

Original Article

Depression Screening in Orphaned Children: A Systematic Review

Eleftheria Christodoulou, MSc in Community Health Care

Nursing Department, Frederick University, Cyprus

Evanthia Asimakopoulou, RN, MSc, PhD

Lecturer, Nursing Department, Frederick University, Cyprus

Maritsa Gourni, RN, MD, PhD

Dean of the School of Health Sciences, Professor, Nursing Department, Frederick University, Cyprus

Agathi Argyriadi, Psychologist, MSc, PhD

Department of Psychology, Frederick University, Cyprus

Despina Sapountzi-Krepia, BSc, MSc, PhD

Professor, President of the Nursing Department, Frederick University, Cyprus

Vassiliki Krepia, RN, MSc, PhD

Laboratory of Integrated Health Care, Nursing Department, University of Peloponnese, Tripolis, Greece

Alexandros Argiriadis, RN, MSc, PhD

Assistant Professor, Department, Frederick University, Cyprus

Correspondence: Evanthia Asimakopoulou, 7, Y. Frederickou Str. Pallouriotisa, Nicosia 1036 Cyprus

Email: hsc.ae@frederick.ac.cy

Abstract

Background: The death of a loved one is recognized as one of the most stressful situations that can experience a person during his/her lifetime. Children are the most vulnerable people in the family when a person dies, which is the main source of care for them (like mother). Loss of parent / s in early childhood has been strongly associated with depression even in one's later adult life.

Aims: To investigate the effects and problems caused by the depression in orphans. The specific objectives include the recognition of depression, exploring the most important ways to deal effectively with depression and the role of health care professionals.

Methodology: The material for this study was made by searching studies in the electronic databases: PubMed, ProQuest, Medline and Google Scholar, showing the depression of children who have lost one or both parents and covering the period 2008-2018.

Results: Compared to general children, orphans are more exposed to negative outcomes in life such as abuse, neglect and depression. Pain, grief, suicide, despair, lack of concentration at school are many of the results of depression in an orphaned child. Children who were caregivers to younger siblings could more easily deal with the problem or at least limit it. Most of the research studies have shown that the contribution of health care professionals is necessary to address the major problems of a child who has lost one or both parents.

Conclusions: As the distinction of depression from other emotional disorders with similar symptoms, in childhood may be difficult, health care professionals are responsible for early recognition and management of depression in orphaned children.

Keywords: depression, parent loss, orphans

Introduction

The loss of a parent is consistently considered as one of the most difficult experiences for a child

across all the world. (Yamamoto, et al, 1996) According to United Nations Children's Fund (UNICEF), a child below 18 years of age, who

has lost one or both parents to any reason of death is considered as an orphan. (UNICEF, 2019) In western countries, 5% of children are orphans (Currier, Holland & Neimeyer, 2007, US Bureau of Census, 2012) and many orphan children live in Syria, who, except their injuries, they are psychologically affected by loss. (Saltaji, & Al-Nuaimi, 2016)

In an orphanage, children are more exposed to negative outcomes in life such as abuse and neglect and suffer from psychosocial issues (Sebsibe, Fekadu & Molalign, 2014) Orphans were found to suffer from behavioural and emotional problems and exhibited more-severe distress than non-orphaned children. (Kaur et al, 2018) A high prevalence of depression, anxiety, and stress as well as low self-esteem among adolescents in orphanages has been reported (Mohammadzadeh et al, 2017).

Depression is a serious mental health disorder that can affect people of all ages, including children and adolescents. The main characteristics of depression is the persistent feeling of sadness, irritability and lack of interest or satisfaction from any activity. In approximately 15-20% of patients, the disorder may develop into chronic, especially if the patient is untreated or if the treatment he or she is taking is inadequate. (Asimakopoulou & Madianos 2014)

Children with depression often experience intense and prolonged feelings of sadness, guilt, shame, and hypersensitivity to criticism. They may also experience increased kinetic activity and arousal or, in contrast, subdued mood and sometimes excessive crying. Poor mood is often accompanied by a reduction in social contacts, sadness and despair (most days of the week and for several hours of the day the child is crying and sad). Sometimes children are removed from friends and activities from which the child has enjoyed in the past. Other children experience a change in eating habits, indecision, lack of concentration, abuse and other similar incidents (Thombs et al., 2012). In childhood, the distinction of depression from other emotional disorders with similar characteristics may be difficult. Children often complain of pain or brain symptoms that may not allow comparison with depression. However, they also present symptoms such as isolation at school, inability to deal with certain situations, apathy, deficiencies,

lack of vitality and other depressive symptoms (Malhotra & Sahoo, 2018).

Depression is also the fourth stage of the Kümlier-Ross model for accepting death. It is clear that children who are depressed from the loss of one or two of their parents are difficult to understand. The process of mourning is difficult as they cannot believe that their beloved person will not be around again. The way children understand the death is basically a developmental process, from which it depends to a large extent how their mourning will be expressed (Dowdney, 2008).

First of all, death as a permanent condition is a matter of great concern to children. Children who have not reached a satisfactory level of cognitive development, perceive the absence as a journey and can't understand that the parent will not return back. (Schonfeld, 1993). The next stage is that of finality, in which in death all life's functions cease at the same time. Children give life to all objects. As they grow up, they are more likely to understand that anything that has life has an end. From this point, children have the fear that this will happen to all the loved ones (Schonfeld, 1993).

Loss of parent / s in early childhood has been strongly associated with depression even in one's later adult life. Many researchers have emphasized that separation from parents in the early years of life or actual loss of a parent consist a risk factor for depression (WHO, 2011)

Methodology

The purpose of this study is to investigate the effect and problems caused by depression on orphaned children who have lost either one or both of their parents. Individual goals are to identify ways in which depression can be recognized, to explore the most important ways to effectively deal with depression and to capture the role of health professionals in depression and their treatment for children.

In order to draw useful conclusions regarding the satisfaction of patients in rehabilitation centres, so that the researcher can rely on specific facts and lead to the following conclusions:

- Why children cannot accept the death of their parent?
- What forms of depression are there?

- How easy is it to find out that a child is depressed by its syndrome or symptom?
- How do nurses and health care professionals in general treat depressed children?

Entry criteria

- In Greek and English language.
- Having full access to content.
- From approved scientific journals.
- Articles to be dated from 2008 -2018.
- Clinical trials, epidemiological studies, prospective studies, systematic reviews

Exclusion-Limitation Criteria

- Restricted articles - abstracts / abstracts.
- Articles not available in English or Greek.
- Bibliographic reviews

Research studies, scientific journals and articles related to depression in orphaned children from one or both parents were used to prepare and complete this systematic review. The method used for the successful and broader review of this work was the search of relevant Greek and international bibliography in databases (PubMed, ProQuest, Medline and Google Scholar). The search of bibliography in the databases was done in a simple and complex and combined way (AND, OR, NOT). The key words to use are: depression, pain, loss, orphaned children in all possible associations (AND, OR, NOT).

Ethical approval: All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards.

Results

The first search resulted in 176 articles. From the first survey, 48 were blocked due to bibliographic reviews, leaving 128 for further evaluation. After careful reading of the title, another 72 investigations were rejected, and 56 studies for further evaluation were obtained. After a rational approach to the study entry and exclusion criteria, 14 articles remained, which were analysed in a subsequent step regarding the results of this study. (Table.1)The following survey shows the depiction of the systematic review steps followed from the initial search of the bibliography to the final articles included in the review. The studies are shown in details in Table 2.

The growing crisis seems to have overwhelmed many communities and weakened the ability of extended families to meet traditional expectations of child health care especially when it comes to orphaned children by either one or two parents. (Embleton et al., 2014). According to Thombs et al., (2012), nurses have a strong influence on the treatment of orphaned children with depression. Eligible diagnostic studies were presented to compare a depression detection tool to a validated diagnostic interview for major depressive disorder and reported diagnostic accuracy data.

The psychological support of children who were orphaned was investigated from Nyamukapa et al., (2010). The orphans' discomfort about existing support strategies demonstrates the lack of assistance mechanisms for these children. Another study examined potential traumatic events and related concerns as well as emotional behavior problems among 1,258 orphans. (Kathryn et al., 2011). According to Kinyanda et al. (2013), the indicators of the quality of health of orphaned children who had caregivers were quite high and their psychological state was directly influenced by the psychological support of health professionals. The prevalence of depressive disorder syndrome (DDS) in this study was 8.6% (95% CI 7.2% -10.1%) with a prevalence point of 7.6% major depression (95% CI 6.3). % -9.0%) and dysphagia of 2.1% (95% CI 1.5% -3.0%).

The purpose of another study (Klein et al., 2009) was to investigate depressive symptoms as one of the best established risk factors for the onset of complete depressive disorder syndrome. The estimated risk of escalation in complete depressive syndrome was 67%. Kidman et al., (2014) studied the effects of orphan children whose parents died of AIDS. About 40% of caregivers reported high levels of burden from orphan care.

In another study (Schaal et al., 2010) the Prolonged Grief Disorder (PGD) was examined and the grief associated with the loss due to violent death (70%). Sadness had been predicted mainly over time, since the loss, due to the violent nature of the injury, the severity of the symptoms of post-traumatic stress disorder (PTSD) and their importance were attributed to religious / spiritual beliefs. In contrast, gender, age at the time of mourning, the number of

different types of losses reported, and participation in the funeral did not affect the severity of prolonged sadness reactions (Schaal et al., 2010). Dalen et al., (2009) conducted a study to collect information on the status of children with dual orphans, from both parents. Most of the children claimed to be stigmatized

and largely ignored and excluded from their community. The children were experiencing their condition as a huge and complex problem and were significantly more likely to report physical abuse, sexual abuse and domestic violence. (Rajan et al., 2014).

Table 1. Flow chart

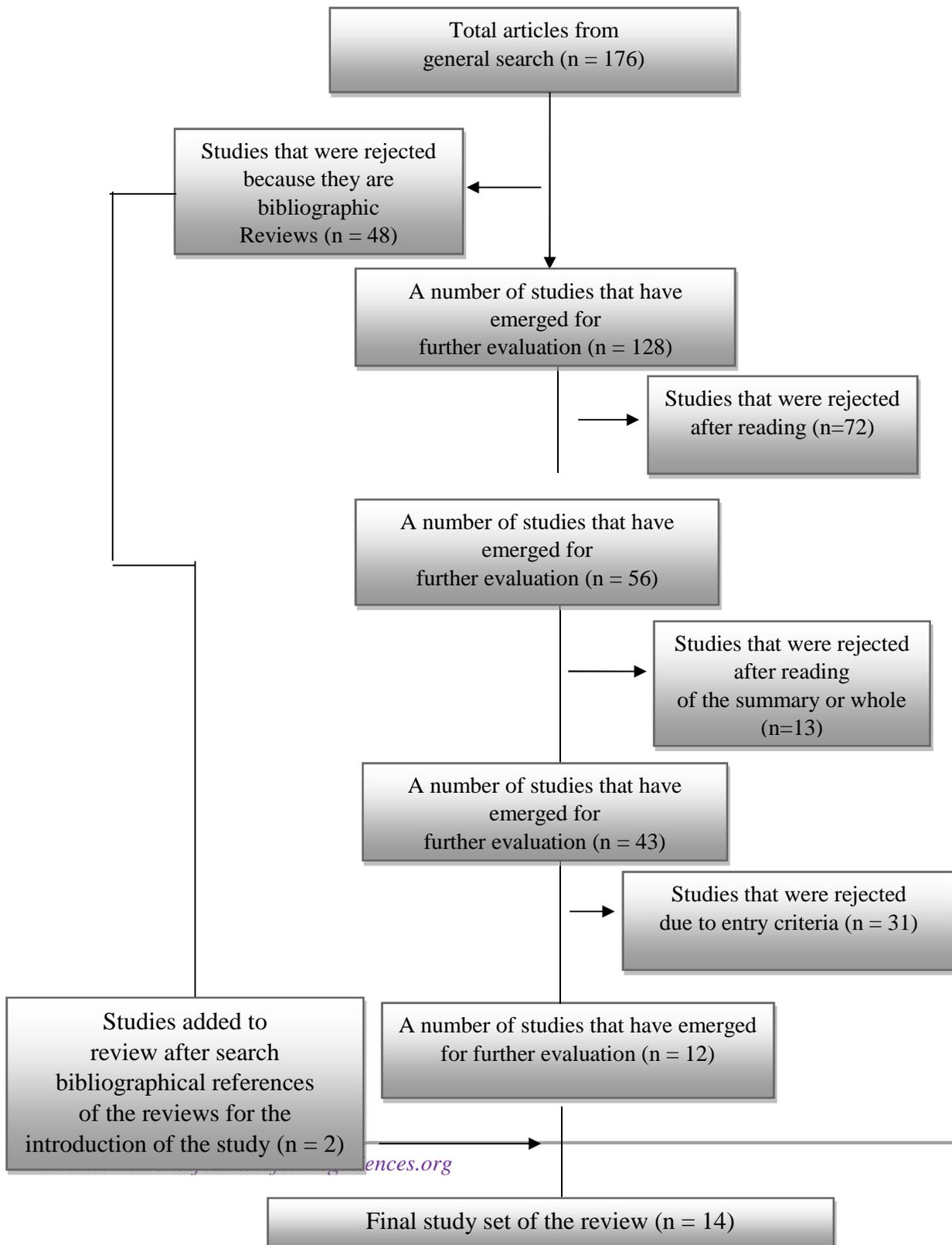


Table 2. Results table

Study	Study Title	Sample	Aim	Results
Embleton et al., (2014)	Models of care for orphaned and separated children and upholding children's rights: cross-sectional evidence from western Kenya	N= 2871 orphans	The identification and treatment of depression in orphaned children	Children experienced various symptoms of depression such as suicidal tendencies, hunger, and inactivity while a small percentage of children were completely healthy. Family care plays an important role in the normal development of children, and orphans have difficulties in their adolescence.
Thombs et al., (2012).	Depression screening and mental health outcomes in children and adolescents: a systematic review protocol	The method used was the analysis of children and adolescents aged 6 to 18 years.	To evaluate the accuracy of depression screening tools in children and adolescents and the efficacy of depression treatment	Nurses have a strong influence on the treatment of orphaned children with depression
Nyamukapa et al., (2010).	Causes and consequences of psychological distress among orphans in eastern Zimbabwe	The study was conducted using quantitative and qualitative data from East Zimbabwe.	The researchers aimed to provide psychological support to children who were orphaned	The effects of orphanage contribute to increased levels of anxiety, school distress, child labor, orphan stigmatization, orphan discrimination, and a lack of tenderness and protection from parents. More than 40% of the orphaned sample lived in households receiving external help from nurses to reduce psychological distress.
Kathryn et al., (2011).	More than the loss of a parent: potentially traumatic events among orphaned and abandoned children	N= 1.258 orphans	The aim was to identify potential traumatic events and related concerns as well as emotional behavior problems	The study found that 272 children were in good spirits as they lived in healthy homes, detached homes, and were provided with the necessary care by health professionals.
Kinyanda et al., (2013).	Prevalence and risk factors of depression in childhood and adolescence as seen in 4 districts of Uganda	N= 1587 orphaned children	The aim was to record the prevalence and risk factors of childhood and adolescent depression.	The indicators of the quality of health of orphaned children who were carers were quite high and their psychological status was directly influenced by the psychological support of health professionals.
Klein et al., (2009).	Subthreshold Depressive Disorder in Adolescents:	N= 225 orphaned adolescents	The aim was to investigate depressive disorder as one of the most	Of the 225 adolescents with depressive disorder 116 (weighted rate 46.5%) developed a complete depressive disorder syndrome

	Predictors of Escalation to Full-Syndrome Depressive Disorders		established risk factors for the onset of major depressive syndrome (MDD)	since their last follow-up (115 developed MDD and 1 developed dysmorphic disorder). The risk of escalation increased linearly with time.
Serge et al., (2010).	Nursing Care for Postpartum Depression, Part 1: Do Nurses Think they should offer both Screening and Counseling?	N= 520 nurses	The purpose of this study was to assess nursing attitudes and care about orphaned children with depressive symptoms.	The results showed that almost half of the nurses were receiving some form of counseling in a specialist training program. Less than 1.0% of the sample (n = 3) indicated that nurses were reluctant to help while the rest of the sample indicated that they even helped at home
Kidman et al., (2014)	Prevalence and factors associated with Posttraumatic Stress Disorder seven years after the conflict in three districts.	N= 726 orphans	The goal of the researchers was to study the effects of orphaned children whose parents died from AIDS	The study found that child caregivers were also directly affected as they were either financially or psychologically burdened with relieving the children
Schaal et al., (2010).	Rates and risks for prolonged grief disorder in a sample of orphaned and widowed genocide survivors	N=206 orphans	To determine the rates and risks of Prolonged Grief Disorder PGD in Rwandan orphaned children who survived the 1994 genocide	All but one person had suffered multiple losses and the majority indicated that the sadness associated with their loss was due to violent death (70%). Sadness had been predicted mainly over time, since the loss, due to the violent nature of the injury, the severity of the symptoms of post-traumatic stress disorder (PTSD) and their importance were attributed to religious / spiritual beliefs.
Dalen et al., (2009)	<i>"They don't care what happens to us"</i> . The situation of double orphans heading households in Rakai District, Uganda	The study was conducted through interviews, group discussions, observations and narratives.	The researchers aimed to gather information on the condition of children with dual orphans, both from their parents	The survey revealed that most of the children claimed to be stigmatized and largely ignored and excluded from their community. Children experienced their situation as a huge and complex problem for themselves and for the people in their villages
Hong et al., (2010)	Care arrangements of AIDS orphans and their relationship with children's psychosocial well-being in rural China	N= 296 AIDS orphans	The research examined the relationship between AIDS care and their psychosocial well-being in a sample of orphans living in rural China.	Orphaned children who lost their parents because of AIDS and had home care had better outcomes in the areas of psychosocial well-being than those in orphanages and subsequently relative care. Differences in psychosocial well-being between the three groups of children continued to exist after controlling for baseline demographic characteristics. The findings suggest that appropriate AIDS orphan care arrangements should be evaluated within the specific social and cultural context in which the orphans live.

Gray et al., (2015)	Gender (in) differences in prevalence and incidence of traumatic experiences among orphaned and separated children living in five low- and middle-income countries	N= 2837 orphans	The researchers aimed to prove the major problems of children who remained orphaned and unprotected	The survey found that a large proportion of the 2235 children who were ≥10 years of age at the start or follow-up of their age had problems with their sexual health. Physical and sexual abuse was observed due to the lack of protection they had at the highest overall annual incidence of any type of trauma.
O'Donnell et al., (2014).	Treating Unresolved Grief and Posttraumatic Stress Symptoms in Orphaned Children in Tanzania: Group-based Trauma-focused Cognitive Behavioral Therapy	N=64 orphans with PGD /PTSD	The study was designed to test the feasibility and clinical outcome of children who lost their parents focused on cognitive behavioral therapy	The results showed improvement in the score while in all post-treatment results it was maintained at 3 and 12 months. Effect sizes (Cohen's d) for onset until after treatment were 1.36 for child reported sadness symptoms 1.87 for child-reported PTS, and 1.15 for child PTS care report.
Rajan et al., (2014)	Child and Caregiver Concordance of Potentially Traumatic Events Experienced by Orphaned and Abandoned Children	N=1.269 orphans	To broaden the understanding of the major problems of the types of trauma experienced by orphaned and abandoned children.	Carers were significantly more likely than children to report natural disasters and accidents. The impact of trauma on behavior and mental health has been profound and highly effective in interventions that target childhood trauma

Discussion

The expression of mourning among children and adolescents depends on their ability to distract themselves from the mourning process itself through social and game activities. Many times when this is combined with the lack of children's verbal capacity because of their young age, things become even more complicated (Dowdney, 2008).

The first symptoms are the difficulties in expressing the child's lament especially if there is no proper support from the adults. The child's lamentation generally does not last for a certain period of time. Children easily and suddenly exchange feelings of joy and sadness without, however, implying that they have overcome the loss. Unlike adults, children may experience and express their grief and bereavement through behaviors, and are less likely to express their emotions. (Osterweis, Solomon & Green 1989). The children who suffer a loss have somatized symptoms, while some others remain at a psychological level. So, children who mourn have symptoms such as anger, suspicion, sleep and eating disorders, a decline in school performance, excessive crying and some sluggish mood (Anagnostopoulou & Chatzinikolaou, 2015). Previous regressions occur which is evident with symptoms such as diarrhea, sucking, adult dependence, nostalgia for the return of the deceased person, sense of weakness, complaints and concerns about physical ailments. Poor mood is often accompanied by a reduction in social contacts, sadness and despair (most days of the week and for several hours of the day the child is crying and sad). More "accidents" occurred in children, and especially boys, in the first year after death. It is also possible for children to experience suicidal tendencies, hunger, inactivity, while a minority of children have a good health (Embleton et al., 2014, Thombs et al., 2012).

According to Ong et al (2015), older age, lack of food, and parents' death resulted in a significantly higher level of depressive symptoms among girls, as more women are affected by depression compared to men. Moreover, children orphaned by AIDS had significantly higher depressive symptoms than the other orphaned children. (Kumar et al, 2014)

Sometimes the gender of the parent who died is an important factor that will affect the children as

well as their life. It is a fact that it is hard to lose one of the two parents, yet there is the view that the impact on children is worse when the mother is lost. According to Child Bereavement Study (Silverman, Nickman & Worden), father's death appears to be more often associated with the family's financial status, which changes after the loss. Children who lost their mother reported more emotional and behavioral problems than children who lost their father. There were also differences in self-esteem, anxiety levels and a sense of control with children who had lost their mother. Besides the gender of the parent, the child's relationship with the missing parent before the death also plays an important role in the course of mourning. According to Worden (1996), this relationship includes the degree of attachment to the deceased, the dependence on it, and the mutual interaction with it. Children who had a good relationship with the lost parent, spoke more easily about their feelings, they cried more and visited the cemetery more often than children with a less close relationship with the deceased. They also often continued to behave in ways that would please the lost parent (Worden, 1996).

It is very difficult for adults to manage children who are depressed for one, or both of their parents' death. It would be useful to take some preventative actions for children, whose parent is getting worse and dying, which is unfortunately very natural. The first thing, is to be informed about death. Children must be clearly and honestly informed about the death they are or will be facing. They need to prepare and manage their bereavement, just like adults. Sometimes, they need to say goodbye to their parent's death and this must be encouraged, as long as that the caregiver will be able to be sensitive and capable of responding with love to them.

However, there are some cases where the contribution of a mental health professional is necessary. Children who experience uncomplicated bereavement and receive adequate parenting following the death of a parent appear to be at risk of developing a mental health condition in the future (Worden, 1996). Complicated bereavement occurs when an individual fails to return to their pre-bereavement emotional and behavioral functioning. (Cutcliffe, 1998)

The incidence of depressive disorders in orphaned children is high. It is very important for health care professionals to be aware of the possibilities of treatment and help. The role of the professional is important in the event of the child having any of the following incidents or symptoms. The first indication is stress, when the child has difficulty to speak about the missing parent for a long time. Aggressive behavior, some children turn their feelings into body problems such as stomachaches, headaches, etc. Sleep difficulties, eating disorders, learning difficulties and difficulties in school that last for a long time are evidence of such symptoms. The children's tendency for self-accusation and guilt for the death of their loved one and the desire to die and the occurrence of self-destructive behaviors should also be checked immediately (Worden, 1996).

Group interventions, play therapy and cognitive behavioral therapy could be the treatment for children who experience bereavement and grief (Pfeffer, et al, 2002, Cohen, Mannarino & Deblinger 2006). Specialized treatments for orphaned children could help to reduce symptoms of anxiety, depression and posttraumatic stress. (Pfeffer et al, 2002) Also, the establishment of a tele psychiatric clinic, it might be a successful approach for children in remoted areas (Saltaji, & Al-Nuaimi, 2016) School support for orphans may help against the onset or worsening of depression symptoms over time. (Green et al, 2019). Research until now has shown how important it is to get ready for parent death consequences, predict the impact of bereavement in children's mental health and be aware of differences in children's reaction across ages and cultures (Osterweis, Solomon & Green, 1989)

Acknowledgment: The authors would like to thank all the participants in the current study.

References

- Anagnostopoulou T. & Chatzinikolaou S. (2015) Bereavement in children. Institute of Psychology and Health, Thessaloniki, Greece.
- Asimakopoulou E. & Madianos M. (2014) The Prevalence of Major Depression-PTSD Comorbidity among ICU Survivors in Five General Hospitals of Athens: A Cross-sectional Study. *Issues in Mental Health Nursing* 35:12, 954-963.
- Cohen J.A., Mannarino A.P., & Deblinger E. (2006) Treating trauma and traumatic grief in children and adolescents. The Guilford Press, New York.
- Currier J.M., Holland J.M. & Neimeyer, R.A. (2007) The effectiveness of bereavement interventions with children: A meta-analytic review of controlled outcome research. *Journal of Clinical Child and Adolescent Psychology* 36(2):253-259.
- Cutcliffe J.R. (1998) Hope, counselling and complicated bereavement reactions. *Journal of Advanced Nursing* 28(4):754-761.
- Dalen N., Nakitende A.J. & Musisi S. (2009) "They don't care what happens to us." The situation of double orphans heading households in Rakai District, Uganda *BMC Public Health* 9: 321
- Dowdney L. (2008) Children bereaved by parent or sibling death. *Normal and Abnormal Development* 7(6):270-274.
- Embleton L., Ayuku D., Kamanda A., Atwoli L., Ayaya S., Vreeman R., Nyandiko W., Gisore P., Koech J. & Braitstein P. (2014) Models of care for orphaned and separated children and upholding children's rights: cross-sectional evidence from western Kenya. *International Health and Human Rights Kenya*.
- Gray G.L., Pence B.W., Ostermann J., Whetten R., O'Donnell K., Thielman N. & Whetten K. (2015) Gender (in) differences in prevalence and incidence of traumatic experiences among orphaned and separated children living in five low- and middle-income countries. *Global Mental Health* 2: e3.
- C. L. Gray,^{1,*} B. W. Pence,^{1,2} J. Ostermann,² R. A. Whetten,² K. O'Donnell,^{2,3,4} N. M. Thielman,^{2,5} and K. Whetten^{2,6}
- Green E.P., Cho H., Gallis J. & Puffer, E.S. (2019) The impact of school support on depression among adolescent orphans: a cluster-randomized trial in Kenya. *Journal of Child Psychology and Psychiatry and Allied Disciplines* 60(1):54-62.
- Hong Y., Li X., Fang X., Zhao G., Xhao J., Xhao Q., Lin X., Zhang L. & Shanton B. (2010) Care arrangements of AIDS orphans and their relationship with children's psychosocial well-being in rural China. Oxford University Press in association with The London School of Hygiene and Tropical.
- Hung N. & Rabin L.A. (2009) Comprehending childhood bereavement by parental suicide: A critical review of research on outcomes, grief processes, and interventions. *Death Studies* 33:781-814.
- Kathryn W., Duke M., Ostermann J., Donnell K., Whetten R. & Thielman N. (2011) More than the loss of a parent: potentially traumatic events among orphaned and abandoned children. Center for Health Policy and Inequalities Research and Department of Medicine, Duke University the

- Positive Outcomes for Orphans Research Team Trauma Stress. 24(2): 174–182.
- Kaur R., Vinnakota A., Panigrahi S. & Manasa R.V. (2018) A descriptive study on behavioural and emotional problems in orphans and other vulnerable children staying in institutional homes. *Indian Journal of Psychological Medicine* 40(2):161.
- Kidman R. & Thurma T.R. (2014) Caregiver burden among adults caring for orphaned children in rural South Africa. *Vulnerable Children and Youth Studies* 9(3):234–246.
- Klein D., Stewart A., Shankaman A., Lewinsohn M. & Seeley J. (2009) Subthreshold Depressive Disorder in Adolescents: Predictors of Escalation to Full-Syndrome Depressive Disorders. *Journal of the American Academy of Child & Adolescent Psychiatry* 48(7): 703–710.
- Kinyanda E., Kizza R., Abbo C., Ndyabangi S. & Levin J. (2013) Prevalence and risk factors of depression in childhood and adolescence as seen in 4 districts of north-easter. *BMC International Health and Human Rights* 13:19.
- Kumar S.G.P., Dandona R., Kumar G.A., Ramgopal S.P., Dandona L. (2014) Depression among AIDS-orphaned children higher than among other orphaned children in southern India. *International Journal of Mental Health Systems* 8(1):13.
- Malhotra S & Sahoo S. (2018) Antecedents of depression in children and adolescents. *Industrial Psychiatry Journal* 27(1):11–16.
- Mohammadzadeh M, Awang H, Kadir Shahar H & Ismail S. (2017) Emotional health and self-esteem among adolescents in Malaysian orphanages. *Community Mental Health Journal* 18:1-9.
- Nyamukapaa C., Gregson S., Wambeb M., Mushoreb P., Lopmana B., Mupambireyib Z., Nhongob K. & Jukes M. (2010) Department of Infectious Disease Epidemiology. *Aids* impact special issue. Faculty of Medicine, Imperial College London, London, UK.
- O'Donnell K., Dorsey S., Gong W., Ostermann J., Whetten R., Cohen J.A., Itemba D., Manongi R. & Kathryn Whetten K. (2014) Treating Unresolved Grief and Posttraumatic Stress Symptoms in Orphaned Children in Tanzania: Group-based Trauma-focused Cognitive Behavioral Therapy. *Journal of Traumatic Stress* 27(6): 664–671.
- Ong K.I.C., Yi S., Tuot S., Chhoun P., Shibanuma A., Yasuoka J. & Jimba M. (2015) What are the factors associated with depressive symptoms among orphans and vulnerable children in Cambodia? *BMC Psychiatry* 15:1-8.
- Orphans | Press centre | UNICEF [Internet]. [cited 2017 June 16]. Available from: https://www.unicef.org/media/media_45279.html
- Osterweis M., Solomon F. & Green M. (1989) Bereavement: reactions, consequences, and care. National Academy Press, Washington, USA.
- Pfeffer C.R., Jiang H., Kakuma T., Hwang J. & Metsch M. (2002) Group Intervention for Children Bereaved by the Suicide of a Relative. *Journal of the American Academy of Child & Adolescent Psychiatry* 41(5):505-513.
- Rajan G. D., Shirey K., Ostermann J., Whetten R., O'Donnell K. & Whetten K. (2014) Child and Caregiver Concordance of Potentially Traumatic Events Experienced by Orphaned and Abandoned Children. *Vulnerable Children and Youth Studies* 9(3):220–233.
- Saltaji H. & Al-Nuaimi S. (2016) Do not forget the orphan children of Syria. *The Lancet* 387(10020), 745-746.
- Schaal S., Jacob N., Dusingizemungu J. & Elbert T. (2010) Rates and risks for prolonged grief disorder in a sample of orphaned and widowed genocide survivors. *BMC Psychiatry* 10:55.
- Schonfeld DJ. (1993) Talking with children about death. *Journal of Pediatric Health Care* 7(6):269-274.
- Sebsibe T., Fekadu D. & Molalign B. (2014) Psychosocial wellbeing of orphan and vulnerable children at orphanages in Gondar Town, North West Ethiopia. *Journal of Public Health and Epidemiology* 6(10):293-301.
- Segre L., O'Hara M., Arndt S. & Tatano B. (2010). Nursing Care for Postpartum Depression, Part 1: Do Nurses Think they should offer both Screening and Counseling? *MCN The American Journal of Maternal Child Nursing* 35(4): 220–225.
- Silverman P. R., Nickman S. & Worden J. W. (1992) Detachment revisited: The child's reconstruction of a dead parent. *American Journal of Orthopsychiatry* 62(4):494-503.
- Thombs B., Roseman M. & Kloda L. (2012) Depression screening and mental health outcomes in children and adolescents. Institute for Community and Family Psychiatry, Canada. 1:58
- US Bureau of Census. 2012 Suicide Deaths and Rates. DC: National Center for Health Statistics, Washington, 87-97
- Worden J.W. (1996) Children and Grief: When a parent dies. The Guilford Press. New York, USA.
- World Health Organization South-East Asia (2011). Role of the Health Sector in Promoting Early Childhood Development. Available from: http://apps.searo.who.int/PDS_DOCS/B4757.pdf?ua=1
- Yamamoto K., Davis O.L., Dylak S., Whittaker J., Marsh C. & Westhuizen P.C. van der. (1996) Across six nations: Stressful events in the lives of children. *Child Psychiatry and Human Development* 26(3):139-150.