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Understanding depression and mood disorders: implications for interventions in elementary children

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Abstract

Mood disorders, especially depression, are one of the most common mental health problems and have a broad impact on various aspects of elementary school students' lives. Depression not only affects emotional conditions, but also the sufferer's social function, work, and physical health. This article provides a comprehensive understanding of depression and other mood disorders, including symptoms, causes, risk factors, and treatment strategies. This study uses a literature study method by reviewing various scientific references, such as journals, books, and articles from trusted sources that discuss mood disorders from a psychological and medical perspective. The research results indicate that mood disorders have a complex and varied aetiology, involving biological, psychological, and environmental factors. Effective treatment requires a multidisciplinary approach, including psychotherapy, pharmacotherapy, and ongoing social support. The conclusion of this study emphasises the importance of early detection and appropriate intervention to prevent the long-term impact of mood disorders on the quality of life of elementary children.

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1. Introduction

Elementary school is an essential developmental period that forms the foundation of an individual's personality, emotions, and social abilities. At the age of 6-11, children are in a phase of exploration, self-concept formation, and rapid emotional development (Zhang S et al., 2018). However, not all children go through this period well. Several children experience severe emotional disorders, such as depression and mood disorders, which are often recognised and treated too late.

Depression in elementary children is a serious condition that not only affects mood, but also affects children's ability to carry out daily activities, including learning, socialising and developing life skills. According to Ang Rp, et al (2006), depression is a period of disruption of human function related to feelings of sadness, loss of energy, changes in sleep and eating patterns, anhedonia, hopelessness, and even suicidal tendencies. Depression is also associated with an imbalance of neurotransmitters such as serotonin, dopamine, and noradrenaline in the brain's limbic system (Blakemore SJ, 2019; Chang CW, et al, 2018; Zhang, et al, 2020).

Mood disorders in elementary children, including major depression, dysthymia, and bipolar disorder, have become increasingly recognised in recent decades. Previously, as reported in the literature, children were considered too young to experience major depressive feelings (Chi X, et al, 2020; Chen W, et al, 2021). However, recent data suggest that depression in elementary children is not only real but also increasing in prevalence.

Various factors contribute to the onset of depression in children. Chang CW, et al (2018) divide these causative factors into genetic, biological, psychological, and social aspects. Genetic factors play a role in increasing the risk, while psychosocial factors such as loss of a loved one, social isolation, and repeated failures worsen the condition. In addition, certain personalities, such as dependent or histrionic personalities, increase susceptibility to depression.

The impact of depression on elementary children is comprehensive, including 1) Cognitive Impact, such as difficulty concentrating, negative views of oneself and the world, and feelings of hopelessness, 2) Emotional Impact, in the form of loss of interest, drastic mood swings, sleep disturbances, and excessive fatigue, 3) Moral Impact, such as excessive feelings of guilt, low self-esteem, and difficulty making ethical decisions, 4) Social Impact, where children tend to withdraw, feel worthless, and experience social isolation, 5) Language Impact, such as delayed language development, decreased communication skills, and disorders in expressing feelings, and 6) Academic Impact, with decreased performance at school due to inability to concentrate and loss of motivation to learn (Chu XW, et al, 2019; Dong H, et al, 2019; Fan X, et al, 2019).

Handling depression in elementary children must be done holistically. Medical therapy, such as the use of antidepressants, is carried out carefully. In contrast, psychological approaches, such as individual psychotherapy, play therapy, and cognitive-behavioural therapy (CBT), have proven effective (Fan X, et al, 2019). In addition, family involvement and school environmental support play an essential role in children's recovery. Alternative approaches, such as art therapy, music therapy, and yoga, can also help children express themselves and reduce symptoms of depression.

Through a comprehensive understanding of the risk factors, symptoms, impacts, and strategies for treating depression and mood disorders in elementary children, it is hoped that parents, educators, and mental health professionals can carry out early detection and appropriate intervention. Thus, children who experience depression can get optimal support to grow and develop into emotionally and socially healthy individuals.

Previous research has often been fragmented and lacked depth in examining depression and mood disorders among students. For instance, some studies focus solely on the impacts of depression and mood disorders without providing intervention solutions, while others concentrate only on intervention strategies without presenting their impacts. Therefore, this literature review addresses both aspects to offer a more comprehensive and informative discussion.

2. Literature review

2.1 Understanding depression and mood disorders

Depression is not only experienced by adults. Children may also experience depression, which is actually a treatable illness. Depression is also defined as an illness in which feelings of distress interfere with a child's ability to function normally. About 5% of children in Indonesia suffer from depression at some point in time. Children under stress, while studying at school, are at higher risk for depression. Depression also tends to be present in their own families.

Mood disorders in children are becoming increasingly recognised, with the incidence of depression increasing dramatically in the last 40-50 years. Depression in children was rarely recognised in North America before 1970, because children were considered too young to experience the associated depression or mood disorders, guilt, and low self-esteem. In the United States, the illness has been reported to affect thousands of children under the age of 18. Children are expected to go through periods of storm and stress marked by mood swings as part of normal development.

The behaviour of depressed children is different from the behaviour of depressed adults. According to advice from psychiatrists, parents need to be aware of the signs of depression in children. A child who used to often play with his friends and could spend most of his time together, is suddenly alone and without clear interests. Things like this should make parents alert to abnormal habits and suspect that their child has a depressive disorder (Guo K, Zhang X, et al, 2021).

Depression is a period of disturbance in human function related to feelings of sadness and accompanying symptoms, including changes in sleep patterns and appetite, psychomotor, concentration, anhedonia, fatigue, feelings of hopelessness and helplessness, and suicide (Liu J, et al, 2018; Mellor D, et al, 2015; Shao R, et al, 2020). Another opinion states that depression is a condition that can be caused by a relative deficiency of one or more aminergic neurotransmitters (noradrenaline, serotonin, dopamine) at neuronal synapses in the central nervous system (especially in the limbic system) (Meng H, et al, 2013).

Depression is a mood disorder characterised by a loss of feeling of control and a subjective experience of severe distress. Mood is a pervasive internal emotional state of a person, and not affect, which is an expression of the emotional content of the moment (Shen M, et al, 2015).

2.2 Types of depression and mood disorders

There are several types of depression, such as major depression, dysthymia (mild but long-lasting depression), seasonal affective disorder, and bipolar disorder. All of these can affect children. Major depression, for example, is a serious condition characterised by feelings of sadness, worthlessness, guilt, and an inability to feel lasting happiness. Children who suffer from significant depression feel depressed almost every day. Bipolar disorder is characterised by symptoms of depression, such as sadness and helplessness, as well as excessive energy, such as explosive emotions and irritability. Bipolar disorder that is not treated by a paediatrician from childhood to adolescence can continue to develop into adulthood.

According to Shen M, et al (2015), the classification of depression and mood disorders varies greatly. Dah and Brent divide depressive disorders into three categories, namely:

2.2.1 Major depressive disorder

Feeling sad for 2 weeks, bored, or irritable, accompanied by four other symptoms according to DSM-IV criteria.

2.2.2 Dysthymic disorder

A more chronic form of depression (at least 1 year) without evidence of a major depressive episode. It is formerly called neurotic depression.

2.2.3 Bipolar affective illness or cyclothymic disorder

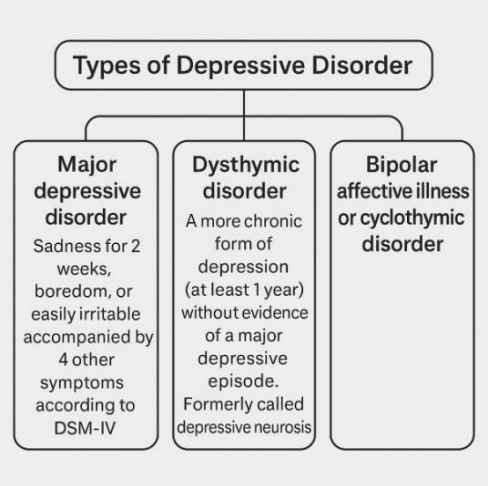

Figure 1. Classification of depression

2.3 Factors causing depression and mood disorders

Silva SA, et al (2020) stated that the factors causing depression can be artificially divided into biological factors, genetic factors, and psychological factors.

2.3.1 Genetic factors

Genetic and family studies have shown that the risk rate among first-degree relatives of individuals with major (unipolar) depression is estimated to be 2 to 3 times that of the general population. The concordance rate is approximately 11% in dizygotic twins and 14% in monozygotic twins. The genetic influence on depression is not explicitly mentioned, only that it is related to a decrease in resilience and ability to respond to stress (Shen M, et al, 2015). The ageing process is individual; thus, a person's susceptibility to disease is thought to be genetic.

2.3.2 Psychosocial factors

According to Freud in his psychodynamic theory, the cause of depression is the loss of a loved object (Shen M, et al, 2015). Several psychosocial factors are predicted to be the cause of mental disorders in the elderly, which are generally related to loss. These psychosocial factors are loss of social roles, loss of autonomy, death of friends or relatives, decreased health, increased self-isolation, financial limitations, and decreased cognitive function (Smith, K, & De Torres, 2014).

2.3.3 Personality factors

Certain personality traits found in individuals, such as dependent, anankastic, and histrionic personalities, are thought to have a high risk of developing depression. Antisocial and paranoid personalities, which use projection as a defence mechanism, have a low risk (Tang S, et al, 2020; Zheng Y et al, 2019).

2.3.4 Psychodynamic factors

Based on Freud's psychodynamic theory, the loss of a loved object can cause depression (Shen M, et al, 2015; Yue A, et al, 2018). In an attempt to understand depression, Freud postulated a relationship between loss and melancholia. He stated that the violence committed by depressed patients is directed internally due to the identification with the lost object.

2.3.5 Repeated failure factors

Experiments were conducted on animals by repeatedly exposing them to unavoidable electric shocks. The animals eventually gave up and made no further effort to avoid them. Here, a learning process occurred in which they were helpless. Similar helplessness was also found in humans who suffer from depression (Shen M, et al, 2015; Wyatt TJ, et al, 2017; Yin XQ, et al, 2017).

2.3.6 Rognitive factors

A wrong interpretation of something can distort thoughts into negative ones about life experiences, negative self-assessment, pessimism, and despair. This negative view causes feelings of depression (Shen M, et al, 2015; Silva SA, et al, 2020).

2.4 Long-term impacts of depression and anxiety disorders

Longitudinal studies have shown that depression and mood disorders beginning in elementary school have long-term consequences on children's emotional, cognitive, academic, and social development. Weissman et al. (2016), in their landmark 20 and 30-year cohort studies on the offspring of depressed parents, found that children with early-onset depression had a higher risk of recurrent depressive episodes during adolescence and adulthood, as well as comorbid anxiety and impaired psychosocial functioning.

Similarly, Copeland and colleagues (2015), through the Great Smoky Mountains Study, demonstrated that psychiatric problems in childhood, even subclinical symptoms, were strongly associated with double the risk of adverse adult outcomes such as school dropout, low income, legal issues, and relational difficulties. At the neurobiological level, Luby et al. (2016) discovered that early childhood depression was linked to a steeper decline in cortical grey matter volume and thickness during late childhood and early adolescence, particularly in regions essential for emotional regulation, which provides a mechanistic explanation for long-term vulnerability. Furthermore, Moya-Higueras et al. (2022) emphasised that adolescent depression, often persisting from childhood onset, is associated with high morbidity, suicide risk, and significant barriers to educational and occupational achievement in adulthood.

More recently, population-based studies in education have confirmed that childhood psychopathology significantly predicts poorer academic performance and less favourable educational trajectories (Sayal et al., 2020). These findings underline the importance of early detection and intervention in elementary children to prevent lasting impacts.

2.5 Prevention of depression and mood disorders

According to Tang X et al (2019), several preventive measures can be taken to prevent depression and mood disorders in children, as follows:

2.5.1 Building children's trust in their parents

The primary key in maintaining a child's mental health is to build the child's trust in their parents. This is crucial so that the child feels in a safe position and has a place to lean on and complain, so that he does not grow up to be a person who is ashamed of himself.

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2.5.2 Fostering good relationships with children

A good relationship between parents and children can prevent children from experiencing mental disorders or mood disorders. One way to build a good relationship with children is through good communication. Avoid saying sentences that hurt children's feelings and are not constructive.

2.5.3 Increase children's self-confidence

Confident children tend to be able to do many things with their abilities, always think positively, and have pride in themselves. These things are components of a healthy mentality. For children to have self-confidence, allow them to do many things and don't easily forbid them from exploring. As parents, you only need to give direction, support, and remind them when they do something wrong. (Fan.

2.5.4 Teaching children to relieve depression or mood disorders

As parents, we need to understand that depression is a normal thing to happen, including in children. Children can be depressed due to a lot of homework at school or disagreements with friends. As parents, we need to teach them how to relieve depression so that in the future, children are able to face the problems that occur to them. Be aware when your child looks depressed and invite them to stop thinking about their problems for a moment. Ask what things might make your child feel better. Teach your child this is crucial, as a calm mind is needed to solve problems effectively. (Fan X, et al., 2019; Frojd SA, et al., 2008; Wang H, et al., 2015).

2.5.5 Accustoming children to a healthy lifestyle

A healthy body also improves a child's mental health. Therefore, ensure your child always adopts a healthy lifestyle to maintain their mental health. Your child is given nutritious daily food, such as fruits, vegetables, grains, and protein-rich foods. Your children are invited to be active by exercising regularly. Children are free to choose any sport they like, but as parents, you must also pay attention to the sports your child does according to their age. In addition, make sure your child gets enough rest (Thapar A, et al, 2012; Wang H, et al, 2021).

3 Method

This study was conducted using a literature study method, namely by reviewing various relevant library sources in order to gain a deeper understanding of depression and mood disorders. The sources include scientific journals, psychology reference books, academic articles, and publications from credible mental health institutions. The data collection process was carried out by selecting literature that discusses aspects such as types of mood disorders, symptoms, causes, risk factors, and methods of handling and treatment. The analysis was carried out qualitatively to compile a comprehensive synthesis of information that can be used to understand the topic being studied. The literature study in this article follows the stages below.

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Figure 2. Stages of literature review

4 Discussion

Several quantitative studies have shown that depression and mood disorders experienced directly by children could have a broad impact on their biological, cognitive, emotional, and social development. A longitudinal study by Luby et al. (2016) found that preschool-aged children with major depressive disorder exhibited reduced volume and cortical grey matter thickness in brain regions essential for emotional regulation, and this finding remained significant after controlling for socioeconomic status. Another quantitative study by Wichstrom et al. (2014) using the Preschool and Early Childhood Functional Assessment Scale (PECFAS) revealed that childhood depression accounted for approximately 19% of the variance in functional impairments across various domains, including school functioning, social interactions, and daily activities.

Furthermore, prospective data collected by Ezpeleta et al. (2014) through the Strengths and Difficulties Questionnaire (SDQ) on more than 1,000 preschoolers indicated that emotional symptoms and their impacts remained relatively stable throughout the preschool years, suggesting that they could not be dismissed as a temporary developmental phase. Research by Li et al. (2017) also demonstrated that children with depressive symptoms exhibited broad clinical maladjustments, such as emotional problems (anxiety, loneliness, low self-esteem), internalising and externalising behaviours, poor social skills, and decreased resilience and self-control. Taken together, these findings highlight that depression in children is not merely a transient emotional issue but a condition that can leave long-term effects on brain development, adaptive functioning, and social competence, making early intervention crucial.

Based on the results of the following literature study, the impacts of depression and mood disorders on elementary school-aged children are:

4.1 Cognitive impact of depression and mood disorders

Several cognitive impacts occur in elementary children who experience depression and mood disorders, as follows:

4.1.1 It is hard to concentrate

Children who are depressed usually have difficulty concentrating. Generally, the most visible impact is difficulty concentrating and remembering. In school-age children, this concentration problem certainly harms the child's performance at school.

4.1.2 Negative views

When elementary children experience mild depression, they usually only see everything from the opposing side. Children become very pessimistic and do not dare to try anything. Elementary children who are experiencing depression can also think negatively. Children see themselves, their lives, and their environment negatively. Children also feel stupid, have no talent, are unlucky, and all other bad things.

4.1.3 Feeling useless

If a child feels that he is useless as a parent, he should be aware of it, as it is a sign of depression. Children who are depressed also always feel that they are wrong in everything.

4.1.4 Always in Despair

Children who experience depression often feel that nothing can relieve the feeling of stress that they are experiencing. For numerous children, this feeling of hopelessness even makes them think that this feeling of depression is part of themselves, because no one else experiences the same thing as they do.

4.1.5 Children often feel left out

Due to prolonged depression, children usually start to distance themselves from the crowd and their peers. Children who are depressed may choose not to have any friends at all. Children who are depressed also think that they are excluded from the environment, because they think that no one wants to be friends with them.

4.2 The impact of depression and mood disorders

Elementary school-age children who experience depression can experience significant emotional impacts. Depression in children is often seen in changes in their behaviour and emotions. Here are some common emotional effects that occur in elementary children who are depressed:

4.2.1 Loss of interest and excitement

Children who are depressed often lose interest in activities that they previously enjoyed. They may seem uninterested or unenthusiastic about playing or interacting with others.

4.2.2 Mood swings

Children with depression may experience significant mood swings. Children may display feelings of sadness, depression, anger, or irritability for no apparent reason.

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4.2.3 Feelings of hopelessness or despair

Children who are depressed may feel hopeless. Children may express these feelings through excessive crying, helplessness, or avoidance of social interactions.

4.2.4 Sleep disorders

Children who are depressed often have sleep disturbances. Children may have difficulty falling asleep, wake up during the night, or sleep too much as a form of escape from unpleasant feelings.

4.2.5 Decreased energy and fatigue

Children may experience a general decrease in energy. They may appear weak, tired, or lose interest in daily activities.

4.2.6 Decreased appetite

Depression in children can affect a child's appetite. Children may experience a decrease in appetite or loss of interest in food.

4.2.7 Concentration Disorders

Children who are depressed may have difficulty maintaining concentration. Children may have trouble focusing on tasks or activities that require deep attention.

4.3 The moral impact of depression and mood disorders

Elementary children who experience depression may experience moral impacts as a response to negative feelings and stress that they experience. Depression in children can affect their moral development as follows:

4.3.1 Excessive feelings of guilt

Children who are depressed may tend to feel guilty in situations that do not actually warrant excessive guilt. Children may internalise and magnify small mistakes or failures that they have made, and feel like they are bad and worthless people.

4.3.2 Low self-esteem

Depression can cause low self-esteem in children. Children may have negative views of themselves, feel worthless, or feel they are always wrong. This can affect a child's moral development because the child may lack the confidence to make the right decisions or resist negative pressure.

4.3.3 Difficulty empathising

Depression can interfere with a child's ability to empathise with the feelings and experiences of others. Children may focus more on their feelings and difficulties, making understanding and empathising with others difficult.

4.3.4 Vulnerability to ethical behaviour

Children with depression may be prone to unethical or rule-breaking behaviour. Children may seek attention or seek emotional fulfilment through behaviour that is inappropriate or contrary to the moral values they are taught.

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4.3.5 Inability to resolve conflict constructively

Children who are depressed may have difficulty dealing with conflict healthily and constructively. They may tend to withdraw or escalate disputes, affecting their ability to interact normally with others.

4.4 Social impact of depression and mood disorders

Depression makes it difficult for children to relate to their friends and people around them. Children often feel worthless or unworthy of attention from others. Children who experience depression or mood disorders also tend to withdraw from socialising, which causes feelings of loneliness and isolation from those around them.

4.5 The impact of language on depression and mood disorders

For depression in elementary children, the possible language impacts that may occur in children in this age range who experience depression are as follows:

4.5.1 Delayed language development

Children who are depressed may experience delays in language development. Children may have more limited abilities than children of the same age. This can affect the child's ability to communicate effectively and express feelings and needs.

4.5.2 Speech disorders

Depression in children can cause speech disorders, such as articulation disorders or disorders in understanding and using words. Children may have difficulty pronouncing words clearly or understanding verbal instructions.

4.5.3 Decreased motivation to communicate

Children with depression may experience decreased motivation to communicate. Children may be more withdrawn, avoid social interactions, or reduce participation in conversation and verbal activities.

4.5.4 Difficulty in expressing feelings

Depression can affect a child's ability to express their feelings verbally. Children may have difficulty describing the feelings of sadness, anxiety, or hopelessness they are experiencing.

4.5.5 Social interaction disorder

Depression can affect a child's ability to interact socially with peers and adults. Children who are depressed may be less enthusiastic or reluctant to engage in conversation and share experiences with others.

4.5.6 Disturbances in concentration and comprehension

Depression can affect a child's ability to concentrate and understand information well. Children may have difficulty following verbal directions, remembering information, or processing complex language.

4.6 Academic impact of depression and mood disorders

Depression or mood disorders can make it difficult for children to focus on academics. Symptoms experienced while children are at school include difficulty concentrating, lack of

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interest in lessons, fatigue, mood swings, and feelings of worthlessness and inadequacy that can interfere with children's activities while at school. A decline in a child's academic grades is sometimes a sign that a child is experiencing depression.

After knowing the impact of depression and mood disorders, the author also conducted a literature study related to the treatment of depression and mood disorders in elementary children. The following are the results of a literature study on treatments that can be taken for depression and mood disorders in elementary children:

4.7 Medical treatment

Hospitalisation should be considered according to indications, for example, the patient tends to commit suicide, or there is drug abuse or dependence 7, 10, 20. In general, patients are successfully treated with outpatient care. Once a diagnosis of major depression is made in a child, psychotherapy and medication are the therapies that must be given. However, treatment is always individual, depending on the evaluation of the child and his/her family, including personal therapy, family therapy, and consultation with the school.

4.8 Psychological treatment

Psychotherapy, the treatment of depressed populations, is generally multimodal, including children, parents, and schools, to shorten the duration of depression in children. In children with depression, cognitive and emotional development are areas that must be built through psychotherapeutic interventions. Several different psychotherapy approaches have been used and shown results, such as:

a. Individual psychotherapy
b. Play therapy
c. Insight-oriented therapy
d. Behavioural therapy
e. Life stress model
f. Cognitive psychotherapy: Hurrington et al (1998) said that cognitive behavioural therapy gives good results for mild to moderate depression, but is not yet recommended for severe categories (Derubies et al).
g. Others include group therapy, parent training, family training, remedial education, and out-of-home placement.

4.9 Behaviour management

Treating behaviour in children with depression involves a holistic and collaborative approach, involving parents, teachers, mental health professionals, and possibly other family members. Here are some general strategies that can help in treating behaviour in children with depression:

4.9.1 Open communication

Your child should be supported in talking about their feelings and experiences. Listen attentively and without judgment. Creating a safe environment for your child is needed to share their thoughts and feelings.

4.9.2 Counselling therapy

Your child should be handled by a mental health professional, such as a psychologist or child psychiatrist, who is experienced in working with children. Counselling therapy can help your

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child identify and address negative thoughts or thought patterns that may be contributing to depression. Cognitive behavioural therapy (CBT) is often used in the treatment of depression in children.

4.9.3 Parental involvement

Parents play an essential role in helping children cope with depression. They should provide emotional support, encourage children to maintain good physical health, and help them manage stress. They should also schedule time to do positive activities together, such as playing games or exercising.

4.9.4 Supportive environment

You need to make sure your child's home and school environment support recovery. Regular routines should be given, stress-management skills should be taught, and a safe, loving environment should be created for them.

4.9.5 Sports and physical activity

Physical activity can help reduce symptoms of depression in children. You must encourage your child to participate in sports or physical activities they enjoy. Exercise can increase levels of endorphins or "happy hormones" in the body, which can improve mood and reduce symptoms of depression.

4.9.6 Support network

Children should get support from family and close friends. Talk to your child's teachers about the situation so they can provide extra attention and support at school.

4.9.7 Watch for danger signs

If your child shows signs of danger, such as suicidal thoughts or attempts to harm themselves, you need to seek emergency medical help immediately or call your local crisis hotline.

4.10 Alternative treatment

In addition to the conventional coping strategies mentioned above, several alternative treatments may help children with depression. However, it is essential to note that alternative therapies should not replace medical care and consultation with a mental health professional. Here are some alternative treatments that may be helpful:

4.10.1 Art therapy

Art therapy involves using creative expression, such as painting, drawing, or crafts, to help children cope with depression and express their feelings in nonverbal ways.

4.10.2 Music therapy

Music has the power to stimulate emotions and improve mood. Music therapy can involve listening to soothing music, playing an instrument, or singing as a form of self-expression and distraction.

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4.10.3 Pet therapy

Interaction with pets like dogs or cats can provide emotional support and reduce stress. Pets can be a source of joy, love, and attention for children who are depressed.

4.10.4 Aromatherapy therapy

Using essential oils or certain scents can stimulate the sense of smell and affect a person's mood. Some scents, such as lavender or citrus, may help calm and improve a child's mood.

4.10.5 Yoga and meditation

Practising yoga and meditation can help reduce anxiety and stress and improve emotional well-being. Through yoga and meditation, children can learn relaxation techniques, deep breathing, and gentle body movements.

4.10.6 Acupuncture

Acupuncture is an alternative medicine technique using thin needles placed at specific points on the body. Numerous studies suggest that acupuncture may help reduce symptoms of depression and improve mood.

4.10.7 Herbal supplements

Several herbal supplements, such as St. John's Wort, SAMe, or omega-3 fish oils, have been linked to improved mood. However, it's essential to consult a healthcare professional before taking these supplements, especially if your child is taking other medications.

5. Conclusion and Implications

Depression and mood disorders are complex psychological problems that have a broad impact on an individual's life. These disorders affect not only the emotional condition but also the sufferer's social, physical, and productivity functions. Based on the results of literature studies, mood disorders have various causes, including biological, psychological, and environmental aspects. Effective treatment requires an integrated approach through psychotherapy, medical treatment, and social support. The community and health workers need to raise awareness of the importance of early detection and appropriate intervention to minimise the negative impacts of these disorders. With a better understanding, it is hoped that individuals who experience depression and mood disorders can get proper help and live a healthier life mentally and emotionally.

Schools need to conduct early detection of depressive symptoms and mood disorders experienced by students. This aims to prevent the negative impacts of these issues from persisting in the child. This can be achieved by organising regular collective counselling sessions for students.

Credit Authorship Contribution Statement

First Author: Methodology, Formal analysis, Data curation, Conceptualisation. **Second Authors**: Resources, Data curation, Conceptualisation

Declaration of Competing Interest

We, the authors of this article, declare that we have no conflict of interest that would prevent this article from being optimal.

Ethical Declaration

We declare that this literature review article does not violate the code of research ethics. We compiled it based on the ethics of literature review research. This study also does not use direct subjects for research. We only synthesise the results of other people's research.

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