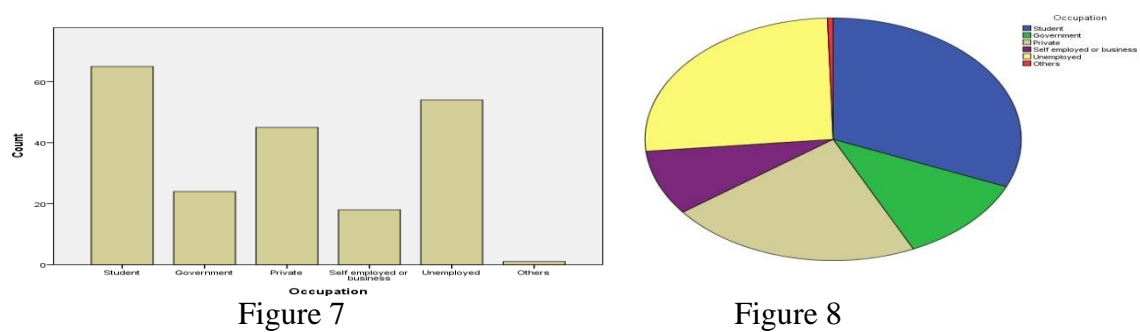
Figure 5 and 6: This graph represents the frequency of educational qualification of the respondents



4.3 Interpretation

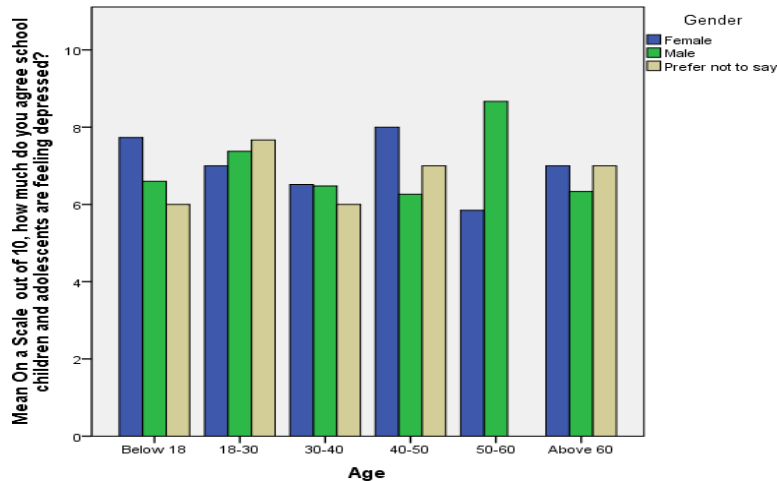
Out of 207 respondents, 7.2% were Secondary school education which amounted to 15, 28.5 % were higher secondary which amounted to 59, 45.4 % were undergraduates which amounted to 94, 15.5 % were post graduates which amounted to 32, 1.4 % were PhD holders to 3, 1.4% were illiterates who amounted to 4 and 0.5 % were of other educational qualifications which amounted to 1.

Figure 7 and 8: This graph represents the frequency of occupation of the respondents



4.5 Interpretation

Out of 207 respondents, 31.6% were students which amounted to 65, 11.6% were government employees which amounted to 24, 21.7% were private employees which amounted to 45, 8.7% were self-employed or business people which amounted to 18, 26.1% were unemployed which amounted to 54 and 0.5% per of other occupations which amounted to 1. Figure 9: This graph represents the Gender and age distribution of the respondents on the opinion on a scale of 10 how much they agreed school children and adolescents are feeling depressed.

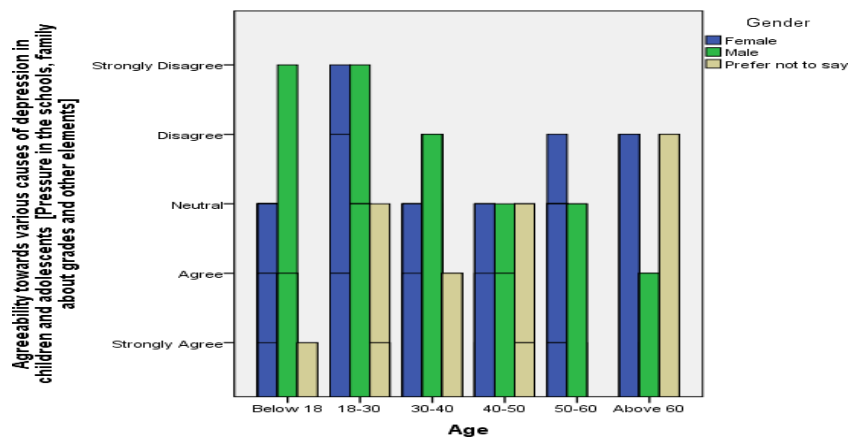


Different people of different age groups and gender have different opinions on whether all the children and adolescents are feeling depressed. The age group of above 60 Females and prefer notto say rated 7 on 10 while male rated 6 on 10.

Figure 10: This graph represents the Educational qualification and gender distribution of the respondent on opinion of hormones as the cause of depression in children and adolescents.

Figure 9-

Legend: This graph represents the Educational qualification and gender distribution of the respondent on opinion of hormones as the cause of depression in children and adolescents

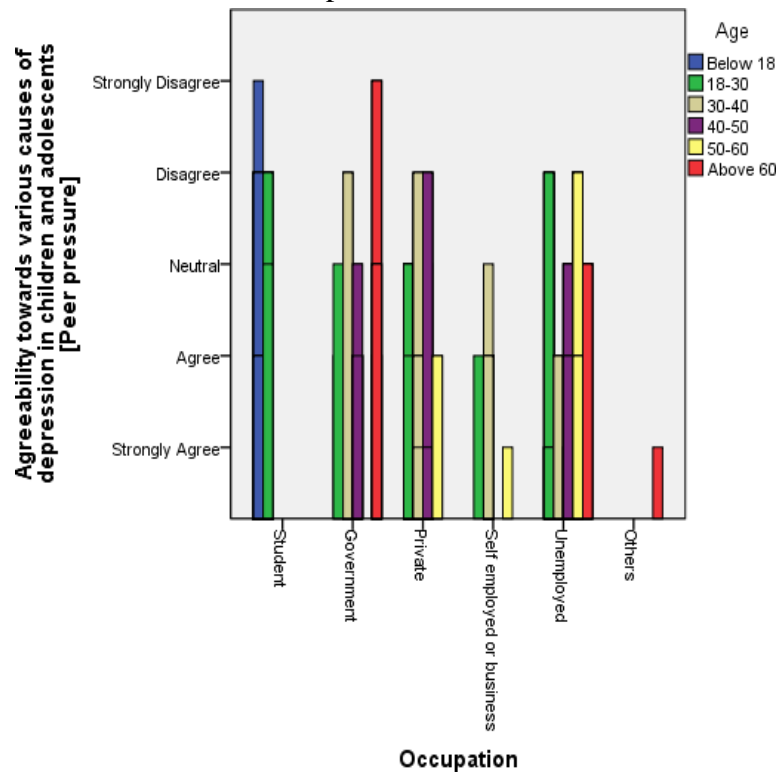


4.6 Interpretation

The age group of 40 to 50 irrespective of their gender has a neutral opinion on whether pressure in the schools family about grades and other elements as the cost of depression in children and adolescents. The age group of below 30 Male strongly disagreed with the statement. The age group of above 50 females disagrees with this statement.

Figure 10 -

Legend: This graph represents the Occupation and Age distribution of the respondent on opinion of peer pressure as the cause of depression in children and adolescents

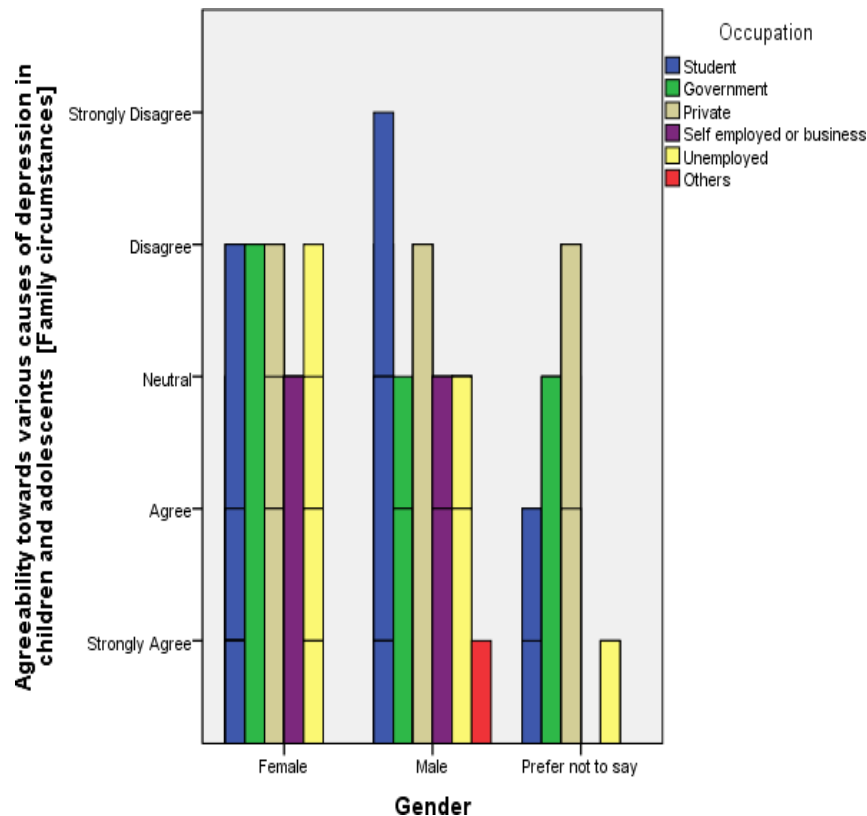


4.7 Interpretation

People of different occupations and different age groups have different opinions whether peer pressure is a cause of depression among children and adolescents. The Age group of 40 to 50 except for private employees disagreed to the statement while government and unemployed people have a neutral opinion on the statement.

Figure 11-

Legend: This graph represents the Occupation and gender distribution of the respondent on opinion of family circumstances as the cause of depression in children and adolescents.



4.8 Interpretation

Females, except for self-employed or business people disagreed that family circumstance was a cause of depression in children and adolescents while self-employed or business people have a neutral opinion on the statement. Self-employed or business people irrespective of their gender have neutral opinions on the statement. Private employees irrespective of their gender disagree with the statement.

Figure 12-

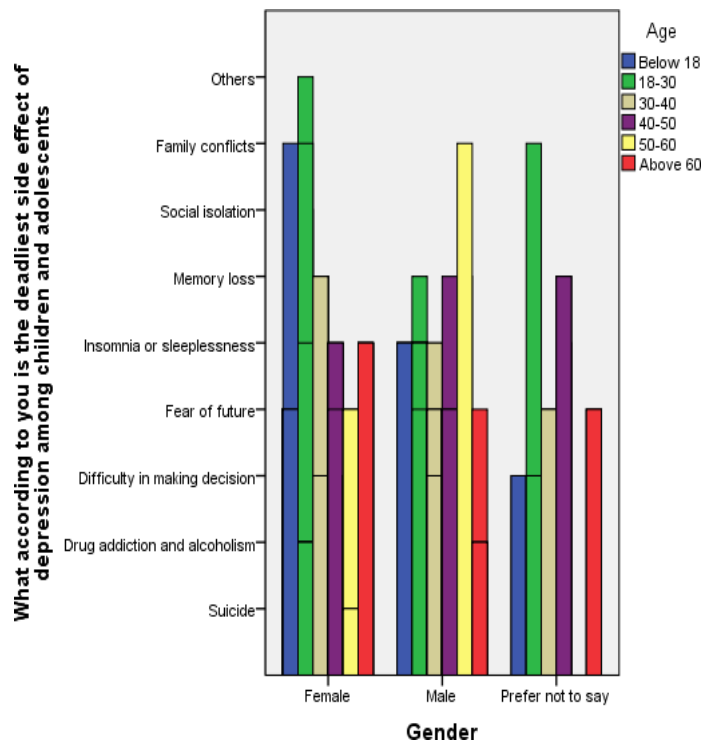
Legend: This graph represents the Educational qualification and Age distribution of the respondent on opinion of Medical conditions as the cause of depression in children and adolescents.

4.9 Interpretation

Illiterate, irrespective of their age group, strongly agree that medical conditions are a cause for depression among children and adolescents. The age group of 40 to 60 post graduates has a neutral opinion to the statement. The age group of 18 to 40 undergraduates strongly disagrees with the statement. The age group of 40 to 60 undergraduates disagreed with the statement. The age group of above 30 higher secondary qualifications has agreed with the statement

Figure 13-

Legend: This graph represents the Gender and age distribution of the respondents on the opinion of the deadliest side-effect of depression among children and adolescents.

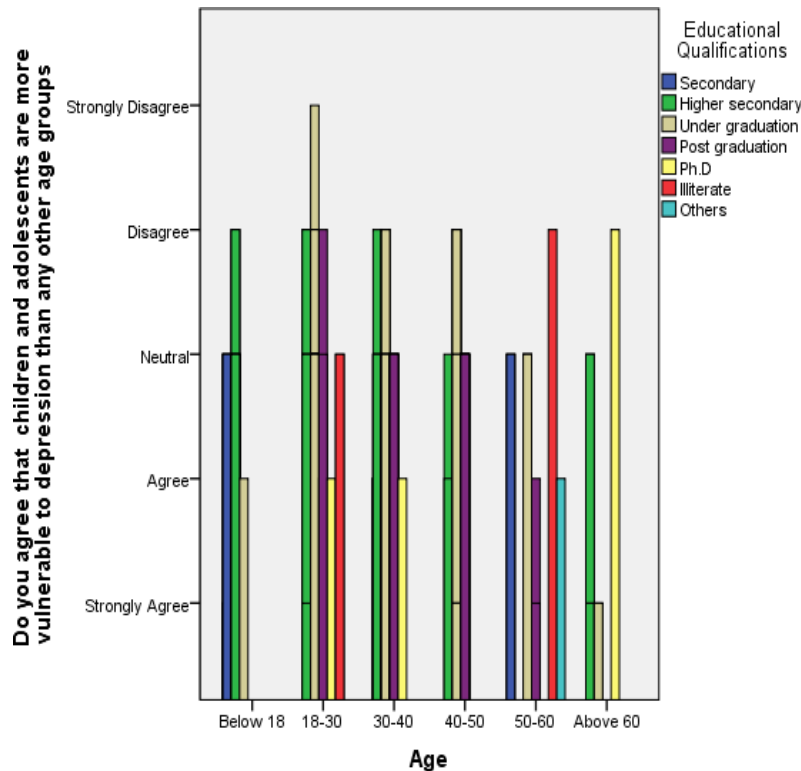


4.10 Interpretation

The age groups of 40 to 50 except for females have an opinion that memory loss would be the deadliest side-effects of depression among children and adolescents while the female have the opinion that insomnia or sleeplessness would be. The age group of above 60 except for female think fear of future would be the deadliest side-effects while female think insomnia or sleeplessness would be.

Figure 14-

Legend: This graph represents the Age and educational qualification distribution of the respondents on the opinion Children and adolescents are more vulnerable to depression than any other age groups.

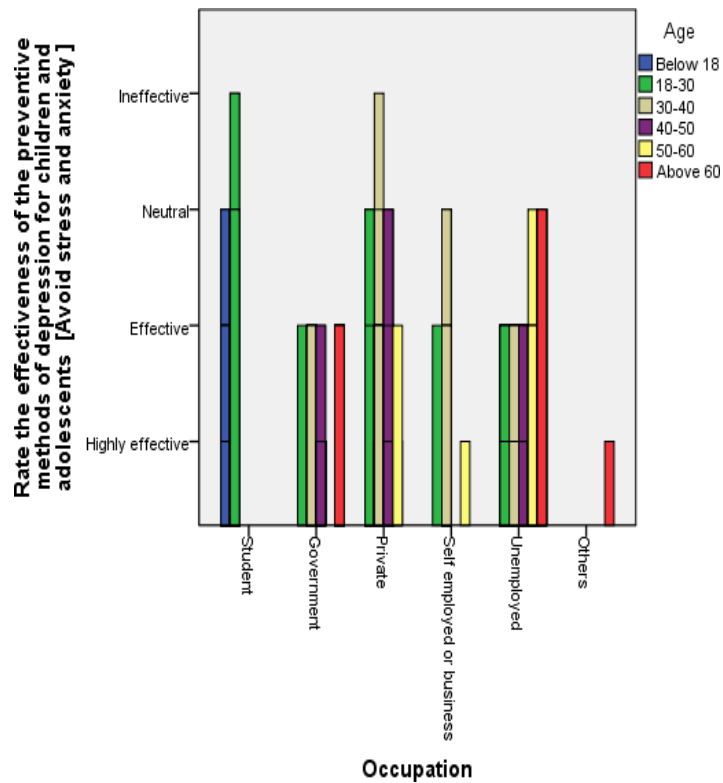


4.11 Interpretation

The age group of 40 to 50 except for undergraduates has a neutral opinion that children and adolescents are more vulnerable to the question than any other age groups. While the undergraduates disagree with the statement. The age group of Below 40 higher secondary disagrees with the statement while the age group of above 40 has a neutral opinion with the statement. The secondary irrespective of their age groups have a neutral opinion to the statement.

Figure 15-

Legend: This graph represents the frequency of gender of the respondents Age and occupation distribution of the respondents on the opinion effectiveness of avoiding stress and anxiety to prevent depression in children and adolescents.

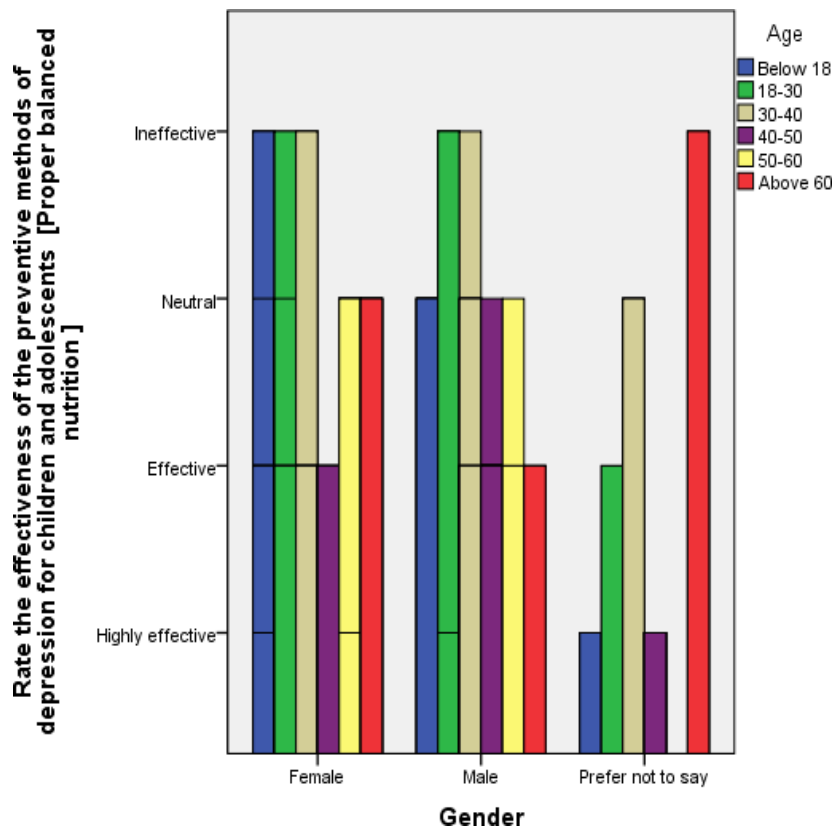


4.12 Interpretation

Government employees irrespective of their age group think avoiding stress and anxiety would be an effective method for prevention of depression among children and adolescents. Unemployed people except for the age groups of above 50 think avoiding stress and anxiety effective while the age group of above 50 have a neutral opinion.

Figure 16-

Legend: This graph represents the Age and Gender distribution of the respondents on the opinion effectiveness of proper balanced nutrition to prevent depression in children and adolescents.



4.13 Interpretation

The opinions of 18 to 30 Male and female (ineffective) 30 to 40 male and female (ineffective) and 50 to 60 male and female (neutral) are similar to the opinion that proper balanced nutrition is an effective method to prevent depression among children and adolescents

5. Discussions

According to figure 1 and 2, the highest number of respondents was between the age groups of 18 to 30 and next is 30 to 40. So the research portrays mostly the opinion of middle-aged people. The opinion of the age group of above 50 is very low. There is a very slight difference in the respondents of the age group below 18 and the age group 40 and 50 (0.4%). So this research portrays the majority opinion of middle-aged people (18 to 40). On analyzing figure 3 and 4, the number of female respondents is higher compared to that of male respondents. So the research portrays mostly the opinions of females compared to that of males. The difference between the male and female respondents is 19.9%. There is a huge difference between the male and female respondents. On observation of a figure 5 and 6, there is a high number of undergraduates compared to any other educational qualification followed by higher secondary. The number of PhD respondents and illiterates are the same (0.4%). The opinion of secondary, PhD, illiterate and other educational qualifications is less compared to higher secondary, undergraduates, postgraduates. The examination of figure 7 and 8 reveals that most of the respondents were from the student community. So the research portrays the majority of the opinion of students. There is a small difference between

unemployed and private employees (4.4%). The opinion of government and self employed or business people are less compared to other occupations. On close observation of figure 9, people have an opinion that is between 6 to 9 how much they agree children and adolescents are feeling depressed. The opinion of different age groups in respective of the genders is almost the same. On analysing figure 10, we find that most of the meaning of the people lives between neutral to disagree. so people have the opinion that hormones may not be a cause of depression among children and adolescents. On examining figure 11, most of the people have a neutral opinion that early childhood trauma as a cost of location among children and analysis. Mostly unemployed, self-employed or business people have given this opinion. On examining figure 12, it is very clear that except for students and unemployed, the other occupations have a neutral opinion on negative thinking, stress and fear as a cause of depression in children and adolescents. On complete analysis of figure 13, it is clear that most of the people have opinions ranging between neutral and disagree that peer pressure in the schools, family about grades and other elements is the cost of depression among the children and adolescents. In observance of figure 14, the opinions of the people on peer pressure as a cause of depression among children and adolescents lies in between neutral to disagree. On examining figure 15, most of the opinion of the respondents lies between neutral and disagree. The opinion of students, unemployed varies with the gender. Opinion of private and business or self-employed people have their opinions same irrespective of their differences in gender. On observing figure 16, it shows that different people of different age groups have different opinions on whether medical conditions are a class for depression among children and adolescents. But most of the opinions in lies between agree to disagree.

6. Limitations

The major limitation of the study is the sample size. The sample size is only 207. For a metropolitan city, the sample size is not sufficient to know the opinion of the people. The age group of above 50 opinions is very low which may affect the completeness of the survey. Most of the respondents are students. So the majority of the opinions of the students are reflected in this study. The study has a limited sample frame. Only the opinion of urban people is recorded. So the physical factors are a major drawback to the study and its completeness.

7. Conclusion

Depression when unrecognized or untreated would be a great threat to life and has a high rate of morbidity. The greatest shock relating to depression is that the people around them are not even aware that the person is depressed. Children and adolescents who are tender and soft by heart and by feelings. Before even they know what depression is and things related to it these children and adolescents are affected by it. If this condition persists, it becomes a greater danger for their lives and their future. So parents, caretakers, guardians, friends and all the people around children give them extra care and make sure they don't push them or make them feel depressed or anxious or stressed. In India, mental health is the most negative aspect. There is an urgent need to increase awareness about depression, its causes, signs, symptoms, side-effects of depression, and many factors about depression

among students, parents, teachers which would help him to identify and make necessary measures. An empirical study was carried out among 207 respondents to study about the public opinion on depression and its consequences on adolescents and children. The results show that people are not aware about the magnitude of depression and the threats it can cause to the life of children and adolescents if left unnoticed and undiagnosed. So to curb this problem, Awareness about depression and other factors relating to depression should be spread among people, especially adolescents, children, teachers and parents.

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