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Mental development of children and their needs

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Abstract

Like physical health, positive mental health promotes success in life. “Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make healthy choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood.” In schools, we prioritize three critical and inter-related components of mental health: social (How we relate to others), emotional (How we feel), and behavioural (How we act) supports to promote overall well-being. Many children and students struggle with mental health challenges that impact their full access to and participation in learning, and these challenges are often misunderstood and can lead to behaviours that are inconsistent with school or program expectations.

Keywords: Mental development, physical health, psychological, behaviours, COVID-19

Introduction

The mental health crisis for children and youth in the United States has reached a critical point. The pandemic has exacerbated already alarming trends in mental health, and, without increasing the number of high-quality, evidence-based mental health services, the increased need for services for children and youth will not be met. As schools and programs return to full in-person learning in the fall, and have new resources in the American Rescue Plan's Elementary and Secondary School Emergency Relief fund (ARP ESSER), and previous rounds of ESSER funding, to support this work, there is a unique opportunity to reconceptualize how we prioritize and provide school- and program-based mental health supports, an essential component of creating nurturing educational environments for children, students, families, educators, and providers.

Congress has provided significant federal funding to assist in efforts to return to full in-person learning, but as stated in Volume 2, “for most schools, returning to the status quo will not address the full impact of COVID-19 on students’ physical and mental health; students’ social, emotional, behavioral, and educational needs; or the impact on educator and staff well-being.” As President Biden has often stated, we have an opportunity to “build back better.” One way to build back better is to intentionally integrate the current research and evidence on the importance of prevention and intervention practices to address the mental health needs of children and students.

This resource highlights seven key challenges to providing school- or program-based mental health support across early childhood, K–12 schools, and higher education settings, and also presents seven corresponding recommendations. The appendix provides additional useful information, including (a) numerous examples corresponding to the recommendations highlighting implementation efforts throughout the country; (b) a list of federal resource centers; (c) a list of resources to assist in implementing the recommendations; and (d) a summary of legislation and policy addressing the provision of social, emotional, and behavioral supports to promote mental health and well-being.

Mental Health

Like physical health, positive mental health promotes success in life. As defined by the Centers for Disease Control and Prevention (CDC), “[m]ental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make healthy choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood”.

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In schools, we prioritize three critical and inter-related components of mental health: social (How we relate to others), emotional (How we feel), and behavioral (how we act) supports to promote overall well-being. In addition, early childhood programs that actively involve families, serve children in natural contexts where possible, incorporate evidence-based interventions, and take a comprehensive approach to treatment are associated with greater improvements in mental health outcomes. School mental health services (a) broaden the reach of mental health services and (b) provide an access point for early and effective intervention in typical, everyday environments.

Mental Health Needs among Children

Even before the pandemic, the United States was experiencing a mental health crisis: the escalating mental health needs of children and youth were largely unmet due to insufficient capacity, multiple barriers to care, and disparities across populations. The COVID-19 pandemic continues to exacerbate this crisis. However, this crisis disproportionately affects populations that have been marginalized, and COVID-19 has exacerbated existing inequities and inadequacies across a range of social structures, including our nation's education system. As described below, there are population-specific mental health challenges based on school level, socio-economic and housing status, race, color, national origin.

Early Childhood

These Adverse childhood experiences (ACEs), such as maltreatment, exposure to violence, and/or substance abuse have an important impact on mental health from childhood to adolescence and can predict poor mental health across the lifespan. ACEs can present particular risk when children experience them during early childhood when brain architecture is still rapidly developing and highly sensitive to environmental adversity. Without adequate access to trauma-informed practices, some early childhood programs that serve infants, toddlers, and preschool children have struggled to systematically promote positive social, emotional, and behavioral development and adequately address manifestations of that trauma which are often perceived as challenging behaviors.

Socio-Economic and Housing Status

Nearly one in five children in the United States live in poverty, and youth from lower income households are less likely to access health care and more likely to experience significant mental health symptoms. Further, youth experiencing food insecurity or homelessness are at higher risk of mental health concerns. These challenges are heightened during the COVID-19 pandemic, with children and students losing access to academic, social, emotional, and behavioral supports and other mental health services, for example, as provided through school-based health centers, nursing services, and in-person school mental health support. Importantly, before the pandemic, these programs helped to reduce inequities in students' access to support and care, and in many cases, these connections have been lost during the pandemic. In addition, the most accessible support for children and students is available by attending school in-person, but families with lower incomes and racial minorities have been more hesitant to attend in-person schooling during the COVID-19.

Disability

Compared to children and students without disabilities, children and students with disabilities experience (a) higher rates of mental health challenges; (b) more anxiety, depression, and academic-related distress; (c) higher rates of suicide ideation and suicide attempts, and nonsuicidal self-injury; and (d) greater peer victimization (Coduti *et al.*, 2016; Fleming *et al.*, 2016; Salle *et al.*, 2018) ^[11, 12, 13]. Unique barriers to support include limited availability of resources, behaviors inconsistent with school or program expectations, family characteristics and involvement, lack of collaboration between partners and need for professional development. Further, the current approach of assessment and provision of mental health services for children and students with disabilities is poorly conceptualized and fragmented.

Conclusion

The pandemic has exacerbated already alarming trends in mental health needs of children and students. There is a unique opportunity to reconceptualize the role of schools and programs in creating nurturing environments for children, students, families, and educators to address the mental health needs and overall wellbeing of children and students. This resource highlighted seven key challenges to providing school and program mental health supports and presented seven corresponding recommendations.

References

1. Adelman H, Taylor L. Embedding mental health as schools change. University of California at Los Angeles: The Center for Mental Health in Schools & Student/Learning Supports; c2021a. <http://smhp.psych.ucla.edu/pdfdocs/mh20a.pdf>.
2. Algozzine B, Wang C, White R, Cooke N, Marr MB, Algozzine K, *et al.* Effects of multi-tier academic and behavior instruction on difficult-to-teach students. *Exceptional Children*. 2012 Oct;79(1):45-64.
3. Allday RA, Bush M, Ticknor N, Walker L. Using teacher greetings to increase speed to task engagement. *Journal of Applied Behavior Analysis*. 2011;44(2):393-396. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3120079/>
4. American College Health Association. American College Health Association-National College Health Assessment III: Reference group executive summary Spring 2021. American College Health Association; c2021. https://www.acha.org/documents/ncha/NCHA-III_SPRING-2021_REFERENCE_GROUP_EXECUTIVE_SUMMARY_updated.pdf.
5. Barrett S, Eber L, McIntosh K, Perales K, Romer N. Teaching Social-Emotional Competencies within a PBIS Framework. Washington, DC: National Center on Positive Behavioral Interventions and Supports (PBIS Center); c2018. <https://www.pbis.org/resource/teaching-social-emotionalcompetencies-within-a-pbis-framework>.
6. Bierman KL, Mathis ET, Domitrovich CE. Serving the needs of young children with social, emotional, and behavioral needs: A commentary. *School Mental Health*. 2018;10(3):254-263. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6186455/>

7. Calzada EJ, Kim Y, O’Gara JL. Skin color as a predictor of mental health in young Latinx children, *Social Science & Medicine*. 2019 Oct 1;238:112467 <https://doi.org/10.1016/j.socscimed.2019.112467>
8. Center for School Mental Health Assistance. Empirically supported interventions in school mental health. Center for Mental Health Assistance. Center on Positive Behavioral Interventions and Support; c2002.
9. Clauss-Ehlers CS, Carpio MG, Weist MD. Mental health literacy: a strategy for global adolescent mental health promotion. *Adolescent Psychiatry*. 2020;10(2):73-83.
10. Cook CR, Grady EA, Long AC, Renshaw T, Coddling RS, Fiat A, *et al*. Evaluating the impact of increasing general education teachers’ ratio of positive to negative interactions on students’ classroom behavior. *Journal of Positive Behavior Interventions*. 2017;19(2):67-77.
11. Coduti WA, Hayes JA, Locke BD, Youn SJ. Mental health and professional help-seeking among college students with disabilities. *Rehabilitation Psychology*. 2016 Aug;61(3):288.
12. Fleming-Dutra KE, Hersh AL, Shapiro DJ, Bartoces M, Enns EA, File TM, *et al*. Prevalence of inappropriate antibiotic prescriptions among US ambulatory care visits, 2010-2011. *Jama*. 2016 May 3;315(17):1864-73.
13. Salle FG, Le Stang N, Nicholson AG, Pissaloux D, Churg A, Klebe S, *et al*. New insights on diagnostic reproducibility of biphasic mesotheliomas: a multi-institutional evaluation by the international mesothelioma panel from the MESOPATH reference center. *Journal of Thoracic Oncology*. 2018 Aug 1;13(8):1189-203.