

# Child Mental Health: Clinical and Developmental Review Multidimensional Perspective

Mohammad Qasem Abdullah

Department of Counseling Psychology, University of Aleppo, Syria

**\*Corresponding author:** Mohammad Qasem Abdullah, Department of Counseling Psychology, University of Aleppo, Syria; Email: [mohammadabdullah@alepuniv.edu.sy](mailto:mohammadabdullah@alepuniv.edu.sy)

**Received date:** May 23, 2020; **Accepted Date:** June 26 2020; **Published Date:** August 03, 2020.

**Citation:** Mohammad Qasem Abdullah. Child Mental Health: Clinical and Developmental Review: Multidimensional Perspective, J. Psychology and Mental Health Care, 4(4). Doi: [10.31579/2637-8892/084](https://doi.org/10.31579/2637-8892/084)

**Copyright:** © 2020 Mohammad Qasem Abdullah, This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium provided the original author and source are credited.

## Abstract:

Mental health can be defined as the "Positive emotional, behavioral, and mental state that can be seen in higher level of personal and social adjustment in personality, signed in several attribute or aspects" According to the developmental period of children, it is important to relate the developmental tasks/ demands and psychosocial needs and demands of child's development to the aspect mental health. The study concludes that the good understanding, predicting and treating child's behavior and personality require to applicate multi-methodologies for investigating this complex behavioral phenomenon.

**Keywords:** child; mental health; clinical; developmental approach

## Introduction:

In response to the need for a coordinated approach to the delivery of mental health care in Canada, there have been significant advances within the adult mental health sector ( McLeod , Horwood, Fergusson, 2016). Despite the advances in adult mental health care in Canada, the children's mental health care system has continued to lack a comprehensive and psychometrically sound tool for integrated use across a variety of service sectors (e.g., inpatient/outpatient mental health, hospitals, youth justice sites, schools, etc.), ( Veldman, Reijneveld, Ortiz, Verhulst, Bültmann ,2014).

Mental health — an essential part of children's overall health — has a complex interactive relationship with their physical health and their ability to succeed in school, at work and in society. Both physical and mental health affect how we think, feel and act on the inside and outside (Kappahn, Morreale,, Rickert, and Walker, 2006).

Worldwide 10-20% of children and adolescents experience mental disorders. Half of all mental disorders begin by the age 14 and before. Neuropsychiaic conditions are the leading cause of disabilities in young people in all region. If untreated, these conditions severely influence child's development, their educational attainment and their potential to live fulfilling and productive lives.

Children with mental disorders face major challenges with stigma, isolation and discrimination, as well as lack of access to health care and education facilities, in violation of their fundamental human rights (WHO,2019).

An estimated 15 million of our nation's young people can currently be diagnosed with a mental health disorder. Many more are at risk of developing a disorder due to risk factors in their biology or genetics; within their families, schools, and communities; and among their peers. There is a great need for mental health professionals to provide the best

available care based on scientific evidence, good clinical expertise, and that takes into account the unique characteristics of the child or adolescent. However, it is estimated that only about 7 percent of these youth who need services receive appropriate help from mental health professionals (Dept of Health and Human Services,2001).

An estimated 15 million of our nation's young people can currently be diagnosed with a mental health disorder. Many more are at risk of developing a disorder due to risk factors in their biology or genetics; within their families, schools, and communities; and among their peers, (Ganz, and Tendulkar, 2006)

Child development involves the biological, psychological and emotional changes that occur in human beings between birth and the conclusion of adolescence. In the course of development, the individual human progresses from dependency to increasing autonomy. It is a continuous process with a predictable sequence, yet has a unique course for every child. It does not progress at the same rate and each stage is affected by the preceding developmental experiences.

Because genetic factors and events during prenatal life may strongly influence developmental changes, genetics and prenatal development usually form a part of the study of child development. Related terms include developmental psychology, referring to development throughout the lifespan, and pediatrics, the branch of medicine relating to the care of children.

This study investigates the child mental health from multi-dimensional perspective for approaching the proposes of psychological science: understanding, predicting and treating behavior.

## The significance of studding child mental health

It's estimated that around one in seven Australian kids experience mental health issues and about half of all serious mental health issues in adulthood begin before the age of 14. Mental health — an essential part

of children's overall health — has a complex interactive relationship with their physical health and their ability to succeed in school, at work and in society. Both physical and mental health affect how we think, feel and act on the inside and outside (Kapphahn, Morreale, Rickert, and Walker, 2006).

For instance, an overweight young boy who is teased about his weight may withdraw socially and become depressed and may be reluctant to play with others or exercise, which further contributes to his poorer physical health and as a result poorer mental health. These issues have long-term implications on the ability of children and youth to fulfill their potential as well as consequences for the health, education, labor and criminal justice systems of our society (McLeod, Horwood, Fergusson, 2016).

All children and youth have the right to happy and healthy lives and deserve access to effective care to prevent or treat any mental health problems that they may develop. However, there is a tremendous amount of unmet need, and health disparities are particularly pronounced for children and youth living in low-income communities, ethnic minority youth or those with special needs (Ganz, and Tendulkar, 2006, Abdullah, 2018).

It's important to recognize and treat mental illnesses in children early on. Once mental illness develops, it becomes a regular part of child's behavior. This makes it more difficult to treat.

But it's not always easy to know when your child has a serious problem. Everyday stresses can cause changes in the child's behavior. For example, getting a new brother or sister or going to a new school may cause a child to temporarily act out. On the other hand, there are many demands and needs regarding every developmental stage of childhood that should be taken place in assessing personality and behavior. Acceding to these description, it is very significant to pay attention to the personality and developmental aspects such as emotional, mental, social characteristics of the development. Warning signs that it might be a more serious problem include

- Problems in more than one setting (at school, at home, with peers)
- Changes in appetite or sleep
- Social withdrawal or fear of things he or she did not used to be not afraid of
- Returning to behaviors more common in younger children, such as bedwetting
- Signs of being upset, such as sadness or tearfulness
- Signs of self-destructive behavior, such as head-banging or suddenly getting hurt often
- Repeated thoughts of death.

To diagnose mental health problems, the clinician looks at your child's signs and symptoms, medical history, and family history. Treatments include medicines and talk psychotherapy (Abdullah, 2019).

### What is the mental health?

World Health Organization has been defined the term of "health" as:

The state of somatic, mental, and social well-being and not just the absence of disease.

According to this definition we can see tow criteria (Abdullah, 2017):

First, Health include three aspects of the development of personality: somatic/bodily, social, psychological/mental components.

Second, the health is not just absence of disorder. Regarding this statement, it is very significant to describe health as relative state in general, and psychological health in particular (Dept of Health and Human Services, 2001).

Psychologists and clinicians have been acknowledged the following criteria and aspects of the mental health:

Some researchers indicated that the following attributes have been found to be important for good mental health ( Kapphahn, Morreale, Rickert, and Walker, 2006)

- 1) Positive emotions: overall, how happy do I feel?
- 2) Engagement: taking an interest in your work and activities.
- 3) Relationships: having people in your life that you care for and who cares about you.
- 4) Meaning and purpose: feeling that what you do in life is valuable and worthwhile.
- 5) Accomplishment: feeling that what you do gives you a sense of accomplishment and makes you feel competent.
- 6) Emotional stability: feeling calm and peaceful.
- 7) Optimism: feeling positive about your life and your future.
- 8) Resilience: being able to bounce back in the face of adversity.
- 9) Self-esteem: feeling positive about oneself.
- 10) Vitality: feeling energetic, (McLeod , Horwood, Fergusson, 2016), Abdullah, 2016, APA, 2013).

The following indexes represent the behavioral aspects of positive mental health:

- Self-concept: the essential component of personality, that including self-awareness, self-acceptance, self-esteem and self-actualization.
- Adjustment/adaptation: is the behavioral reaction that make changing in the self or environment to be in equivalence and predict conflicts through lifespan
- Coping skills with stressful events.
- Development through life experiences.
- Emotional stability including self-control, self-regulation.
- Everyday function: fulfilling and productive lives including self-care, productivity and employment.
- The equivalence of abilities/capacity and aspiration, (Abdullah, 2019, Goldstein, Frosch, Davarya, and Leaf, 2007).

### Children mental health

Childhood stage is the significant period of development that constitutes the future personality characteristics, and the psychological-social-somatic needs and demands satisfaction play an important role for normal development and healthy personality. From this view point, clinical perspective of the period demands has taken place for investigating the child mental health, E.g. what is emotional or behavioral problem in one period cannot be so in another one. Enuresis is emotional and behavioral problem after third year of life but cannot term psychopathology during the period born-3 year. The second criteria are the severity of the abnormal behavior on one hand and its frequency of the other hand (Abdullah, 2016).

**Child mental health**, the complete well-being and optimal development of a child in the emotional, behavioral, social,

and cognitive domains. Children's mental health is often defined as different from adult mental health and more multifaceted because of the unique developmental milestones that children experience. Characteristics of the child (e.g., gender, genetics) are important determinants of that child's well-being. However, child mental health also includes those conditions that directly affect or modify mental health, including aspects of a child's family, community, and broader society.

The mental health problems children may experience may be reflected as difficulties in psychological and emotional development, social relationships, and behavior. When problems are persistent, are severe, and cause impaired functioning, they are defined as mental health disorders. Well-designed mental health promotion and prevention programs and interventions can enhance the well-being of children and mitigate the escalation of problems (Luton Safeguarding Children's Board, 2015).

#### **Developmental consecrations for positive mental health:**

The early years of a child's life are very important for his or her health and development. Healthy development means that children of all abilities, including those with special health care needs, are able to grow up where their social, emotional and educational needs are met. Having a safe and loving home and spending time with family—playing, singing, reading, and talking—are very important. Proper nutrition, exercise, and sleep also can make a big difference (NCBDD, 2020).

Psychologists working with children and youth are also trained to take into account developmental considerations on: Identity, Emotional, Social, Cognitive and Biological bases (McLeod, Horwood, Fergusson, 2016).

- It's important for children to have strong relationships with family and friends. Spend some time together each night around the dinner table.
- A significant person who is consistently present in a child's life plays a crucial role in helping them develop resilience (Ganz, and Tendulkar, 2006). This person—often a parent or other family member—is someone your child spends a lot of time with and knows they can turn to when they need help.
- Show your children how to solve problems.

#### **We can promote children and youth self-esteem, so that they feel good about themselves:**

- Show lots of love and acceptance.
- Praise them when they do well. Recognize their efforts as well as what they achieve.
- Ask questions about their activities and interests.
- Help them set realistic goals.

#### **Listen, and respect their feelings:**

- It's OK for children and youth to feel sad or angry. Encourage them to talk about how they feel.
- Keep communication and conversation flowing by asking questions and listening to your child. Mealtime can be a good time for talking.
- Help your child find someone to talk to if they don't feel comfortable talking to you (SPECC, 2013).

#### **Create a safe, positive home environment:**

- Be aware of your child's media use, both the content and the amount of time spent on screens. This includes TV, movies, Internet, and gaming devices. Be aware of who they might be interacting with on social media and online games.
- Be careful about discussing serious family issues—such as finances, marital problems, or illness—around your children. Children can worry about these things.

- Provide time for physical activity, play, and family activities.
- Be a role model by taking care of your own mental health: Talk about your feelings. Make time for things you enjoy (Hay, Pawlby, Sharp, Asten, Mills, Kumar Pawlby, Sharp, Asten, Mills, Kumar 2001).

#### **In difficult situations, we can help children and youth solve problems:**

- Teach your child how to relax when they feel upset. This could be deep breathing, doing something calming (such as a quiet activity they enjoy), taking some time alone, or going for a walk.
- Talk about possible solutions or ideas to improve a situation and how to make it happen. Try not to take over (Kail, Robert, 2011).

#### **Protective and risk factors:**

The impact of risk factors often leads to poor mental health outcomes in children. The presence of multiple risk factors increases a child's vulnerability to experiencing a problem. Risks may stem from premature birth and low birth weight, poor physical health, ethnicity, peer and family relationships, parental mental health status (especially the mother's), parental abuse of alcohol or drugs, and family violence.

Many experts cite socioeconomic status (i.e., parental education or income) as a strong predictor of psychological well-being.

In addition, particularly vulnerable groups of children are those who have been physically or sexually abused, those in foster care, and child refugees. Another vulnerable group of children comprises those with learning disabilities.

Children with a learning difficulty (e.g., problems in learning and understanding compared with children of the same age) are at increased risk of developing a mental health problem (Galler Harrison, Ramsey, Forde, Butler, Harrison, Ramsey, Forde, Butler 2000).

A child's well-being is influenced by a variety of protective and risk factors. Fostering psychological and emotional fitness is an important part of mental health. Children with stable mental health are able to develop emotionally and cognitively, form effective social relationships with others, and cope with problems. Protective factors are child and environmental characteristics that enhance positive mental health outcomes by protecting children and reducing the negative effects created by risk factors. Protective factors can be characterized as child, family, and community strengths that contribute to resilience (McLeod, Horwood, Fergusson, 2016). Child strengths can include healthy physical status, intelligence, and a relaxed temperament. Family strengths are those characteristic of a cohesive and supportive family (e.g., nurturing parenting style, supervision, socioeconomic advantage). Community strengths can encompass safe schools and participation in recreational activities (Veldman, Reijneveld, Ortiz, Verhulst Bultmann, 2014, ).

#### **Conclusion:**

Health is the state of efficiency, and Physical, mental, and social well-being, and not just the absence of disease. Although the absence of mental disease has been linked to the psychological health, (negative definition), current researches suggest several attributes and criteria (indexes) that should be measured objectively and subjectively (positive definition). The developmental, clinical and social view of child mental health is very significant for good understanding child personality and behavior. We encourage psychologist and clinicians to use multi-methodologies for predicting assessing and treating child behavior, in particular, longitudinal, cross-sectional and cause-effect methodologies for understanding the conditions that constituting normal and abnormal behavior of children.

## References

1. Abdulla, M.Q. (2019). Introduction to mental health. Dar Alfiker: Amman, Jourdan.
2. Abdullah, M. Q.(2017). Adolescent mental health. PPRIJ, V 2, Issue 4.
3. Abdullah M (2016). Psychopathology. University of Aleppo Publication.
4. American Psychiatric Association (2013). Diagnosis and Statistical Manual of Mental Disorders, (DSM-V). Washington
5. NCBDD, (2020). National Center on Birth Defects and Developmental Disabilities, Centers for Disease Control and Prevention.
6. Dept of Health and Human Services, (2000): Report of the Surgeon General's Conference on Children's Mental Health: A National Action Agenda.
7. Ganz, M., and Tendulkar,S., (2006). "Mental health care services for children with special health care needs and their family members: prevalence and correlates of unmet needs," *Pediatrics*, vol. 117, no. 6, pp. 2138–2148, 2006.View at: Publisher Site | Google Scholar.
8. Galler JR, Harrison RH, Ramsey F, Forde V, Butler SC; Harrison; et al (2000). "Maternal depressive symptoms affect infant cognitive development in Barbados". *Journal of Child Psychology and Psychiatry*. 41 (6): 747–757. doi:10.1111/1469-7610.00662. PMID 11039687.
9. Goldstein, A, Frosch,E., Davarya,S. and. Leaf, P. (2007).“Factors associated with a six-month return to emergency services among child and adolescent psychiatric patients,” *Psychiatric Services*, vol. 58, no. 11, pp. 1489–1492, 2007.View at: Publisher Site.
10. Hay DF, Pawlby S, Sharp D, Asten P, Mills A, Kumar R; et al. (2001). "Intellectual problems shown by 11-year-old children whose mothers had postnatal depression". *Journal of Child Psychology and Psychiatry*. 42 (7): 871–889. doi:10.1111/1469-7610.00784. PMID 11693583.
11. Kapphahn, C., Morreale,M., Rickert,V, and Walker,L. (2006).“Financing mental health services for sdolescents: s background paper,” *Journal of Adolescent Health*, vol. 39, no. 3, pp. 318–327, 2006.View at: Publisher Site | Google Scholar
12. Kail, Robert V (2011). *Children and Their Development* (6th Edition) (Mydevelopmentlab Series). Englewood Cliffs, N.J: Prentice Hall. ISBN 978-0-205-03494-9. OCLC 727047867.
13. Luton Safeguarding Children's Board (2015) What is the Graded Care Profile Tool?Archived 2015-11-21 at the Wayback Machine
14. McLeod GFH, Horwood LJ, Fergusson DM.( 2016 ). Adolescent depression, adult mental health and psychosocial outcomes at 30 and 35 years. *Psychol Med*. ;46:1401–12. doi: 10.1017/S0033291715002950. [PubMed] [CrossRef] .
15. SPECC(2013).Scottish Parliament Education and Culture Committee. Official Report, 15 January 2013, Col 1774.
16. WHO,(2019).Child and adolescent mental health.
17. Veldman K, Reijneveld SA, Ortiz JA, Verhulst FC, Bültmann U. (2014) Mental health trajectories from childhood to young adulthood affect the educational and employment status of young adults: results from the TRAILS study. *J Epidemiol Commun H*. 2015;69:588–93. doi: 10.1136/jech-2014-204421. [PubMed] [CrossRef] [Google Scholar]