

## CHILDHOOD DEPRESSION: A DESCRIPTIVE STUDY ON A GROUP OF CHILDREN/STUDENTS IN PALERMO

VALENTINA CAROLLO - VALERIA PROVENZANO - ALESSANDRA LO PICCOLO - ENZA SIDOTI - MARIA TATIANA BENIGNO  
GIUSEPPE TRINGALI

Università degli Studi di Palermo – Dipartimento di Igiene e Microbiologia – Policlinico - (Direttore: Prof.ssa F. Ajello)

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*[La depressione infantile: uno studio descrittivo su un gruppo di bambini -studenti palermitani]*

### RIASSUNTO

E' stata condotta una indagine empirica su un gruppo di bambini di età compresa tra i 7 e i 10 anni con lo scopo di sondare la presenza/assenza di alcuni dei più comuni sintomi depressivi nei bambini (tristezza, anedonia, tendenza al pianto, chiusura sociale, disturbi del sonno, etc).

I risultati hanno mostrato che più della metà del campione qualche volta si sente triste, fa pensieri preoccupanti, si sente nervoso, ha disturbi del sonno, etc.

Gli Autori auspicano la necessità di una precoce e corretta diagnosi della depressione infantile al fine di salvaguardare la salute e lo sviluppo del bambino e fornirgli aiuto, sostegno ed un adeguato trattamento.

### SUMMARY

*An investigation was carried out on a group of students, 7-10 years old, aimed to evidence the presence of some of common symptoms of depression in childhood.*

*Results reported demonstrated that more than 50% of the sample was often sad, nervous, anxious and suffers of sleeping disorders.*

*The need was stressed of an early and correct diagnosis of infantile depression to sustain the child's development and to give adequate treatment.*

**Key words:** depressione, età evolutiva, diagnosi precoce

**Parole chiave:** Depression, age of development, diagnosis

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### Introduction

Depression is a mood disturb (Dsm IV), it is a soul's psychic disease which leaves the subject in a continuous anxiety (Scafidi Fonti G.M., 2001).

It is a multifactor (genetic, environmental and physic factors) and multi-symptomatic (emotional, cognitive, motivational and physic symptoms) pathology which affects the whole individual and the psychic and social life, the emotions, behaviours and thoughts (Ammaniti M., 2001). It consists of a distorted state of mind recognized by sadness, lack of interests and hope, loneliness, feeling of fault and shame (Giordano G., 1997).

Unfortunately, depression is one of the psychic pathologies which is affecting more and more the subjects in the age of development (Fassler D.G. – Dumas L.S., 2004); the symptoms of depression, in fact, are also frequently observed in children (Bemporad J., 1991).

From a survey carried out by the World Health Organization in 2001, it has been pointed out that nowadays one child and one teenager out of five suffers from mental disorders and, in particular, the percentage of depressed Italian under-eighteens is of 7% (www.eduscuola.it).

Depression has a remarkable impact on the child's life as it causes problems not only at psychic level, but also at physical, cognitive, social and affective level (Ajuriaguerra, De J., 1984).

Such pathology may also determine performance problems at school and, in the most serious cases, also suicide and attempted suicide (Orbach I, 1991); therefore, the early diagnosis has a significant preventive importance as it aims at modifying those aspects which could result in steady psychopathologic state (Scafidi Fonti G.M., 2001).

The depressed children are only partially identified, depression is often underestimated by parents, teachers and relatives (Stark K., 1995); it is

necessary, therefore, to strengthen the initiatives in order to underline, evaluate and pay early attention to the child’s mental disturb (Fassler D.G. – Dumas L.S., 2004).

**Materials and methods**

This research has been based upon a questionnaire. The approach is descriptive as the survey’s aim is not to formulate a depression diagnosis in the observed children.

The survey’s sample consists of 187 children/students, 91 males (49% of the sample) and 96 females (51% of the sample), between 7 and 10 years of a Primary School in Palermo. It has been decided to carry out the survey in a school as a useful laboratory to identify the child’s psychological disturb and, first of all, the depression (Stark K, 1995); the school, in fact, is the privileged place to observe the way how the child yells or conceals the uneasiness.

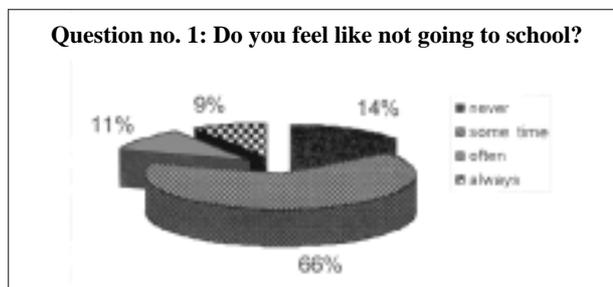
A questionnaire has been handed out to the sample, consisting of ten multiple-choice-answer items; the answers (never, sometimes, often, always) are listed so that they indicate the frequency and seriousness of each symptom. Every question is aimed at testing the presence or absence of a specific depressive symptom; the symptoms of depression have been taken out from DSM IV (Diagnostic and Statistic Handbook of Mental Disturbs). Table 1 shows the symptoms examined in each question).

N. Question	Examined Symptoms
1	Anedonia
2	Sadness
3	Anxiety
4	Nervousness
5	Physical uneasiness
6	Apathy
7	Low self estimation
8	Difficult concentration
9	Sleeping disorders
10	Social isolation

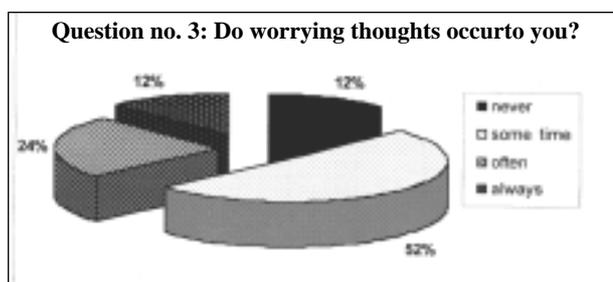
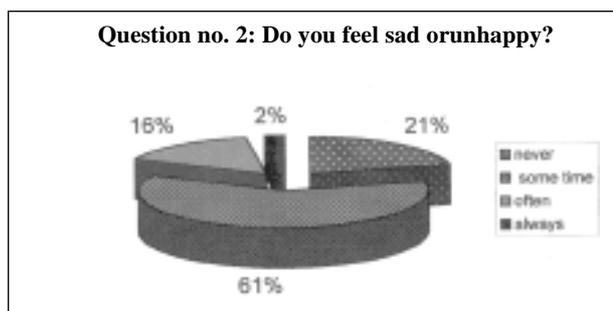
We have asked the children to choose the best answer for themselves according to their feelings which describe better their health state. Most items concern the thoughts and feelings area rather than behaviour.

**Results**

By analysing the questionnaire’s (Do you feel like not going to school?), 66% of the sample sometimes does not feel like going to school, whereas 9% likes to go (Chart 1).



From the second question (Do you feel sad or unhappy?) it stands to reason that a rather high percentage of children sometimes (61%) or often (16%) feels sad (Chart 2).



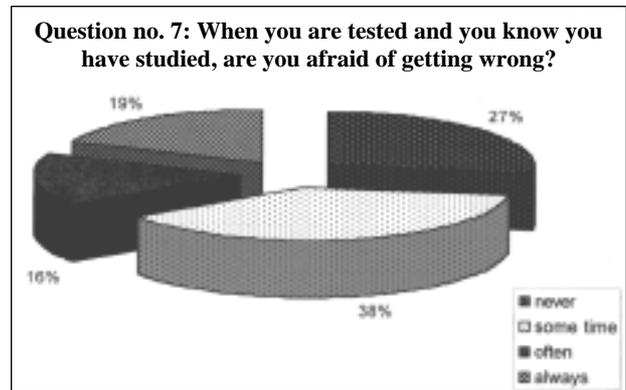
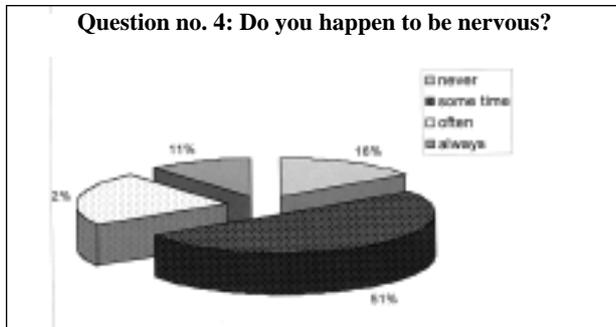
The third item (Do worrying thoughts occur to you?), is one of the most representative of the research. The children who have often worrying thoughts (24%) are almost a quarter of the sample and the ones who have sometimes are more than the half (52%). Therefore, the children who are never worried are a very low percentage (Chart 3).

The results of the fourth question (Do you happen to be nervous?) show that half the sample (51%) is sometimes nervous, whereas the children who are never represent only 12%.

The fifth (Do you feel tired or weak physical-ly?), the sixth (Do you feel like not doing anything?), the eighth (At school, does it occur to

you that you do not concentrate on the teacher’s explanation or on your homework?) and the tenth question (Do you play with the other children?), unlike the others, present positive data.

fall asleep and/or have you got bad dreams and/or do you often wake up?), shows, compared to the previous ones, some homogeneous percentages but it is interesting to reflect on the fact that the children who have always sleeping disorders (26%) are almost as much as the ones who suffer from it (22%) (Chart 9).



In fact, the physical disorders, apathy, difficult concentration and social isolation, which are the symptoms examined in these questions, show very low percentages of presence (Charts 5, 6, 8 and 10).

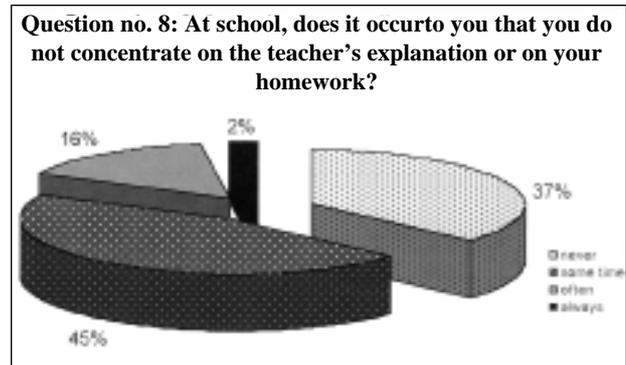
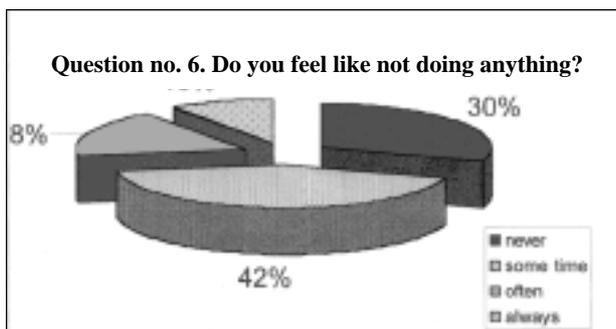
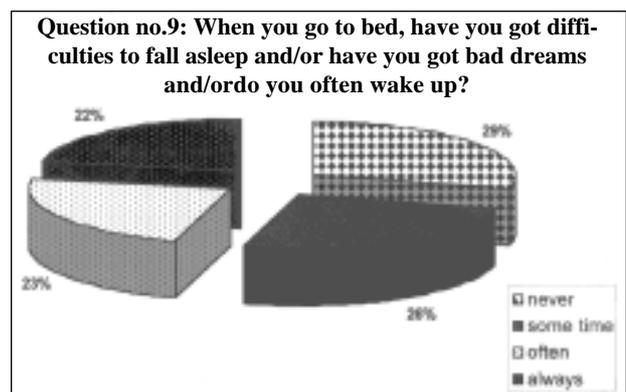
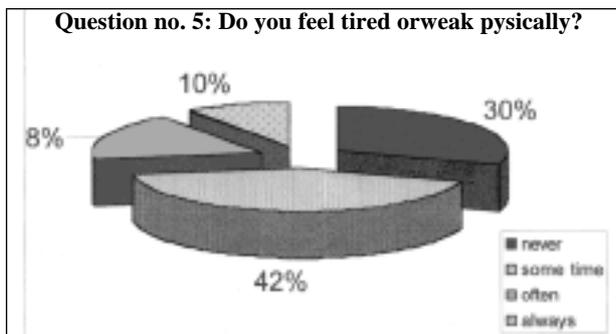
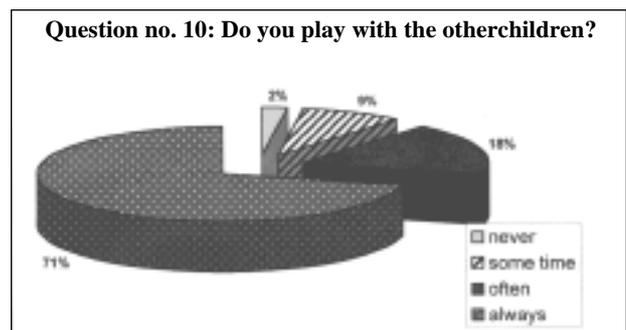


Chart 10 is representative proving clearly that almost three quarters of the observed children (71%), always play with the children of the same age group, whereas only 2% never does.



The seventh item (When you are tested and you know you have studied, are you afraid of getting wrong?) shows that the percentage of the children who are sometimes afraid of getting wrong is 38%, whereas the one of the children who are never afraid of it is 27% (Chart 7).



As it is shown in Chart 9, the ninth question (When you go to bed, have you got difficulties to

## Conclusions

The picture by analysing the research's data is particularly interesting. More than half conjugant of the sample sometimes shows depressed or dysphoric mood, does not show any interest in the daily activities, feels nervous and has a negative vision of life. By identifying the signs and the depressive symptoms early it allows to prevent the chronic disturb. It has to be pointed out that the childhood depression, if adequately diagnosed and treated, may present favourable clinic results (Fassler D.G. – Dumas L.S., 2004), as it responds positively both to the psychological therapies and, in some cases, to the pharmacologic treatments, if necessary associated (Papolos D. – Papolos J. 1999). It is necessary, therefore, to promote psycho-pedagogic interventions of support. The problem's complexity requires more attention from professionals and not, and a better coordination among the territory's services (Poggi A.M., 2002).

An integrated approach is preferred focusing on the individual's needs (Cardini N. – Molteni L. 2003). A multidimensional and flexible treatment is desirable based on a therapeutic network where the social-psycho-pedagogic group collaborates with the family and the school in support of the depressed child. The interventions have to be individualized and based on the direct knowledge of the subject, his/her experience and life environment.

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Request reprints from:

Dott.ssa ALESSANDRA LO PICCOLO  
Dpt. di Igiene e Microbiologia - Policlinico  
Via Del Vespro, 133  
90127 Palermo - (Italy)