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## **Depression symptoms of primary school students from the fourth and seventh grades**

### **Objawy depresji uczniów z klas IV i VII szkoły podstawowej**

**Abstract:** The adolescent period is indicated as one of the risk factors responsible for depression symptoms. In Poland the attention has been drawn to this problem relatively rarely as it was hitherto stereotypically perceived as the disease of the elderly. However, school psychologists and counselors more and more frequently suggest that their students exhibit different symptoms characteristic of, among others, youth depression. Thus, authors' objective consisted in conducting a pilot study in order to check if there are any reasons for distress as to the psychophysical state of primary school students. The study was carried out in the group of one hundred and forty (140) students from the fourth and seventh grades where the biggest teaching changes occurred and one hundred and forty (140) parents and class teachers. Children's Depression Inventory (CDI) by Maria Kovacs was employed in research. Based on the obtained research results one may put forward the thesis that

there is a necessity to conduct in-depth diagnostic studies oriented towards revealing children's and school youth's depression symptoms.

**Keywords:** depression, children, youth, adolescent period, education.

## **Introduction**

As a result of Polish educational reform of 2017 the system binding so far has been abolished, i.e. a six-year primary school, a three-year lower secondary school, a three-year upper secondary school and a two-year basic vocational school. Instead, the following schools have been established: eight-year primary schools, four-year general secondary schools, five-year technical secondary schools, three-year industry schools of the first degree, two-year industry schools of the second degree. Lower secondary schools have been liquidated (*Rozporządzenie Ministra Edukacji Narodowej z dnia 14 lutego 2017 r.*).

Unfortunately, in the light of the studies conducted by the Institute of Public Affairs (Instytut Spraw Publicznych, 2018, p. 66) the changes have adversely affected the situation of students, especially seventh-graders, who were the first to attend primary school with the overloaded curriculum. Students spend more time at school. They write plenty of tests and quizzes during the week, which is why they are overtired. They lack time for rest and passion development. They often quit their hobbies, as it is necessary for meeting numerous school duties. Quite frequently the students previously succeeding at school are not able to achieve high performance since they are too physically and mentally overloaded. Their motivation for learning has dropped significantly (Institute of Public Affairs, 2018). A. Lewicka-Zelent, T. Zubrzycka-Maciąg, P. Kwiatkowski and E. Trojanowska (2018) highlight similar problems in the studies conducted within the first year of educational reform.

The introduction of the education reform in Poland, which took place in 2017, undoubtedly contributed to changes in the psychosocial functioning of students.

For example, research on the psychosocial functioning of primary school students, in this case seventh graders after the education reform, was conducted by A. Lewicka-Zelent and E. Trojanowska. The obtained results indicate that the surveyed teachers noticed passivity or withdrawal in students, while parents observed the so-called overload, resulting from a huge amount of housework (Lewicka-Zelent and Trojanowska, 2018, pp. 142-143).

In conjunction with the adolescent period that the last-year primary school students go through, it is reasonable to be afraid of their psychophysical state. One of such threats is represented by depression.

Children and youth depression is recognised as a civilisation disease (Lelonek and Wiraszka, 2016, pp. 16-31). It is estimated that approx. 10-15% of the society suffers from it (Lepine and Briley, 2011, p. 3). In Poland it is experienced by from 1.2 million up to 1.5 million people. Very disquieting is the fact that the number of patients is still on the rise, which is confirmed by the research. Nowadays, a constant increase in the number of children and youth suffering from depression as well as the anxiety disorders accompanying it is being recorded (Palfrey, Tonniges, Green and Richmond, 2005, pp. 1121–1123).

The data of the World Health Organisation (<https://www.who.int>) show that the depression symptoms apply to approx. 0.3% of the children at preschool age, 2% of the children attending primary school and 4-8% of the youth aged 13-18 years of old (see: Szymańska, 2016). In the case of younger children depression disorders occur with the same frequency with respect to girls and boys. They are also more common among teenagers than their younger colleagues, especially of the female sex (Palfrey et al., 2005, pp. 1121–1123).

According to the DSM-5 edition, depression symptoms, among others, include: lowered mood and interest in various forms of activities, weight loss, insomnia or hypersomnia, psychomotor agitation or retardation, loss of energy, low level of self-esteem, inappropriate feeling of guilt, concentration difficulties or indecisiveness, suicidal ideation or suicide attempts. However, one can talk about depression if at least five out of all the above mentioned symptoms occur and are present at minimum throughout a two-week period or even longer (DSM-5 edition, 2013, p. 133). Depression symptoms appear in emotional, cognitive, somatic/physiological and behavioural spheres of human life (Walerych, 2017, pp. 5-38).

It is worth pointing out that DSM-5 is the latest classification of the American Psychiatric Association, which was developed and published in 2012 (Cierpiałkowska and Sęk, 2016, p. 134) and ICD-11 is the latest version of the International Statistical Classification of Diseases and Health Problems used by specialists from around the world (Gaebel, Zielasek and Reed, 2017, p. 170).

In Poland, the ICD-11 classification is currently at the testing stage. According to the ICD-11 classification, the symptoms of depression include primarily: trouble concentrating, feeling worthless and feeling excessively

guilty. The problem of insomnia, appetite disorders, suicidal thoughts, motor agitation or slowing down in the area of functioning, loss of energy. It should be added here that in the international classification of diseases ICD-11 – a depressive episode is treated as a reduced level of mood or loss of desire to perform various activities or hobbies, which accompanies a person for most of the day, with daily frequency for at least two weeks (<https://www.who.int/news-room/fact-sheets/detail/depression>, <https://icd.who.int/en>, Gaebel, Zielasek and Reed, 2017, pp. 178-179).

In the emotional sphere the following symptoms are distinguished: sadness, despondency, dysphoria – irritation, anger, feeling guilty, anxiety. In the cognitive sphere the attention is drawn to: negative thinking about oneself, the world and one's own future, low level of self-assessment and self-esteem, difficulties with focusing attention, learning new activities and with the memory, thoughts connected with death. In the somatic/physiological sphere depression symptoms include: insomnia or hypersomnia, tiredness, increased or decreased appetite, weight change, abdominal, chest, neck and back pain, dyspnoea. In the behavioural sphere one can notice resignation from interests and activities giving pleasure, difficulties in being motivated to act, avoidance of contact with other people, learning difficulties, interpersonal relations difficulties (Fergusson and Woodward, 2002, pp. 225–231).

Depression leads to serious consequences in the functioning of young people (Morey-Nase et al., 2019, p. 1). In the case of youth depression, failure at school is frequently recognised as the very first symptom. Parents and teachers should be disquieted by: the depressed mood and mood swings, irritation, increased anxiety level, learning difficulties, concentration difficulties, memory disturbances, low level of self-esteem, conviction about self-inefficacy, boredom. Moreover, young people face difficulties with getting up early in the morning as they fall asleep late at night. They neglect their appearance and personal hygiene. They complain about somatic ailments (Alhola and Polo-Kantola, 2007, pp. 553–567; Wagner, Muller, Helmreich, Huss and Tadic, 2015, pp. 5–19).

It is assumed that the family and school are the places where children and young people spend the vast majority of their time. Both the school and family environment are the places where young people are susceptible to the influence of other people, both close to them and others and completely alien, hence the context of education plays an important role in this study. For example research conducted by A. Winiarczyk indicates that the family environment plays a significant role in the achievements of children and adolescents (Winiarczyk, 2003, pp. 238-239).

In addition, the school climate plays a huge role in the mental development of children and adolescents as well as their functioning in school and society. The authors also point to the fact that a positive climate minimizes the risk of risky behaviors, e.g. suicidal thoughts, truancy, aggressive behavior (Ostaszewski, 2012, pp. 25-27, Debarbieux, 2012).

There are lots of causes of children and youth depression. They can be classified into three basic categories, i.e. genetic, biological and psychosocial entrenched in family and school environments. The first category is represented by genetic factors. It was proved that girls are more vulnerable to the disease, in particular the ones whose parents suffered from depression. Unfortunately, the puberty stage also creates a biological risk factor. Depression is predisposed by the impairments or dysfunctions of the central nervous system (Brzozowska and Wolańczyk, 2005, pp. 126–138). A significant fact is that if depression develops in a teenager, there is a risk of its reoccurrence in an adult life (Copeland et al., 2017, pp. 76–87).

Family and school environments, in which a child was growing up, are highly relevant too. It was proved that a rejected and neglected child experiencing violence is much more susceptible to depression symptoms. Not without significance are: being under a permanent stress, experiencing parents' somatic and/or psychical disease, death of close relatives as well as separation from parents (Komender, 2012, pp. 564-565; Link-Dratkowska, 2011, pp. 84-90).

Implementation of inappropriate educational methods characterised by the excessive control (Patton, Coffey, Degenhardt, Lynskey and Hall, 2002, pp. 1195-1198) showing hostility to a child, emotional rejection, burden resulting from too many duties, the exchange of family roles (Turno, 2010, pp. 7-27) and difficult social and economic family situation (Kinget et al., 2008, pp. 8-70). The results of the research conducted by J. Bomba, R. Modrzejewska and M. Pilecki (2003, pp. 57-69) show that family, the basic environment of human life, represents one of the central depression determinants. Parenting and childcare styles are indicated as the main factors entrenched in the family environment and influencing the depression risk. They emphasise that insufficient emotional support, with the poverty level increasing at the same time, especially in the adolescent period, incurs the risk of developing depression in children. Equally important are the following factors: parent's education, pursued profession, unfavourable material conditions. The studies conducted among pupils by A. Dymowska and K. Nowicka-Sauer (2015, pp. 124–126) indicate that the strongest stressors determining the depression occur in school environment. As an example G. Iniewicz (2008,



pp. 154–157; BHerpertz-Dahlmann, Buhren and Remschmidt, 2013, pp. 432-440) point to the school stress, inappropriate adaptation mechanisms in a stressful situation, appearance of the family crisis, assumption of new social roles as the factors determining the depression among the youth.

Extremely rare rejection by the peer group, imposition of excessive requirements by the teachers, social climate in the school or in the classroom, the atmosphere of tension, hostility, lack of support, peer violence, violence used by teachers, failure at school and unfair assessment can also be incorporated into the factors determining depression (Turno, 2010, pp. 7-27).

In the literature adverse events in the lives of characters are also pointed out: failed relationships, difficulties in the contacts with peers, school failure that may constitute both the result and the symptom of depression (Richardson and Katzenellenbogen, 2005, pp. 5–24).

The consequence of children's and youth's depression consists in their impaired functioning in family, social and school environments. The sick individuals get poor school results. They face difficulties in establishing and maintaining interpersonal contacts with other people. They display anxiety disorders, undertake suicide attempts (Fergusson and Woodward, 2002, pp. 225–231). They abuse psychoactive substances and report lots of somatic symptoms. They are less effective when performing their tasks (Bomba et. al, 2003, pp. 57-69).

Because of such negative depression consequences the decision was made to examine if it is really the problem of children and youth in Poland – the students of primary school.

### **Introduction to authors' own research methodology**

Authors' own research was conducted in six Polish primary schools at the request of headmasters who were obtaining alarming information from school teachers and counselors about the change of the behaviour of the fourth and seventh year students after the educational reform. It has been decided that research should cover students as well as their parents and teachers so as to retrieve a comprehensive overview of problems.

The schools in which the research was conducted were located in towns and villages. Research which, after obtaining the written consent of the parents who have given consent, will be used to participate in it. Participation in the research was voluntary. The prepared questionnaires were distributed to the children and handed over to their parents by their tutors.

The respondents were guaranteed anonymity, and the results obtained from the questionnaire were used only for scientific purposes. Respondents could withdraw from the study at any time.

The aim of authors' own research consisted in establishing the level of particular depression symptoms of students from the grades affected by the educational reform. The main research problem consisted in the question: what is the level of the selected depression symptoms of the examined four-year and seven-year students?

The following research questions were formulated with reference to the main problem:

- How do the surveyed persons determine the level of their of self-assessment, emotional problems and problems in their functioning?
- What is the subjective assessment of the level of a negative mood, general malaise, lack of effectiveness and interpersonal problems of the seventh-grade youth?
- Do four-year primary school students differ from seven-year students in the evaluation of their self-assessment, emotional problems and problems in the functioning? If so, to what extent?
- How do parents and class teachers perceive the level of self-assessment, emotional problems and problems in the functioning of four-year and seven-year students?
- Does the evaluation of particular depression symptoms of the examined youth differ depending on the person performing it? If so, to what extent?

It was assumed that lower self-assessment level and exacerbated emotional problems as well as the problems in the functioning are typical of the seventh-grade students as compared to fourth-grade students. This particular youth group undergoes multiple both organisational changes and changes connected with didactics (e.g. curricula, eighth-grade leaving exam). Nonetheless, within the last two years teachers, students and their parents reported a plethora of irregularities referring to these alterations, which is reflected in numerous comments on this issue on the Polish social networks. In view of the above, Marek Michalak, the former Ombudsman for Children, undertook the initiative to carry out studies in the group of several thousand people in the school community (seventh-grade students, parents, teachers, headmasters) in order to check if the appearing irregularities are of an individual nature or rather relate to a bigger number of students. Research results confirmed that lots of negative emotions as regards

school education were experienced by the seven-year youth, among which prevailed: indifference, anger and sadness. It turned out that they were over-tired and frustrated by the overloaded curriculum, which had to be acquired within two years of education, instead of three years, as it was in the case of lower secondary school students. They lived in the constant feeling of threat stemming from the prospect of difficulties with their being admitted to upper secondary school due to two parallel age groups simultaneously graduating from primary school (eight-year primary school students and last-year lower secondary school students) (Lewicka-Zelent et al., 2018). All the difficulties encountered by the youth, along with the developmental changes (i.e., entrance into the adolescent period), were probably not without consequences to their effective psychosocial functioning. The data gathered by the National Institute of Mental Health discloses that 3.2 million of adolescents aged 12-17 suffer from depression. The older youth coping with depression often experiences problems relating to addictions and anxieties too (<https://health.usnews.com/wellness/for-parents/articles/2019-04-22/teen-depression-is-on-the-rise>). Furthermore, according to Catherine Mory-Nase et al. (2019) major depression disorders are one of the main causes of suicides of the persons aged 15-29. The fourth-grade students put in a remote perspective their graduation from the primary school and the choice of further educational path as compared to their older seventh-grade friends. Some of them have not entered the adolescent period yet (in Poland these are the persons between the ages of 9 and 10).

A diagnostic survey was conducted and CDI2 Children's Depression Inventory by Maria Kovacs, a set of questionnaires, was applied (Wrocławska-Warchala and Wujcik, 2017, pp. 71-78). They used questionnaires create scales based on which it is possible to determine the escalation of self-assessment, selected emotional problems, and other problems pertaining to every day functioning of children and youth that represent the depression symptoms or symptoms of other disorders. The fourth-grade students filled in the shortened version of the tool (version of the questionnaire intended for younger school children), whereas the seventh-grade students, their parents and teachers – the full version (an extended questionnaire for older students, parents and teachers). All the tools are of high psychometric properties. Reliability for a self-rating version varies between 0.84 – 0.87, version for parent - from 0.82 to 0.86, for teacher - from 0.83 to 0.86. The absolute stability of the self-rating version is high, of the parent's version – satisfactory, and of the teacher's version – very high.



The survey involved 420 people, including 140 pupils, half of which were seventh-grade youth, and the rest were fourth graders. The average age of the respondents was 11 years and 2 months. Girls slightly prevailed (59%). There were 140 parents who shared their views on the subject matter, the majority of whom were students' mothers (78%). The survey also featured 140 class teachers of the examined students.

### **Results of authors' own research**

Owing to the possible conversion of raw scores into the sten scores, as obtained by the students, the level of the symptoms rated by them and proving the depression has also been established. In response to the first detailed question it has been determined that slightly more than a half of them (51%) assesses their self-assessment as average, whereas 18% - even above average. It means that 31% of them has low self-esteem, do not like themselves and think that they are not loved. In addition, the gathered results suggest that out of the group of 140 pupils 1/3 of them reveals the increased emotional problems, and 29% - the problems in functioning. These pupils experience a negative mood and suffer from somatic symptoms. They do not perceive the outcomes of the undertaken tasks and display difficulties in social relationships. The values of the Chi-square test prove that pupils' age significantly statistically differentiates them in terms of the level of all the above mentioned symptoms. The seventh-grade youth much more frequently indicates a lower rate for both the level of their self-assessment (0.05) and emotional problems symptoms ( $p < 0,001$ ), as compared to fourth-grade

**Table 1.** The level of self-assessment, emotional problems and problems in the functioning of the surveyed students – a subjective assessment

Level	Fourth grade		Seventh grade		Total	
	N	%	N	%	N	%
	<b>Self-assessment</b>					
low	15	21	28	40	43	30,71
average	37	53	35	50	72	51,42
above average	18	26	7	10	25	17,87
Chi-square=8,826; 2; $p < 0,012$						

	<b>Emotional problems</b>					
low	30	43	22	31	52	37,14
average	30	43	12	17	42	30
above average	10	14	36	52	46	32,86
Chi-square=23,641; 2; p<0,001						
	<b>Problems in functioning</b>					
low	7	10	31	44	38	27,14
average	39	56	23	33	62	44,29
above average	24	34	16	23	40	28,57
Total	70	100	70	100	140	100
Chi-square=20,887; 2; p<0,001						

*Source: own elaboration*

students. Nevertheless, younger students more often statistically significantly point to the problems in functioning ( $p < 0,001$ ).

Due to the fact that seventh-grade students completed a full version of the tool, it was possible to establish the level of their negative mood, general malaise, self-inefficacy and interpersonal problems. It turned out that in their subjective assessment approximately 10 out of them observe all the symptoms implying depression. These students are irritable, engrossed in sadness, but they do also experience problems with sleeping and appetite and get tired quickly when they are physically or mentally strained. They assess their capabilities and school achievements in a negative manner, hence they do not derive pleasure from going to school and performing other activities. Apart from that they encounter difficulties in contact with peers, at which point their isolation is triggered. They think that they are not important for the family. However, what makes us optimistic is the fact that almost half of the surveyed is in a good mood and experiences a sense of well-being. They discern the results of their work and maintain positive social relationships with other people.

**Table 2.** Level of other difficulties of seventh-grade students – a subjective assessment

Subscales \ Level	low		average		above average		Total	
	N	%	N	%	N	%	N	%
negative mood	34	49	27	38	9	13	70	100
general malaise	38	54	22	32	10	14	70	100
self-inefficacy	30	43	28	40	12	17	70	100
interpersonal problems	32	46	27	38	11	16	70	100

Source: own elaboration

Researchers highlight that subjectivism incorporated into the research may not reflect the scale and scope of the real situation. Therefore, in the case of children and youth the opinions of parents about them are so valuable. They are the closest persons to them, who have the opportunity to observe their children's behaviour in diverse situations, other than the school ones.

**Table 3.** Level of self-assessment and students' problems in the opinion of parents

Level	Fourth grade		Seventh grade		Total	
	N	%	N	%	N	%
<b>Self-assessment</b>						
low	5	7	3	4	8	5,71
average	34	49	39	56	73	52,14
above average	31	44	28	40	59	42,15
Chi-square=0,995; 2; p<0,608						
<b>Emotional problems</b>						
low	8	12	6	9	14	10

average	47	67	52	74	99	70,71
above average	15	21	12	17	27	19,29
Chi-square=0,872; 2; p<0,647						
	<b>Problems in functioning</b>					
low	9	13	5	7	14	10
average	30	43	45	64	75	53,57
above average	31	44	20	29	51	36,43
Total	70	100	70	100	140	100
Chi-square=6,515; 2; p<0,04						

*Source: own elaboration*

In this regard, the parents of the students participating in the survey were requested to specify their children's self-assessment, emotional problems and problems in functioning.

Based on the obtained results the conclusions can be inferred that parents have similarly assessed the level of self-assessment and emotional problems of their children, irrespective of age. At the same time those who had younger children have statistically significantly more often noticed the problems in their functioning ( $p < 0,05$ ). There are relatively few of those who notice the symptoms of the lowered self-assessment of their children (6%). Almost 1/4 of them observes emotional problems and over 1/3 of them – the problems in functioning. It means that their children have difficulties in contacts with peers and do not derive satisfaction from the effects of their work. They manifest negative mood. They have sleep disturbances. They are irritated as well as tired. They experience both sadness and isolation.

A totally different overview of the situation is provided by the class teachers who meet the surveyed students on an everyday basis. Thus, they were requested to evaluate the selected depression symptoms.

**Table 4.** Level of self-assessment and students' problems in the opinion of class teachers

Level	Fourth grade		Seventh grade		Total	
	N	%	N	%	N	%
	<b>Self-assessment</b>					
low	6	9	9	13	15	10,71
average	31	44	44	63	75	53,57
above average	33	47	17	24	50	35,57
Chi-square=7,973; 2; p<0,02						
<b>Emotional problems</b>						
low	30	43	17	24	47	33,58
average	30	43	48	69	78	55,71
above average	10	14	5	7	15	10,71
Chi-square=9,416; 2; p<0,01						
<b>Problems in functioning</b>						
low	7	10	7	10	14	10
average	39	56	46	66	85	60,71
above average	24	34	17	24	41	29,29
Total	70	100	70	100	140	100
Chi-square=1,772; 2; p<0,412						

Source: own elaboration

The values of Chi-square test prove that class teachers of the surveyed students more often statistically significantly discover symptoms indicative of their lower self-assessment ( $p < 0,05$ ), and much rarely the ones characteristic of the emotional problems ( $p < 0,01$ ). On the whole, class teachers reckon that 11% of their pupils display lowered self-esteem (9% of the fourth graders and 13% of the seventh graders) and exhibit emotional problems (14% of the fourth



graders and 7% of the seventh graders) that manifest themselves, first and foremost, though a negative mood, sadness, irritation and tiredness. Moreover, almost 1/3 of them admits that they face functioning problems (34% of the fourth graders and 24% of the seventh graders) in the relationships with peers and in the role of a student.

In the diagnosis it is enormously important to collect data from various sources. Their reliability increases in the case of the mutual consistency. For that reason Chi-square test was conducted, and it served as the basis

**Table 5.** Consistency of assessments made by the students, parents and teachers

Depression symptoms	Child's and parent's rating	Student's and teacher's rating	Parent's and teacher's rating
self-assessment	Chi-square=37,788; 2; p<0,001	Chi-square=21,912; 2; p<0,001	Chi-square=2,900; 2; p<0,235
emotional problems	Chi-square=49,867; 2; p<0,001	Chi-square=16,807; 2; p<0,001	Chi-square=23,773; 2; p<0,001
Problems in functioning	Chi-square=13,640; 2; p<0,01	Chi-square=14,687; 2; p<0,001	Chi-square=1,712; 2; p<0,425

Source: own elaboration

for determining if the assessment of particular depression symptoms of the surveyed youth is dependent on the person undertaking it, i.e. the surveyed person itself, the parent and the teacher.

It turns out that ratings of the indicated depression symptoms as scored by children and youth, on the one hand, and as scored by parents and teachers, on the other hand, were different at the level of statistical significance. Nevertheless, parents and teachers have similarly evaluated the depression symptoms pertaining to self-assessment and functioning problems of the surveyed individuals. However, there was a statistically significant differentiation in terms of evaluation of their emotional problems. Overall, these were children and youth who rated self-esteem level at the lowest score, whereas the emotional problems concerning rather the mental processes happening inside them – at the highest score. Meanwhile, these are parents who discern the biggest number of difficulties in the children's functioning that are reflected in a particular behaviour. Teachers have no opportunity to observe them at school due to the principles and norms prevailing there, the violation of which results in certain procedural penalties. When construing the

obtained results in a more pessimistic manner, it may be assumed that parents do not know their children well, while teachers have insufficient diagnostic competencies and too rarely maintain close relationships with their students, in which their concerns and needs are revealed.

## **Conclusion**

The results of authors' own pilot study confirm that Polish primary school students belong to the risk group of contracting the depression. They are in the adolescent period in which there are lots of changes in all the spheres of their functioning.

According to H. Cole-Detke and R. Kobak (1996, pp. 282-290) in this difficult period of life the depression symptoms and eating disorders may increase, and the risk of abusing psychoactive substances, especially among girls, may increase as well. G. C. Patton et al. (2002, pp. 1195-1198) also brings our attention to the link between depression and cannabis use. One of the symptoms of depression, as stated by N. Tsuno; A. Besset and K. Ritchie (2005, pp. 1254-1269) may consist in sleep disturbances that affect 90% of the sick. Besides, the results of the research carried out by Peter Muris (2002, pp. 337-348) in the group of 596 teenagers prove that depression symptoms progress in the case of persons showing a low level of self-efficacy and not perceiving the outcomes of undertaken activities.

Depression is the disease difficult for being found based on observation, particularly among children and youth. On top of that, no less alarming is the fact almost 20% of the teenagers suffering from depression is treated, and the results of the research carried out by R. Lohmann (<https://health.usnews.com/wellness/for-parents/articles/2019-04-22/teen-depression-is-on-the-rise>) suggest that the number of young people with mental disorders has more than doubled within the last ten years.

Undoubtedly, these are parents who are the most important persons in the process of supporting children and youth, and they should know their needs, concerns and expectations the most. In practice, many of them do not provide them with warmth, love and acceptance, which are the factors conducive to occurrence of depression symptoms and anxiety disorders of children (Yap, Pilkington, Ryan and Jorm, 2014, p. 8; McCauley et al., 1993, pp. 714-722). Therefore, a pivotal role in supporting children is played by the school. In particular the school counselors and psychologists are obliged to render assistance to children and youth in the most difficult moments of their life. As for students from Polish schools, the risk increases due to the fast implementation of changes arising from the educational reform and

its concomitance with the adolescent period. Thus, in 2017 the Ministry of National Education admitted that students in a crisis and with the emotional problems are one of the group of people that are known as students with special educational needs (Rozporządzenie Ministra Edukacji Narodowej z dnia 9 sierpnia 2017r., Dz. U. z 2017r., poz. 1591). Pursuant to the provisions of Polish law the specialists employed at schools, including class teachers, are required to provide SEN students with support in various forms on the school premises. The problem remains still the same with the small number of psychologists employed in the facilities and their incompetence to diagnose depression and conduct comprehensive and continuous interactions in consultation with the attending physician (Lewicka-Zelent and Chemicz, 2018, p. 17). Specialists advise that in the case of children's and youth's depression the interactions conducted with respect to them should comprise: psychotherapy, psychoeducation, social skills training and stress management training (Rabe-Jabłońska, 2011, p. 363). Pharmacotherapy should be applied solely if the conducted therapeutic interactions do not bring expected results and the intensified depression symptoms hinder or preclude proper functioning of the child (Cheung, Kozloff and Sacks, 2013, p. 6; Kalinowska, Nitsch, Duda, Trześniowska-Drukała and Samochowiec, 2013, p. 32). It is absolutely crucial to incorporate parents into the process of supporting their children. This is not just a question of establishing a contact with the physician, but also of obtaining information and broadening knowledge about youth depression. It is indispensable to endorse child's activities in the atmosphere of understanding and empathy, e.g. to encourage him to take part in the meetings with friends, in extracurricular activities and special-interest clubs, to mobilise him to visit the physician on a regular basis, to maintain contacts with therapists (Komender, 2012, p. 564).

The conducted research serves as the basis for the ascertainment that it is necessary to carry out in Poland in-depth studies involving all the students in the adolescent period in order to exclude/confirm the occurrence of depression symptoms in them. However, even today it is worth undertaking preventive measures addressed to parents and students' teachers (with the emphasis put on the capacity to observe the child and support him) and to them itself (development of the capacity to cope with difficult situations and express emotions as well as boost the self-esteem level). At schools the programmes promoting mental health are carried out, including the ones disseminating knowledge about the effects of school violence. It is equally important to prepare a wide offer of extracurricular activities for students and to organise psychoeducational classes and workshops for parents, the

aim of which would be, among others, to highlight the significance of both the quality of time spent with children and the contacts based on empathy, acceptance and appreciation (Turno, 2010, p. 1254). It is a good practice that a regular scientific conference concerning youth and children depression is organised by Maria-Curie Skłodowska University in Lublin in cooperation with the Innovative School Complex in Jarosław, involving students (through workshops and competitions), parents, teachers and specialists (workshops, discussions, lectures) (<https://www.facebook.com/INNOWACYJNI/videos/vb.100839809996530/1792142687532892/?type=2&theater>).

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### **Legal acts**

- Rozporządzenie Ministra Edukacji Narodowej z dnia 14 lutego 2017 r. w sprawie podstawy programowej wychowania przedszkolnego oraz podstawy programowej kształcenia ogólnego dla szkoły podstawowej, w tym dla uczniów z niepełnosprawnością intelektualną w stopniu umiarkowanym lub znacznym, kształcenia ogólnego dla branżowej szkoły I stopnia, kształcenia ogólnego dla szkoły specjalnej przysposabiającej do pracy oraz kształcenia ogólnego dla szkoły policealnej (Dz. U z 2017 r., poz. 356).
- Rozporządzenie Ministra Edukacji Narodowej z dnia 9 sierpnia 2017 r. w sprawie zasad udzielania i organizacji pomocy psychologiczno-pedagogicznej w publicznych przedszkolach, szkołach i placówkach (Dz. U. z 2017 r., poz. 1591).

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