

The Relationship between Parent-Child Dyads and Depression in Children

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DESCRIPTION

In Western countries, depression symptoms in children are rather prevalent. According to previous studies, 10 to 15 percent of school-aged youngsters experience depressive symptoms [1]. The prevalence of depressive symptoms among children and adolescents has increased from 20% to 30% as a result of the ongoing COVID-19 scenario. The increase in loneliness and isolation has been attributed to home schooling, limitations on social interaction, and halted leisure activities. There are also indicators that having parents work from home may make family disputes more likely. Fear of the illness and worries about safety have increased the prevalence of mental disorders and affected children's life satisfaction. 12.8% of children aged 10 to 12 had depressive symptoms in 2017, and those numbers increased to 15.5% in 2019 and 22.2% in 2021, according to the population-level School Health Promotion Study (SHPS) carried out every other year by the Finnish Institute for Health and Welfare. It is obvious that the pandemic has a seriously detrimental impact on children's mental health; as a result, school health care services are crucial for the early detection of depressive symptoms and for providing help for children and families who require it.

Depressive symptoms in children can take many different forms, such as melancholy, lack of interest or pleasure, guilt or worthlessness, loss of self-esteem and self-confidence, or physical symptoms such as headaches, stomach aches, or changes in appetite. Moreover, common symptoms include feelings of exhaustion, trouble concentrating, negative thinking, and self-harming behavior.

The culmination of numerous circumstances leads to the beginning of depression in young people. We are aware that depression in children is influenced by a variety of factors, including family dynamics, neurophysiological susceptibility, and life experiences. Children's depressive symptoms are correlated with low income, family financial difficulties, parental unemployment, women's low educational attainment, and low labor market engagement in late childhood. Low parental socioeconomic status at childbirth is linked to depressive symptoms later in childhood and adolescence, and in low-income families, where divorce and separation rates are higher

and where children are more likely to live with one parent, parental support may be less readily available than for children who live with both parents. Also, compared to children without immigrant backgrounds, children from immigrant backgrounds suffer unpleasant life experiences and depressive symptoms more frequently.

Negative life events are one of the most significant predictors of depressive symptoms in childhood, according to a number of earlier studies. Life events like parental separation or divorce, the loss of a family member or another close relative, and changes in the family dynamic like the birth of a new sibling or the move-in of a stepparent are all highly linked to depressive symptoms. Moreover, a kid's major illness, a parent's or family's illness, or the loss of a parent or close relative increases the risk of the youngster developing depressive symptoms. Also, compared to children whose parents have no history of depression, those whose parents do experience depression report higher depressive symptoms following stressful life events [2]. Parents who are depressed are less affectionate, less active in their children's lives, and communicate worse than parents who are not depressed. They also have more disagreements with their partner and kids. Adolescent depression symptoms are linked to stressful childhood events, and sad children encounter more stressful life events and losses than children without mood disorders.

In terms of family dynamics, a number of earlier studies have discovered a link between depressive symptoms and poor family functioning. Depressive symptoms are correlated with parent-child conflicts, a lack of warmth and support, and a high level of animosity. Children who have experienced rejection, neglect, or lack of care are more likely to exhibit depressive symptoms. The interaction within the family is closely linked to a child's ability to control their emotions. According to studies, parental support and involvement in children's lives operate as barriers between stressful life events and depressive symptoms [3]. Children's depressive symptoms are reduced when their relationship with their parents, particularly their mother, is close. In addition to improving the child's interpersonal abilities, such as problem-solving, a close bond between parents and children serves as a protective barrier against stressful life events and depressive symptoms. Hence, a number of characteristics that contribute to

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depression symptoms have been found by prior investigations. Little study has been done, nevertheless, using child-parent dyads as respondents to investigate children's depression symptoms.

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