

Primary blues

By Jacqui McDonald

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"When we heard the psychologist use the words clinical depression in the same sentence as our seven-year-old daughter's name we felt hopeless. We had failed to protect her. She should have been giggling with friends, skipping in the playground, worrying about nothing but she was morose - a very grown-up word for a little girl."

Erin's mother Julie (names have been changed) beams. "This is a story of hope," she says. "Every parent should know that depression is a big ugly enemy but it can be beaten and it is worth the fight."

Three years on, Erin is a thriving 10-year-old with a strong group of friends. She has had a go at almost everything: tennis, rock-climbing, playing the piano and drama groups.

"We had to look at a lot of factors including Erin's genetic predisposition, her school and our parenting. Obviously there was nothing we could do about her genes (with a family history of anxiety and depression) but we made major changes in the other areas," Julie says.

Erin's experience is not unusual. Each day primary and high school teachers face students with a mixed bag of mental health problems, including depression and attention disorders, sometimes combined with hyperactivity.

There are the gloomy kids, the perfectionists, those that act out and some who are terrified to try anything new. There are also many whose struggle goes unnoticed.

The National Survey of Mental Health and Wellbeing reported in 2000 that 14.7 per cent of children aged four to 12 scored in the clinical range for mental health problems. Only five per cent of those affected received specialised, professional treatment.

The problems are diverse but at least one in five children are predisposed to anxiety; 3 per cent become clinically depressed. Psychologist Andrew Fuller says his practice is seeing "alarming levels of anxiety".

"We have kids who won't come out of their rooms for long periods of time. It feels devastating for them. It takes over their lives. A lot are scared of being separated from parents. Others have anxiety related to world situations."

The National Survey found that if mental health issues were not treated, children risked ongoing problems leading to school failure, broken families and unemployment. "The heavy financial burden this imposes on the entire community would be greatly reduced if mental health problems were addressed at the earliest opportunity," it said.

Early intervention is the aim of KidsMatter, a \$6 million national

program to teach primary students skills to prevent mental health problems. Twenty Victorian schools will this year start a two-year pilot study to confront mental health issues. Each of the 101 schools involved nationally will teach social and emotional skills through one of several programs available.

Fuller's Heart Masters program, which is already used in 3500 schools in Britain and Australia, is one of those involved. Others, including Bounce Back and Friends for Life, are also prominent in Australia and overseas.

The schools will provide parent education and support, target "students at risk" and work towards a school community where students and parents have a sense of belonging.

Teacher and parent questionnaires, at four intervals, will track the mental health progress of selected pupils and whole schools. The resources will later be available to every primary school in Australia.

The program has been jointly developed by the Department of Health and Ageing, Beyondblue (the national anti-depression group), the Australian Psychological Society and the Australian Principals Association's Professional Development Council.

It is based on compelling evidence that mental health problems severely diminish a child's capacity to learn, to build relationships and to participate in their community.

There are also signs that such problems are appearing earlier and are more complex and damaging.

Dr Brian Graetz, from Beyondblue, says anecdotal and research-based evidence suggests the situation is worsening. Teacher and mental health professionals with up to 20 years' experience are reporting problems with much younger children.

"Not just one or two problems, they come with a host of issues," Dr Graetz says. "And the support structures there for kids are much more fragmented and complex than in the past. These are problems that kids don't grow out of if they're not addressed."

Increased rates of adolescent depression and antidepressant use are, in part, testimony to the neglected problems of childhood. A 2006 analysis by Australia 21, the Australian Youth Research Centre and VicHealth, reported that while many young people are more resilient than ever, a fifth to a third of teenagers are psychologically stressed and distressed at any time, with some estimating general malaise of 50 per cent.

The KidsMatter programs focus on building a supportive family environment, a healthy social network and an optimistic mindset, which research shows can help prevent or manage mental health problems.

The ability to think positively is at the core of school-based mental health programs. When a child says, "nobody likes me", "I'm never good at writing", or "I'll never be picked for the team", they are using a pessimistic thinking style. Psychologists call it catastrophising and it is a significant predictor of depression.

The programs teach children to recognise permanent, all-encompassing

language, such as "nobody" and "never" as unhelpful thinking. Children are shown how to evaluate the real situation, to look for positive meaning when all seems bad and to remember that negative feelings are temporary.

"We're asking schools to weigh in pretty heavily, actually teach social and emotional skills explicitly for say one lesson a week," Dr Graetz says. "We provide them with the information on the main programs and tell them the level of research evidence suggesting its effectiveness. It's up to them to determine which program best suits their needs."

Dr Graetz says a small number of teachers may be upset that they have been asked to do more but most schools are keen to help kids. "They understand that mental health issues have a real impact on academic achievement."

Deakin University psychology lecturer Helen McGrath co-authored the Bounce Back program, which is designed to help kids cope with adversity. Her work is based heavily on research by renowned American psychologist Dr Martin Seligman, author of *The Optimistic Child*.

Seligman and McGrath blame the decline in mental health on the self-esteem "feel good" movement, which they say cushions children from life's realities and hardships.

"They think somehow it's about telling the children that whatever they do is wonderful and beautiful and they can be anything they want - they just have to believe in themselves," Dr McGrath says. "It's just not that simple because kids can't be anything they want."

"There are obviously restrictions in terms of the things they're good at and not good at. Everything they do is not terrific and sometimes they fall on their face. So it's more important to encourage persistence and working towards a goal and giving positive feedback on things, like being organised and planning and asking for help when it is needed."

Psychologist Andrew Fuller says if parents are busy, stressed about work or money or worried about bigger world issues, children absorb the negativity.

"It's often parents' anxiety that is being transferred to children. So we're taking much more of a family based approach (to therapy). When anxiety affects a family member it affects the whole family."

Looking back, Julie says Erin soaked up the family stress. "We were trying to build a business, pay a hefty mortgage, renovate, get the children to swimming and ballet and everything else. We were rushing everywhere and when Erin couldn't cope - and because she seemed so angry over so many things - our nerves were raw."

"Erin withdrew into herself. Her school work became almost non-existent. She just stared at blank pages and wouldn't do anything. She looked and moved like a victim and so she attracted bullies. And because other kids reacted to her negatively it kept reinforcing the idea in her mind that she was hopeless and unlikeable."

Her irritability and lack of enjoyment in life, plus her psychosomatic complaints (regular headaches and stomachaches) are typical of anxiety and depression in children. But the good news, according to Professor Paula Barrett from the University of Queensland and director of the

Pathways Health and Research Centre, is that the solutions are much easier for children than adults. "With children it's like plasticine. With adults it's more like brittle clay," she says.

While some children need individual treatment, evaluations of school-based programs in Australia and overseas show they can have a dramatic effect, particularly if introduced in the early years.

Studies of Dr Barrett's Friends for Life school program, used in more than 10 countries, show up to 80 per cent of children with anxiety disorders no longer display those signs after completing the program, with gains still apparent after six years.

"Emotional and social development is as crucial or even more important than just cognitive development alone," Dr Barrett said. "We always think that you put kids in school and give them all the resources to be good at maths and english but we're forgetting that if the kids are not coping emotionally or if they don't have good social skills, they are not going to be able to perform anyway."

Resilience skills are critical to the 20 per cent genetically predisposed to problems. "For one in five children, the littlest thing that happens they seem to feel more intensely and think more about and worry," Dr Barrett said. They often have psychosomatic complaints and high levels of physiological arousal such as a rapid heartbeat or they sweat easily.

"These kids will do anything to avoid situations so they don't have to feel uncomfortable," she said. "But you can really make significant changes in a kid's life just by teaching him to learn to regulate his emotions and to learn to think in positive ways."

Shortly after the diagnosis with depression, Julie moved Erin to a new school. "We needed a fresh start, somewhere where we felt everyone would work as a team to rebuild Erin's self esteem." At Erin's new school the word "resilience" is used a lot as part of the Bounce Back program.

"Erin still feels anxious. That's who she is. I understand because I often feel that way too," Julie says. "But she's learnt that she feels so much better if she battles through the nasty feelings and achieves something that was hard."

Like Erin's school, Kensington Primary introduced Bounce Back in 2006. Welfare officer Melissa Martin says the kids didn't seem to know how to come back when things went wrong. "The teachers observed that some kids were not taking risks with their learning and they were getting really upset."

Ms Martin says Bounce Back was chosen because it was so comprehensive.

The children learn how to resolve friendship problems, muster the courage to try new things and to move on rather than dwell on problems.

Deputy principal Julie Stephens says a student can't always come first. "How are you going to help them deal with it when they're not? What's the language that you're going to use? We're trying to get that common language going when we're talking about helpful and unhelpful thinking," she said.

Mr Fuller says such programs deliver "positive shock therapy".

"The goodwill resonates throughout the school and community. It's great to see kids get a whiff of their power to create positive change in the world."

LINKS

apapdc.edu.au/kidsmatter

bounceback.com.au

<http://www.friendsinfo.net>

andrewfuller.com.au

beyondblue.org.au

But on you will go
though the weather be foul
On you will go
though your enemies prowl
On you will go
though the Hakken-Kraks howl
Onward up many
a frightening creek,
though your arms may get sore
and your sneakers may leak.
Oh, the Places You'll Go!
- DR SEUSS

DEPRESSIVE DISORDERS IN CHILDREN

Children with depressive disorders feel sad, lack interest in activities they previously enjoyed, criticise themselves and are pessimistic or hopeless about the future. Thinking that life is not worth living, they may contemplate suicide. They may also be irritable and aggressive. They may be indecisive and have problems concentrating. They tend to lack energy and to have problems sleeping.

Major Depressive Disorder is a serious condition characterised by one or more major episodes of depression. A depressive episode occurs when a child experiences symptoms of depression most of the day, nearly every day, for at least two consecutive weeks.

Source: Child and Adolescent Component of the National Survey of Mental Health and Wellbeing, 2000.