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The Root of the Growing Mental Illness Epidemic in Elementary Children

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Abstract

This research determined important contributions to the mental illness epidemic in elementary children to find if mental illness in current American society is based on bias or science. Some of the researched contributions include use of technology, family dynamics, proper use of medical terminology, physical health, and the diagnosis process, and more. Many recent articles supported the possibility that mental health awareness has become too common, resulting in overdiagnosis and unnecessary treatment in elementary children. In all, society views mental illness through a different lens to encourage victims of mental illness to reach out for treatment, but the added attention has caused people to look too hard for a diagnosis that is not there. When considering child development, the actions can be considered learned behavior, increasing the mental illness epidemic numerically. Speculation arises when the evidence is compared to consider if mental illness is based on scientific proof or bias observation.

Keywords: mental illness, learned behavior, bias, child development, speculation

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Mental Health in Child Development

Mental health has become an increasingly popular topic of discussion. Families, businesses, even elementary schools have emphasized the importance of self-care and the need for intervention for those who suffer from a mental illness. The root of those mental health issues has been debated – childhood trauma, chemistry imbalance, poor diet, etc. (Mental Health America, 2022), but more recent studies have shifted the potential blame to another source: overdiagnosis. Over the last decade, the emphasis has been on removing the stigma from mental illness and promoting diagnosis. This has resulted in overdiagnosis and increasing numbers for prescribed medication, particularly in school-aged children (Timimi, 2004). This research has been dedicated to discovering the possibility that our society's emphasis on mental health and its decision to teach young students about mental health has more disadvantages than advantages. The following research reviewed the many factors that have been found to contribute to mental health and studied to find scientific evidence to compare to articles that support the mental illness epidemic being based on bias. By providing awareness to students in everyday teaching, students are learning the symptoms and contemplating how those symptoms are relevant to their own lives. The added stressors of technology, poor exercise, eating habits, and different family dynamics have made life more challenging for young people, but now exposing children to depression and anxiety in daily discussions have created a new problem that needs to be addressed (Mental Health America, 2022).

The first factor to consider is how children develop mentally, physically, and emotionally. A research study found that “10-20% of children are affected by mental illness that persist as they transition into adulthood” (Zysset, 2020). More studies have supported that the

percentage of affected children is rapidly increasing (National Alliance of Mental Health, 2022). Simultaneously, the number of discussions revolving around mental health have also increased. Children are learning more about mental health awareness and the signs of mental illness within their elementary schools. The National Association of Mental Illness (NAMI) collected data supporting the belief that talking about mental health and mental illness throughout the students' education can prevent the student from developing a mental illness. According to NAMI research, 1 in 6 students struggle with a mental illness and only half of those students precede to receive care for themselves (National Alliance of Mental Health, 2022).

Child Development: Added Pressures in Recent Years

The connection between the increase of mental illness cases found in youth and the increase in popularity of discussion has caused speculation by some researchers. One source questioned if normal unhappiness is now being labeled as childhood depression, resulting in medication and counseling services to follow as treatment (Timimi, 2004). Elementary schools around the world have started discussing mental health awareness with pure intentions but their actions could be increasing the crisis by teaching students the symptoms of mental illness. Around the age of six, there are cognitive changes that happen within a child's brain to develop a sense of confidence and self-concept (Eccles, 1999). Students listen intently to other sources like media, teachers, peers, etc., and use the pieces of information to compose their personality (Eccles, 1999). By this age, children are typically enrolled to begin elementary school where it is becoming more common to learn about mental illnesses like anxiety and depression.

The purpose of education has changed over the years and has affected how students carry on after they graduate and enter adulthood (By Opinion Writer, 2016). Their entire perspective on mental illness is skewed because of their inability to fully comprehend the bigger impact of

mental illness. The division between mental illness and regulating emotions has disintegrated entirely. If students are only given the mental health terminology in educating them, and the informative report of how unhealthy and dangerous mental illnesses are, they will soon believe they themselves, their loved ones, and their classmates have mental illnesses rather than just being able to freely express emotion (Volkow, 2021).

Mental Illness as A Growing Epidemic

The second factor to consider is what is defined as mental illness and what the data indicates. The American Psychiatric Association defines mental illness as “health conditions involving changes in emotion, thinking, or behavior (or a combination of these) that are associated with distress and/or problems functioning in social, work or family activities” (Parekh, 2018). Children are affected by every event that occurs in their childhood. Those events shape how their brain stores the information they process. Mental illness is more likely to occur when those events are filed away as traumatic. The more files that are viewed as traumatic, the more the brain tends to rely on survival mode. Survival mode impacts how children live their everyday lives (McLean, 2016). Mental illness can cause problems within family, work, and school performance (How Mental Health Disorders Affect Youth, 2019). Particularly in elementary school, their mental illness can affect their thoughts and emotions which then “interferes with their ability to do well” with the classroom expectations (How Mental Health Disorders Affect Youth, 2019). They fight to protect themselves rather than enjoy or thrive with the normal aspects of life. Current statistics show that suicide is now the second leading cause of death among 10 to 24-year-olds. Between 2000 and 2017 there was a 67% increase in suicide rates, which provides evidence for the argument of the rapid decline in our mental health as a

society (NIHCM, 2020). Mental illness has become a growing epidemic that is affecting a wide age group.

However, to stop this epidemic, the root of the problem must be identified. This research focuses on the impact that mental illness has on elementary students when it comes to their grades, relationships, and physical health as they continue into adulthood while also speculating the impact that the media has on potentially misdiagnosing mental illness in children. The root of this epidemic could be the popularity of the topic and the overexposure mental illness has had within the media.

Thesis Statement

Although increased diagnoses in children is known about mental illness, the root problem of why is still unknown, thus I propose to investigate the outcome that mental illness is a current trend in our society and therefore a learned behavior, responsible for a great number of current diagnoses in children. My research concludes with evidence that supports overdiagnosis and over treatment of mental illness in children. Throughout the remainder of this thesis, I will respond to the following research questions: Is teaching children mental health terminology in elementary school causing more harm than good? What is the influence of technology on a child's mental health? Are diagnoses based on bias or science?

Summary of Introduction

One study reported that the number of disorders could be due to how the social norms have changed and provided an example stating that "parents may be more concerned about disorders that have received a greater amount of recent media coverage" (Collishaw, 2004). More children are struggling with their mental health and one reason could be because the media

has used the terms of mental health without proper explanation. Children are being conditioned into depression and anxiety for expressing any emotion that may not be viewed as positive or happy (Timimi, 2004). Until society acknowledges the possible sources from where this mental illness trend comes from, the mental health epidemic will continue to spread.

Process of Diagnosis

The diagnosis process has become more complicated as American society has focused so much attention to mental illness. The process can look differently from person to person, especially when other factors like trauma, chemical balance, age, sex, and identity are considered. Official diagnoses tend to come from primary care providers or referrals to more specialized professions like a psychiatrist or a psychologist (Mayo, 2022). Depending on the mental illness that is being tested, there are screenings and reviews for the child to self-evaluate, the parent to evaluate, and even screenings for teachers to complete to evaluate a child (Patra, 2022). A professional like a psychiatrist or psychologist then reviews all parties' evaluations to determine if the child has a mental illness and provides a diagnosis as well as recommended treatment (Mayo, 2022). When more than one screening is conducted to a patient, bias can affect the results of the diagnosis.

A depression screening for children observes different aspects of the child's life like their eating habits, their sleep patterns, and their quality of life over a recent period. There are different types of screening tools that can be used to assess the patient. The Beck Depression Inventory (BDI) is one type of screening that consists of 21 questions that inquire the feelings such as "self-hate", "hopelessness", and "physical appearance" to guide the process of diagnosing depression (Patra, 2022). There are some screenings that are designed to identify thoughts of suicide in children like the Risk of Suicide Questionnaire (RSQ), Ask Suicide

Screening (ASQ), and the Moods and Feelings Questionnaire for Suicidal Ideation (MFQ-SI) that can ask much more descriptive questions like the ASQ screening that asks the child if they wish they were dead (Patra, 2022). For children who battle with the thoughts of suicide, this question could arguably be worse to their mental illness by posing an idea to the child that they may not have had before. The same goes for a child who may not truly have a mental illness but instead battle the normal range of emotions as their brain learns how to display and manage different feelings.

Is teaching children mental health terminology in elementary school causing more harm than good?

One professional social worker from a local elementary school reported that many students that come into her office say, “I have . . .” and place a mental illness in the blank. More students are finding mental illness common and believe they are part of the percentage of people who battle with their minds. Society has thrown scientific terms about the symptoms of mental illness to where students do not understand the severity of the terms but use them to explain how they are feeling. The social worker explained that when she meets with the students, she asks them to explain where they hear the terms they use, so that she can help guide them to a correct interpretation of the vocabulary. Their brains become accustomed to mental health terms, and they identify depression and anxiety as a natural part of life they must mold into. Many students revealed that they find their information from social media like TikTok. She stressed the importance of students that display the actions and thoughts of mental illness more consistently and noted that her intervention for all students must occur. The social worker stated that nothing could be taken for granted because the student that has repeatedly shown signs of trauma and the student that comes in with misinformation from the media both need direction. When either

student is not taken seriously, major consequences can occur, and the student can be at risk. Some of the advice she shared included censoring what children are watching, learning, and normalizing. Most of the misinformation starts with social media and continues as a trend. She also advised teaching students how to talk about their feelings then connect the scientific terms instead of teaching students the scientific terms and letting them figure out how to connect them. Students are learning that to be listened to or acknowledged, they must have a reason to visit the counselor's office, which leaves students to find things "wrong" with them to receive attention. Educators, parents, and guardians must work to provide the attention and remove the stigma that something must be wrong for the student to receive attention.

When a child is diagnosed with a mental illness, there are many different routes to take when finding how to heal the child's mental health. The first decision is medication or psychotherapy. Various types of counseling, therapy, medication, and even psychiatric hospitals are offered to patients to help teach children struggling with depression how to cope with their everyday lives. (Anxiety and Depression in Children, 2022). One scholarly article argued that "treatment often focuses on controlling symptoms in the present rather than on long-term", which could be considered a reason to why those children carry their mental illness into their adulthood (Cuellar, 2015). If the mental illness is a learned behavior rather than a chemical imbalance, the type of treatment could seriously damage the child's mental state and further the mental illness.

Impacts of Medication

Medication is often prescribed without much hesitation. A research team studied how effective medication was compared to psychotherapy and concluded that, "several forms of psychotherapy may be as effective as medication, even when treating more severe depressions"

(Hollon, 2004). The study mentioned psychotherapy having more advantages in the healing process like improved relationships and a reduced risk of relapsed symptoms (Hollon, 2004). Psychotherapy allows the patient to speak about their symptoms and receive guidance on how to change based on feelings and experiences; whereas the medications like Lexapro, Prozac, and Zoloft change the way the person feels by changing the signals to the brain (Greenlaw, 2010). For children especially, the skills needed to talk about their emotions and learn about their relationships with their teachers, peers, and parents is a necessity. By prescribing medication alone, the child is left in the hands of a pill, even when their depression symptoms could have been learned or temporary. When medication is involved, the chemical makeup in the child's brain is changed which can result in depression or anxiety, and as stated before, take a further toll on the child's mental health (Greenlaw, 2010). The most common medications prescribed to children who display depression symptoms are Prozac, Zoloft, and Paxil (Aacap, 2017). In the United States, there are approximately 6,155,852 children between the ages of 0-17 that are currently taking psychiatric drugs (Number of Children and Adolescents Taking Psychiatric Drugs in the U.S., 2021). Those children grow up and face a lifetime of switching medications and doses to help with their depression and the effects of the medication.

Impacts of Hospitalization

Another route to take is a psychiatric hospital. In the past, psychiatric hospitals were more popular for children to leave their home, receive treatment, and then return to normal. The issue with this form of treatment is the transition from the hospital to normal. One source says, "hospitalization disrupts the ability of the individual to perform his usual role in the family. . .and there may be difficulty reintegrating the patient into his family or community" (Flomenhaft, 1969). When children go through hospitalizations to receive treatment for any illness, the

experience very well could be traumatic. For a child battling mental illness, a psychiatric hospital can cause more damage within the child's trust and relationship with their loved ones, or cause feeling of seclusion (Flomenhaft, 1969). Similarly, if a child is battling with the symptoms of depression or anxiety and they are sent to a psychiatric hospital, a decline in their mental health is also possible due to seclusion and separation, but also by more learned behaviors they witness in the psychiatric hospital with other patients (Flomenhaft, 1969). Psychiatric hospitals pinpoint the problem to the child and leave the child alone to receive treatment. Flomenhaft's (1969) research highly encourages "family-oriented treatment" to help the family identify any factors or triggers in the household to best accommodate for the child. In the case of a child who could be learning and displaying the symptoms of depression, family-oriented treatment could be beneficial and result in more protection or guidance from the guardian in areas like media use, eating habits, and sleep patterns.

In all, the concerns with diagnosing mental illness in children is overdiagnosis, misdiagnosis, and the ineffective treatment that could result in a decline in the child's mental health. A scholarly article was conducted by a team led by Michelle Roseman to find if depression screening tools used on children could be proven as effective. After researching, they found that the United States Preventive Services Task Force (USPSTF) recommended regular depression screenings for adolescents in 2009 and again in 2016, but they found that this was only common for the United States (Roseman, 2016). Roseman's article (2016) continues to explain that the purpose of screening tools is to correctly identify children who have depression, but also correctly identify those children who do not to avoid the possibility of over diagnosing children and invalidly prescribing them medications with harmful side effects. Her research team concluded "insufficient evidence for depression screenings to accurately detect MDD (major

depressive disorder) in children” (Roseman, 2016). This evidence supports the idea that the root of mental illness in children is not depression itself, but the misdiagnosis that leads children into falsely believing they have depression.

What is the influence of technology on a child’s mental health?

Within the last four decades, depression and anxiety are not the only things to emerge and become popular within children. Technology has become a vital part of life in schools, homes, and businesses. One research team studied the different uses of technology and found that technology use for boredom was not linked to mental illness but using technology for emotional coping was found linked to mental illness (Panova, 2016). Another article measured how children “prioritize their use of technology” and what mindsets children possess prior to their online experiences (Moreno, 2022). Moreno’s study concluded that there were both negative and positive results which lied within the children’s background beforehand. The children who possessed a decent mindset showed a positive trend with their use of technology while the children who possessed more negative mindsets showed a negative trend with their use of technology (Moreno, 2022). This data supports the idea that students who are surrounded by negative media feed and believe they have depression or anxiety (without receiving medical advice) can continue to spiral into a darker mental state based on their use of technology. Both articles found evidence that supported the idea that technology can be beneficial if used properly, while also acknowledging that technology can be detrimental to one’s health if misused. The developing issue can be traced to the need for guardians to monitor their children’s use of technology as they go through childhood, and this starts with the relationship between the guardian and child.

Family Dynamic Factors

Another factor that can contribute to a child's diagnosis for a mental illness is family. Family history as well as family dynamics can play a role into how a child's way of processing events is examined (Mental Health America, 2022). Research has also shown that a household that involves a child with mental illness can be more unstable because of the added stress of meeting more of that child's mental and emotional needs (How Mental Health Disorders Affect Youth, 2019). Other siblings could be affected, the relationship between the parents could be affected, and the relationship between the parent and struggling child can also be affected. One study claim that children who have parents with depression are more likely to develop depression at some point in their life (Anxiety and Depression in Children, 2022). This supports the possibility that depression could very well be a learned behavior. Many psychologists have dedicated their life to learning how a person's brain develops. Albert Bandura dedicated his life to the Social Learning Theory, which emphasized that a child's behavior comes from the actions that are modeled to them (McLeod, 2016). One of the ways a person's brain learns is through observing others around them, in which the behaviors, like depression, are understood to be learned by watching and imitating the behaviors and emotional responses of others (McLeod, 2016). The adults in a child's life have a very strong impact on how the child handles emotional trauma as they transition throughout their childhood (McLeod, 2016). The mental illness epidemic does not start with the children today, it begins with the people who are responsible for leading the children through emotional processing and behavior management.

Relation to Physical Health

Another perspective to consider is how children's physical health has also changed over time, and how that change has been impacted by the mental illness epidemic. A researcher

reported that “the average American consumed 2,481 calories a day in 2010, about 23% more than in 1970” (Desilver, 2020). Children learn from the behavior that is modeled around them (McLeod, 2016). This becomes increasingly important when it comes time for the child to make decisions to take care of their bodies. Because children learn from the people placed in their environment, they are likely to replicate the decisions of their parents when it comes to eating habits (Eufic, 2012), in turn, shaping their mental health. The mind and body are connected and depend on each other to compose a balanced lifestyle. People’s feelings affect what they eat and how they occupy their time and vice versa. Thoughts and emotions can communicate with the physical needs of the human body to create a positive or a negative mental health (Hart, 2016). When children are exposed to the proper nutrients in their eating habits from an early age, they are more likely to continue a similar eating pattern as they transition into adulthood. American society must put less emphasis on guiding young Americans to dieting methods and trending fads and educate them on the mind-body connection (Hart, 2016).

Trend of Societal Changes

The 21st century has been a historical movement for protesting and advocating for mental health, but the focus is beginning to shift to the possibility that in over diagnosing children in the United States. This could potentially create an issue where children who need the resources and treatment for mental illness are unable to receive them. With unhealthy eating habits, inconsistent sleep patterns, unreliable family engagement, and the lack of human interaction due to technology, children today are being set up for a decline in mental health. Researchers “theorize that decreasing stigma might be causing more children and their parents to seek help, leading to wider reporting of the problems”, which supports the idea that the increase in mental health awareness could be causing more harm than good (Whalen, 2018).

Are diagnoses based on bias or science?

The American society has reduced the stigma of mental illness (Bernice, 2021) at a cost of over diagnosing children and misguiding them into a world of unnecessary medications and treatments. To consider the logical approach of the mental illness epidemic and the vicious cycle of misdiagnosing children, wrongfully prescribing medications, and resulting in side effects that include possible increased suicidal thoughts and depression (CCHR International, 2022) is proof that the mental illness epidemic could be a temporary trend the American children fall victim to. The following research compares the evidence that supports the bias approach to the scientific approach when it comes to the increasing numbers of this epidemic.

Christopher Dowrick and Allen Frances conducted research concerning the over diagnosis crisis and the result in over treatment for mental illness. Their research found that the criteria for being diagnosed with depression has remained the same for the last forty years, which can be interpreted so “loosely” that normal sadness can be mistaken for clinical depression (Dowrick, 2013). Dowrick and Frances’ research reported that “the prevalence of depressive disorders in the community is stable...while the rates of diagnosis have increased considerably” (Dowrick, 2013). Another source focuses solely on the over diagnosis in children and how the pharmaceutical industry has profited from the over prescribed medications that follow the epidemic. That source also redefines what being a child today is compared to what being a child used to mean (Timimi, 2004). Dowrick argues that the definition of mental health has not changed while Timimi argues that how mental health awareness is presented is what has caused the numbers to increase so much. “These days we are as likely to use medicalized terminology to describe children’s feelings (such as depressed) as we are less pathological descriptions (such as

unhappy)” (Timimi, 2004). The over diagnosis comes from people misusing the terminology to the point of believing they have a mental illness.

On the opposing side, there are sources that show scientific evidence of increasing numbers of diagnosis, but scarcely any research that has been conducted to determine what the cause may be (Hicklin, 2020). When considering the diagnosis of a mental illness, the screening for symptoms is merely based on a report of observable behavior as there are currently no scientific-based tests, like a blood test or an x-ray, to aid the medical professionals conducting the test (Florida, 2022). This implies that the process in which mental illness is diagnosed is interpretive and supports that the diagnosis of mental illness is based on bias. The Mental Health American website lists multiple factors that contribute to mental illness, like childhood trauma, brain chemistry, genetics, negative thoughts, unhealthy habits, and drugs and alcohol which indicates that mental illness seems to be a plausible outcome for anyone living in the United States (Mental Health America, 2022). Mental illness seems inevitable and yet, completely acceptable, because the current answer is medication or counseling treatment. Mental illness can arguably be viewed as an effort to become a financial industry through the self-care fad trending in the United States.

Conclusion

This research considered the mental illness epidemic in elementary children as a conditioned psychological outcome rather than a chemical imbalance or genetic inheritance. The purpose of this research was to investigate the possibility of over diagnosis as well as the reasoning for that outcome. Data, both for and against, scientific evidence was reviewed, as well as scholarly articles that supported the idea of biased diagnoses. All the previous research questions were answered and fully supported with evidence.

Technology has been found to help and hurt mental health in children based on how it is utilized (Moreno, 2022). Children who are exposed to a large amount of time with technology before they can control the purpose of their usage may develop mental health disorders or worsen pre-existing conditions (Moreno, 2022). With more monitoring and limited access to the Internet, the mental health of children could begin to increase. More monitoring and limited access could be the most beneficial if it were to come from a trusted relationship with a child's parent or guardian. By properly educating children on mental health, they will be less likely to look to the Internet as their main source of information, making children more prepared to discuss their emotions and internal thoughts.

Research also supported the need to teach children the distinction between mental health terms and appropriate vocabulary to expressing the normal emotions they experience. An informal discussion with a professional elementary school social worker led to the realization that students are coming in and self-diagnosing based on what they have learned about mental illness. Based on the conversation with the social worker, the misunderstanding of mental illness and typical emotions can lead to miscommunication between a child and trusted adult, which can then lead to receiving unnecessary treatment or overlooking a possible mental illness. By putting emphasis on mental health terminology to reduce stigma (Volkow, 2021), it could be argued that the over emphasis leads to more false diagnoses and an increase in belief of mental illness. This is because the topic of mental illness is expressed so often that it becomes an inevitable outcome rather than a possibility.

Finally, this research concluded with evidence that supports the current mental illness epidemic has more aid to bias than science. One piece of evidence highlights that there are currently no scans or tests to find any physical evidence of a mental illness (Florida, 2022),

which implies that the diagnosis of a mental illness relies on interpretation from a medical professional. Where there is room for interpretation, there is room for misinterpretation, and therefore, no guarantee that a person does or does not have a mental illness based on observation alone. The range of symptoms for mental illness like depression is so wide that a large percent of Americans could qualify for one or more of the symptoms and in turn, possibly be eligible for a false diagnosis of mental illness (Mayo, 2022).

The information shifted the perspective of the mental illness epidemic in the United States, with leading evidence to support that mental health awareness has led to over diagnosis and over prescription of medications in children (Timimi, 2004). Those medications then cause side effects of increased suicidal thoughts and disruptive sleep patterns (CCHR International, 2022), misleading children as they transition into their adulthood. The treacherous cycle will continue until more research is conducted to show evidence of the mental decline in the future generations that can be pinpointed to the medical treatment that has occurred. Until then, the number of mental illness patients will increase due to misdiagnosis and the access to resources could diminish. In conclusion, children today experience more pressure and more environmental influences than children ten years ago. Children deserve to just be children and have the high expectations of being mentally stable dropped by modern society. Shunryu Suzuki's quote is as followed: "When you bow, you should just bow; when you sit, you should just sit; when you eat, you should just eat" (Brandy, 2020). This quote was taken from a source that encouraged "Mindfulness for Kids" (Brandy, 2020), and I found it important due to the simplicity of the message. American society has complicated mental health for its children, and it has resulted in children overthinking about who they are and what illness they have. As the quote encourages, children should just be children and enjoy the simplicity of their life. As for the adults, the

representation of mental illness in America has been over emphasized to the point of individual mental destruction, and like all trends before, this too will come to an end. It is just a matter of how many children must experience false diagnoses and unnecessary treatment to make a change.

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