Childhood Depression in Contemporary Australian Society
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Abstract

Childhood depression is a growing health concern in contemporary Australian society. It has been estimated that fifteen per cent of primary school aged children are presently suffering from depression (Casella 2002, p. 3). This is of particular concern given that childhood is an age where the individual develops physically, intellectually, mentally and socially. Undiagnosed depression during this stage of life can therefore impact significantly on the life and opportunities of the individual into adulthood. This paper discusses the environmental risk factors responsible for the current increased incidence of depression during childhood. The effectiveness of the Triple P – Positive Parenting Program in identifying and preventing depression in school aged children will also be evaluated. This experimental strategy utilised in Australia employed health care professionals to educate both parents and teachers of primary school aged children in order to reduce the environmental risk factors associated with depression.

This assignment will focus on the fast growing incidence of depression in pre- and primary-school aged children. It will comment on the related issues specific to depression during this age group, particularly the fact that rapid development is occurring throughout this stage of life. There are also various factors which will be discussed regarding the incidence of depression, and strategies being used in Australia to target the issue. Depression is a growing contemporary concern in Australia and this knowledge needs to be both recognised and utilised to ensure the future wellbeing of our global population.

Childhood depression is becoming a significant issue in contemporary society. It has been estimated that fifteen per cent of children aged five to twelve years old are now suffering from depression (Casella 2002, p. 3). This is a particularly concerning statistic, considering the fact that many young children do not have the experience to recognise that something is wrong and the need to seek assistance. Therefore, parental or even school-based intervention is very important in their young lives to make sure they receive help. However, research shows that approximately half of
Australian parents believe professional help in curing depression in their child is too expensive or they do not know who to turn to for help (Sawyer, et al 2000). Childhood is a time where individuals learn essential life skills (Mental Health Association NSW Inc 2005) therefore undiagnosed depression may impact both on childhood and the individual’s experiences into the future. Accessing services to manage depression during childhood ‘makes a dramatic difference to the rest of the individual’s life and often is more effective than it would have been if it had happened in adulthood’ (Elder, Evans & Nizette 2005, p. 195).

There are numerous health outcomes which may occur as a consequence of experiencing depression during childhood. Firstly, it is important to note that depression can continue to persist throughout an individual’s lifetime. It can often be a long term disease which undiagnosed or not managed during childhood can continue into later life (National Institute of Mental Health 2008; World Health Organization (ii) 2008). Individuals with depression are also more likely to develop other health problems and die at a younger age than those who do not suffer from the illness (World Health Organization (i) 2008).

Another health consequence of depression is the individual often experiences a loss of appetite resulting in subsequent weight loss (Elder et al. 2005, p. 236). This is not beneficial for the child, especially at an age where he or she is physically and cognitively developing and needs nutrients from these foods for good health (Rowe 2006, p.211). On the opposite side of the scale, there is a proven association between depression and obesity. It has been found that depression in childhood directly correlates with a higher body mass index in later life (Pine, et al 2001, p. 1055). This greatly increases the individual’s chances of developing serious health problems in the future (Markowitz 2008, p. 1). Depression during childhood may also lead to substance misuse, even in primary school aged children (Mental Health Association NSW Inc 2005). Consumption of alcohol during childhood increases the risk of accidental injury, alcoholism and related diseases further on in the future (U.S Department of Health and Human Services n.d).

Depression affects many aspects of a person’s daily life including the seemingly simple ability to function effectively and productively. Individuals who suffer depression often experience repetitive, negative thoughts which make it difficult to consider other topics (Elder et al. 2005, p. 235). They consequently find it difficult to concentrate on tasks for a long period of time (Elder et
This is of particular concern in depression during childhood as childhood is a time where the individual is learning both social and academic skills, and depression may impair this learning and impact on the occupational opportunities they are offered in the future.

An important environmental factor for the increase in childhood depression is the dramatic change in contemporary society of recent years. This is evident in the increase in media advertising targeted at children (Livingstone 2002, p. 16). Children are bombarded with relentless marketing campaigns due to easier access to improved technology such as mobile phones and the internet. Milne (2007, p. 8) explains how one in every four children have reported advertisements from fast food chains, a myriad of toy brands, and even some medications or drugs having been sent to their mobile phones. Therefore body image and lifestyle ideals are being exhibited by both boys and girls at an increasingly young age, whilst at the same time conflicting with pressures to regularly consume the ‘cool’ new foods being sold at fast food chains (Milne 2007, p. 8). These societal pressures are consequently resulting in considerably shorter childhoods and a significant rise in mental health problems, such as depression, being seen earlier in childhood (Archbishop raises childhood depression concerns 2007; Milne 2007, p. 8).

Media advertising and marketing of products specifically intended for the child age group may result in an increase in the incidence of peer pressure and bullying, especially at school. Advertising encourages children to purchase the latest clothes, toys and countless other products. If a child does not have a popular, often highly advertised item which many of their peers own, this is likely to result in bullying (Milne 2007, p. 8). Peer pressure and bullying are also likely to result in the child receiving poor grades during their primary school years (Casella 2002, p. 3). Recent Australian studies suggest that many children are bullied regularly, and there is a high correlation between depression and being bullied in childhood (Fekks, Pijpers & Verloove-Vanhorick 2004, p. 17). Similarly, Casella (2002, p. 3) explains how bullying and consequent low self-esteem in childhood is one of the key factors in the development of depression in young children.

Another key environmental factor in the development of depression in children is the decrease in social interaction with others before they begin school. In contemporary society children are not regularly presented with social situations, whether it is due to an increase in the use of technology for everyday tasks and communication, or decreased opportunities to socialize with others outside
of their immediate family. Casella (2002, p. 8) argues that this decrease in interaction with a variety of individuals (such as through church or sporting groups) is resulting in children not developing adequate social skills. As a consequence, these children are ‘ill-equipped’ to deal with everyday contact or conflict in the school environment (Casella 2002, p. 8). Children may experience concern or anxiety in social situations and may find it difficult to create peer relationships; this can contribute to depressive symptoms. Research has found that poor social skills are an important factor in the development of depression (Conner 2000; Segrin 2000, p. 380).

Another important factor in the development of depression in school aged children is living in a chaotic environment, or consequent separation or divorce of their parents. Parental divorce and family conflict precipitate fear and stress in children, which may progress into mental illness. Strohschein (2005, p. 1289) has explained that children of stressful family situations exhibit higher levels of anxiety and depression than those in stable family environments. Similarly, it has been found that if the child’s mother is in a stressful relationship, the child is more likely to exhibit symptoms of depression (Najman, et al 2005, p. 370). In this circumstance it is important that the environment of the entire family is targeted and altered as a method of managing depression in the child (Elder et al. 2005, p. 195).

One strategy which was used in Australia to combat depression in childhood is the Triple P – Positive Parenting Program. The aim of this program is to educate parents’ and teachers’ on the growing incidence of childhood depression throughout Australia, and provide parents with the knowledge to prevent depression in their children (Sanders, et al 2005, pp. 1 – 2). The strategy involves five levels to target various degrees of behavioral and emotional symptoms in children. They ranged from level one, the provision of information through the media, up to level five, which concentrated on providing individual sessions for parents in high risk, stressful family situations (Sanders et al. 2005, p. 2 – 3). A key focus of the program was in educating parents of pre- and primary-school aged children from a variety of backgrounds about childhood depression.

There are a number of beneficial outcomes of this strategy. One of the most important outcomes is their acknowledgement and involvement of teachers as important figures in child health. This allows for a multi-sectorial approach to the issue, which aims to prevent childhood depression in one of the significant sources, the school environment. Both teachers and the educational...
environment ‘play an important role’ in the early identification and intervention of children with depression (Sourander, et al 2008, p. 317). Teachers obviously spend a lot of time with children and have abundant opportunities to observe any depressive symptoms and assist in preventing the illness in their students. It is therefore vital that they have the knowledge to recognise this problem, as a growing Australian health concern. Elder et al (2005, p. 194) describe the need for recognition of school issues in the targeting of childhood depression. In addition, the quality of care children receive at school is of vital importance in the management and prevention of depression and other mental health disorders (Casella 2002, p.8).

Another good aspect of this program is that it uses media, such as television, radio and pamphlets, in educating the public on the issue of childhood depression (Sanders et al. 2005, p. 3). This would target a large audience and provide knowledge to many people of varying backgrounds and lifestyles. It may also help in raising awareness of depression in the community, thereby decreasing stigma associated with this disorder in the general public. Media reporting greatly influences the public’s perception of mental illness (Elder et al. 2005, p. 85), therefore using this source in a positive way can be beneficial for the outlook of individuals with depression in the wider community as they are less likely to be unjustly discriminated against.

Another aspect of the Triple P - Positive Parenting Program is that it involves regular contact with parents of children who are interested in knowing more about depression during childhood. It involves individual and group seminars for parents to learn more about the disorder and how it can be prevented (Sanders et al. 2005, p. 3). Active participation may give parents a chance to ask questions specifically regarding their child and contributing factors which may be a predictor of depression in their children.

The Triple-P program has only been utilised in three major cities of Australia; Brisbane, Sydney and Melbourne (Sanders et al. 2005, p. 3). This is a disadvantage of this strategy, as it only targeted a specific population of Australian families. Children who live outside of these major cities may have symptoms associated with different risk factors, such as decreased availability of services. Similarly, the use of the school system may not be appropriate for children who have to learn via distance education. Therefore a more varied, extensive approach to targeting the issue in the
majority of the population is required to decrease the incidence of depression in a more balanced group of Australian children (Elder et al. 2005, p. 123).

Further to this, the program does not involve child participation. Child involvement in the education and knowledge phase may help them to be able identify their own depressive symptoms, even in the future, making it easier to obtain help. It is important that both the child and the parents of that child collectively initiate assistance in dealing with depression (Sourander et al. 2008). Child participation in the learning process may also make them less anxious about the repercussions of asking for assistance in managing depression if they require it.

In conclusion, there are numerous environmental factors associated with childhood depression, including familial and school influences. A key strategy in the prevention and treatment of depression in children, the Triple P program, is designed to reduce these risk factors, and has been thoroughly evaluated previously. The program uses a multi-sectorial approach which is useful in preventing the disorder, as knowledge is provided to a number of different figures which are important throughout the child’s life, such as parents, teachers and health care professionals. Childhood is usually thought of as a carefree, innocent time of life, however depression can interfere with this and cause significant physical, emotional, familial and educational problems both during childhood and into adulthood.
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