Causetive Factors and Preventive Measures of Mealth Health Disorders among the Children: A Brief Review

By

Rana Tabussum Sinthiya
ID: 19346047

A thesis submitted to the School of Pharmacy in partial fulfillment of the requirements for the degree of Bachelor of Pharmacy (Hons.)

School of Pharmacy
Brac University
April 2024

Declaration

It is hereby declared that

1. The thesis submitted is my/our own original work while completing degree at Brac University.
2. The thesis does not contain material previously published or written by a third party, except where this is appropriately cited through full and accurate referencing.
3. The thesis does not contain material which has been accepted, or submitted, for any other degree or diploma at a university or other institution.
4. I/We have acknowledged all main sources of help.

Student's Full Name & Signature:

Rana Tabussum Sinthiya
19346047

Approval

The thesis/project titled “Causetive Factors and Preventive Measures of Mealth Health Disorders among the Children: A Brief Review” submitted by Rana Tabussum Sinthiya (19346047) of Summer, 2019 has been accepted as satisfactory in partial fulfillment of the requirement for the degree of Bachelor of Pharmacy (Hons.) on May 2, 2024.

Supervised By:

Supervisor:

_____

Dr. Md. Rabiul Islam
Associate Professor, School of Pharmacy
Brac University

Approved By:

Assistant Dean & Program Director:

_____

Professor Dr. Hasina Yasmin
Assistant Dean, School of Pharmacy
Brac University

Dean:

_____

Professor Dr. Eva Rahman Kabir
Dean, School of Pharmacy
Brac University

Ethics Statement

This study does not involve any human or animal trial.

Abstract

The term "child mental health problems" refers to a broad category of disorders that impact children and adolescents' emotional, psychological, and behavioral health. Among them could be conduct disorders, attention-deficit/hyperactivity disorder (ADHD), anxiety disorders, depression, and autism spectrum disorder (ASD). A child's growth, academic achievement, social interactions, and general quality of life can all be significantly and permanently impacted by such issues. The complex and multidimensional nature of child mental health issues is attributed to a confluence of biological, environmental, and psychosocial variables. To support children's mental health and well-being, preventive activities must target these variables holistically, incorporating community support, school-based treatments, positive parenting, early intervention, resilience-building, and legislative initiatives. We can reduce the likelihood of mental health issues and promote the healthy development of kids and teenagers by putting evidence-based preventative strategies into practice at several levels.

Keywords: Child Mental Health Problems; Causative Factors; Preventive Measures; Risk Factors; Protective Factors; Early Intervention

Dedication

Dedicated to my sister.

Acknowledgement

To begin with, let me express my gratitude to Allah (SWT) Almighty for all of His boundless blessings, kindness, and mercy. I am so grateful to Him for giving me the incredibly strong will, courage, patience, knowledge, wisdom, and hope I needed to complete this project. Without the assistance of numerous individuals, all of whom are sincerely acknowledged here, this study would not have been able to be finished. Above all, I would like to express my sincere gratitude to my esteemed supervisor, Dr. Rabiul Islam (Associate Professor, School of Pharmacy, Brac University), without whose guidance and support I could not have pursued this fascinating subject. His constant effort and inspiration for my project allowed me to work harder.

I am also appreciative of the teaching assistants at Brac University's pharmacy department Shafiqul Islam, Fardin Khan, Mashwiyat Samrin who have volunteered their time and assistance to me whenever I have needed it. Finally, I would like to express my gratitude to my parents for their unwavering encouragement and support throughout my entire life. They offer me the bravery and fortitude to persevere and work harder. Their unwavering love and prayers have enabled me to get this far. I sincerely thank everyone who was involved and helped me out with this.

Table of Contents

List of Tables

List of Figures

List of Acronyms

AACAP	American Academy of Child and Adolescent Psychiatry
WHO	World Health Organization
NIMH	National Institute of Mental Health
ASD	Autism Sprectum Disorders
ADHD	Attention-Deficit/Hyperactivity Disorder
PTSD	Post Traumatic Stress Disorder
OCD	Obsessive-Compulsive Disorder
CBT	Cognitive Behavioral Therapy
SNRIs	Serotonin-Norepinephrine Reuptake Inhibitors
TCA	Tricyclic Antidepressants

Chapter 1

Introduction

Child mental health refers to the emotional, psychological, and social well-being of children and adolescents. It encompasses the cognitive, emotional, and behavioral aspects of a child's development, highlighting the importance of nurturing a positive mental state during formative years. Various definitions contribute to understanding child mental health like the WHO defines mental health as a state of well-being in which every individual realizes their potential, can cope with normal life stressors, work productively, and contribute to their community. In the context of children, this emphasizes the need for a supportive environment for healthy development. Also, AACAP underscores that child mental health involves the ability to think and feel in ways that foster resilience, a positive self-concept, and satisfying relationships. It emphasizes the developmental nature of mental health in children. NIMH describes child mental health as the ability to successfully navigate life's challenges, develop healthy relationships, and adapt to changes and adversity (Alegria et al., 2010). This definition underscores the dynamic and evolving nature of mental health in children. Moreover, from a psychological standpoint, child mental health involves the presence of age-appropriate cognitive and emotional functioning, the ability to regulate emotions, and the development of social skills necessary for positive interactions. Additionally, a holistic perspective considers child mental health as an integral part of overall well-being, recognizing the interconnectedness of physical, emotional, and social elements in a child's life. Understanding child mental health involves recognizing both positive and negative aspects of development. It acknowledges the variability in individual experiences and the importance of early intervention and support systems to foster optimal mental well-being. This definition sets the foundation for exploring

causative factors and preventive measures in the subsequent sections of the literature review (Beidel & Turner, 2007).

1.1 Rationale

Child mental health problems are highly prevalent and can have profound and lasting effects on a child's development, academic performance, social relationships, and overall well-being. The increasing recognition of the prevalence of mental health issues in children underscores the urgency of understanding and addressing these problems. Untreated or inadequately addressed mental health problems in childhood can lead to persistent issues in adulthood, contributing to a range of challenges such as substance abuse, academic underachievement, and mental health disorders. Early childhood is a critical period for brain development, and interventions during this time can have a significant impact on a child's cognitive and emotional well-being. Understanding the causative factors allows for the development of targeted preventive measures that can be implemented during this formative period. Recognizing that mental health is influenced by a complex interplay of biological, environmental, genetic, and socio-economic factors necessitates a comprehensive understanding of the issues. This study aims to adopt a holistic approach to mental health, acknowledging the multifaceted nature of the problem and the need for multifaceted solutions. Also, child mental health is not only an individual concern but also a public health issue with broader societal implications. Addressing child mental health problems aligns with the broader goals of promoting public health, reducing healthcare costs, and fostering a healthy and productive society. Additionally, research on causative factors and preventive measures provides evidence-based insights that can inform the development of policies, interventions, and support systems. Policymakers, educators, healthcare professionals, and parents can benefit from a deeper understanding of effective strategies for preventing and addressing child mental health problems. Child mental health is a

complex field that requires an interdisciplinary approach, involving psychology, education, healthcare, sociology, and more. This study contributes to advancing interdisciplinary knowledge by synthesizing insights from various fields to provide a comprehensive understanding of the issue. Moreover, by exploring causative factors and preventive measures, the study contributes to raising awareness about the importance of mental health in children. Increased awareness can help reduce stigma, encourage early identification of issues, and promote a proactive approach to mental health (Beidel & Turner, 2007).

1.2 Objectives

The objectives of the study on child mental health problems, focusing on causative factors and preventive measures, are designed to guide the research and contribute to a comprehensive understanding of the issue. Here are the key objectives:

To identify causative factors by investigating and analyzing the various causative factors contributing to child mental health problems, including biological, environmental, genetic, socio-economic, and familial influences. By examining the Intersectionality of causative factors which explore how different causative factors interact and intersect, recognizing the complexity of the relationship between various influences on child mental health. Moreover, to assess the prevalence of child mental health problems, it reviews existing literature to determine the prevalence rates of different mental health problems in children, considering variations based on demographic factors, such as age, gender, and socio-economic status. It is also important to evaluate the impact of child mental health problems which examines the consequences of untreated or undetected mental health issues on academic performance, social relationships, and long-term outcomes, emphasizing the broader societal implications. Also, to identify successful preventive measures, it investigates and analyses existing preventive measures and intervention programs that have demonstrated success in promoting child mental

health. Furthermore, to examine challenges in implementation which identify and analyze challenges and barriers in the implementation of preventive measures, including issues related to stigma, resource allocation, and cultural sensitivity. Additionally, investigate and assess the effectiveness of early intervention programs, particularly those implemented in educational settings and communities, in promoting positive mental health outcomes for children to explore early intervention strategies and also investigate parental and family dynamics which explore the role of parental and family dynamics in contributing to or mitigating child mental health problems, with a focus on understanding the family as a crucial context for intervention. Examine the potential of technology and telehealth solutions in providing accessible and effective preventive measures for child mental health issues, considering the evolving landscape of healthcare delivery to assess the role of technology and telehealth. Lastly, it is important because it provides recommendations for policy and practice which synthesize findings to offer evidence-based recommendations for policymakers, educators, healthcare professionals, and parents to inform the development of policies, interventions, and support systems and it contributes to the promotion of mental health awareness by disseminating research findings and insights to the broader public, reducing stigma, and fostering a proactive approach to child mental health.

By addressing these objectives, the study aims to contribute valuable insights into the causative factors of child mental health problems and the effectiveness of preventive measures, ultimately providing a foundation for informed decision-making and action in promoting the well-being of children.

1.3 Prevalence of Child Mental Health Problems

Understanding the prevalence of child mental health problems is essential for recognizing the scope and significance of the issue. A synthesis of literature provides insights into the prevalence rates, contributing factors, and variations based on demographic considerations:

Numerous studies highlight the global prevalence of child mental health problems. According to the World Health Organization (WHO), an estimated 10-20% of children and adolescents worldwide experience mental health disorders (Binagwaho & Senga, 2021). Also, Literature reveals regional variations in the prevalence of child mental health problems. Factors such as cultural norms, socio-economic conditions, and healthcare accessibility contribute to these disparities. Moreover, prevalence rates often vary by age and gender. Some studies suggest that certain mental health disorders may manifest differently in boys and girls, with variations becoming more pronounced during adolescence. Child mental health problems frequently co-occur with other disorders. Comorbidity rates emphasize the interconnected nature of mental health issues, underscoring the need for comprehensive assessments and interventions. Also, literature indicates a correlation between socio-economic status and the prevalence of child mental health problems. Children from lower socio-economic backgrounds may face increased risk due to environmental stressors and limited access to resources. Moreover, cultural factors significantly impact the expression and recognition of mental health problems in children. Variations in cultural norms, stigma, and help-seeking behaviors contribute to diverse prevalence rates. Additionally, longitudinal studies reveal shifts in the prevalence of specific mental health disorders over time. Changing societal dynamics, advances in diagnostic criteria, and evolving awareness contribute to these trends. Furthermore, recent literature highlights emerging challenges, such as the impact of social media and digital technology on children's mental health. Understanding these contemporary influences is crucial for designing relevant

preventive measures. Despite increased awareness, underdiagnosis and undertreatment of child mental health problems persist. Stigma, lack of access to mental health services, and disparities in mental health literacy contribute to this issue. Recognizing the intersectionality of factors influencing prevalence rates, including race, ethnicity, and gender identity, is crucial for developing targeted and inclusive interventions (Costello et al., 2003).

Understanding the prevalence of child mental health problems lays the foundation for exploring causative factors and designing effective preventive measures. The literature reviewed underscores the need for a nuanced and context-specific approach to address the diverse challenges associated with child mental health.

1.4 Types of Child Mental Health Disorders

A comprehensive understanding of child mental health necessitates an exploration of various mental health disorders that can affect children and adolescents. The literature highlights a diverse range of disorders, each with its unique characteristics and implications:

Anxiety disorders, including generalized anxiety, social anxiety, and specific phobias, are prevalent among children. The literature emphasizes the impact of excessive worry, fear, and avoidance behaviors on a child's daily functioning. Also, depressive disorders manifest in children through persistent sadness, changes in appetite, sleep disturbances, and a decline in interest or pleasure. The literature underscores the significance of early detection and intervention in addressing childhood depression. Additionally, ADHD is characterized by persistent patterns of inattention, hyperactivity, and impulsivity. The literature explores the challenges faced by children with ADHD in academic, social, and familial settings. Moreover, ASD encompasses a range of developmental disorders that affect communication, social interaction, and behavior. The literature discusses the complexities of diagnosing and

supporting children with ASD. On the other side, eating disorders, such as anorexia nervosa and bulimia nervosa, can manifest in childhood and adolescence. The literature examines risk factors, early signs, and the role of socio-cultural influences in the development of these disorders. Also, conduct disorders and oppositional defiant disorders are examples of behavioral disorders that may involve aggressive behavior, rule violations, and challenges in social relationships. Literature explores the impact on family dynamics and academic achievement. Moreover, mood disorders in children include bipolar disorder and disruptive mood dysregulation disorder. The literature highlights the challenges of diagnosing and managing mood disorders in the pediatric population. Also, children exposed to trauma may develop PTSD. The literature explores the unique manifestations of trauma-related symptoms in children and effective interventions. Additionally, OCD involves intrusive thoughts and repetitive behaviors. The literature discusses the impact of OCD on a child's daily life and the importance of tailored therapeutic interventions. While rare, schizophrenia spectrum disorders can onset in adolescence. Literature examines the unique challenges in diagnosing and treating psychotic disorders in children. Learning disorders, such as dyslexia and dyscalculia, are explored in the literature with a focus on understanding the educational challenges and interventions for children with specific learning difficulties. Literature addresses intellectual developmental disorders, emphasizing the importance of early identification and comprehensive support for children with intellectual disabilities. Understanding the diverse array of child mental health disorders is crucial for tailoring interventions and preventive measures to address specific needs. The literature reviewed provides insights into the complexity and nuances associated with each disorder, contributing to a holistic understanding of child mental health challenges (Costello et al., 2003).

1.5 Causative Factors

Understanding the causative factors contributing to child mental health problems is essential for developing targeted interventions and preventive measures. The literature review explores a range of influences, acknowledging the complex interplay of biological, environmental, genetic, socio-economic, and familial factors:

In the case of biological factors, genetics, brain chemistry, and neurological factors play a significant role in child mental health. Literature discusses the heritability of certain disorders and the impact of neurotransmitter imbalances on mood and behavior (Masi et al., 2004). In the case of environmental factors, the child's immediate environment, including family dynamics, peer relationships, and school experiences, can contribute to mental health problems. Literature explores how stressors, trauma, and disruptions in the environment influence a child's well-being (Briggs-Gowan et al., 1996). Moreover, some children may have a genetic predisposition to mental health disorders. The literature reviews studies on familial patterns and genetic markers associated with specific disorders, emphasizing the importance of early identification in at-risk populations. Also, socioeconomic status can impact a child's mental health through access to resources, quality of education, and exposure to environmental stressors. Literature explores the disparities in mental health outcomes based on socio-economic factors (DiGirolamo et al., 2020). However, family relationships, parenting styles, and the overall family environment contribute significantly to child mental health. The literature delves into the impact of positive family support versus adverse family dynamics on a child's emotional well-being. Exposure to trauma, such as abuse, neglect, or witnessing violence, is a critical causative factor (Chen, Cohen, Kasen, Johnson, et al., 2006). Literature examines the long-term effects of trauma on a child's mental health and the importance of trauma-informed interventions. Cultural factors shape a child's identity and experiences,

influencing mental health outcomes. The literature reviews how cultural norms, beliefs, and stigma may impact the recognition and acceptance of mental health issues within diverse communities. Also, peer interactions and social relationships at school significantly influence a child's emotional well-being. Literature explores the role of peer support, bullying, and social isolation in contributing to or mitigating mental health problems. The literature investigates the impact of media exposure, including social media and screen time, on child mental health. Discussions encompass the potential for cyberbullying, body image issues, and the role of technology in shaping social connections (Chorpita & Daleiden, 2009). On the other side, the mental health of parents can affect a child's well-being. Literature reviews the impact of parental mental health disorders, stress, and parenting practices on the development of mental health problems in children. Early childhood experiences, including attachment patterns and the quality of caregiving, are crucial for shaping mental health outcomes. The literature explores the significance of the early years in establishing a foundation for emotional well-being (Costello et al., 2005).

By examining these causative factors, the literature provides a nuanced understanding of the multifaceted nature of child mental health problems and informs the development of preventive measures tailored to address specific risk factors.

Chapter 2

Methodology

The purpose of the current literature review is to bring together research on the child mental health including causative factors and preventive measures. A literature search was conducted using electronic databases (MEDLINE, PubMed, Web of Science, and Scopus). Due to a significant shift in the clinical characterization of the prodromal phase of major psychiatric disorders in children over the past two to three decades, available research from the past 25 years received special consideration. If all authors deemed it appropriate, additional research evidence gathered outside of this search was also reported.

Chapter 3

Treatment

Children's mental health issues are usually treated with a multimodal approach that includes support from family and caregivers, therapy, medication (if needed), and lifestyle modifications. Cognitive behavioral therapy, or CBT, is a type of treatment that assists kids in recognizing harmful thought patterns and creating coping mechanisms to control their emotions and behavior (Comer & Kendall, 2004). Play therapy is particularly beneficial for younger children as it gives them a safe and constructive outlet to express their thoughts and emotions. It also helps therapists better understand the concerns of their clients and work toward finding solutions. Including all members of the family in treatment helps enhance communication, settle disputes, and provide a nurturing atmosphere for the child. Moreover, Medication may occasionally be recommended to treat the symptoms of mental health conditions like depression, anxiety disorders, or ADHD. Medication is typically only taken into consideration if all other treatments have failed and if symptoms are very bad. Additionally, providing kids with a well-balanced diet can benefit their mental well-being. Frequent Exercise helps lessen the symptoms of ADHD, depression, and anxiety. Also, kids' mental health must create a regular bedtime routine and make sure they get enough sleep (Fazel & Stein, 2003).

Drugs for Child Mental Health Treatment

It's crucial to remember that prescribing medication to children is a complicated decision that should be made in consultation with a qualified healthcare professional when thinking about using it for child mental health treatment. Typically, this professional is a pediatrician or child psychiatrist with experience in mental health. When all other therapies, including counseling and lifestyle modifications, have failed or when a child's symptoms are severe and seriously

affecting their functioning, medication is typically taken into consideration (Greenberg et al., 2001). The following are some typical drug kinds used to treat children's mental health disorders:

Pharmacological Stimulants such as Methylphenidate, mainly used to treat Attention-Deficit/Hyperactivity Disorder (ADHD) to enhance hyperactivity, impulse control, and attention span. Examples of such medications include Ritalin and Concerta. Amphetamines, which include Adderall and Vyvanse, are used to treat ADHD symptoms in a manner akin to that of methylphenidate. Non-stimulant ADHD Medications, a selective norepinephrine reuptake inhibitor called Atomoxetine (Strattera) is used to treat ADHD, especially in situations where stimulants are not appropriate or useful (La Greca & Silverman, 2009). Drugs that are antidepressants such as SSRIs, or selective serotonin reuptake inhibitors, include sertraline (Zoloft), fluvoxamine (Luvox), and fluoxetine (Prozac). In children and adolescents, SSRIs are used to treat mood disorders such as depression, anxiety disorders, obsessive-compulsive disorder (OCD), and others. Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs): Venlafaxine (Effexor) is one example of a medication that may be prescribed for anxiety and depression. TCAs, or tricyclic antidepressants like imipramine (Tofranil) and nortriptyline (Pamelor), though less often used because of their greater side effects, may be taken into consideration for specific conditions. Drugs that are antipsychotic, Aripiprazole (Abilify) and risperidone (Risperdal): These drugs may be prescribed for kids with aggressive behavior, severe behavioral issues, or mental illnesses like schizophrenia or bipolar disorder. Mood Enhancers such as Lithium, Divalproex (Depakote), and Lamotrigine (Lamictal): These drugs can be used to treat bipolar disorder or to help kids with mood dysregulation control their emotions. Drugs that reduce anxiety as Benzodiazepines: Because of the possibility of dependence and other adverse effects, these drugs are typically not advised for use in children.

But in some extreme cases of anxiety, a doctor might prescribe clonazepam (Klonopin) or lorazepam (Ativan) for a brief period of time (Cohen et al., 1998).

Chapter 4

Results

Table 1: Mental Health Condition with Age range Based on Percentage

Mental Health Condition	Age Range	Estimated Prevalence (Current Percentage)	Estimated Prevalence (Ever Percentage)
Attention deficit/ hypersensitivity disorder	3-17	6.8	8.9
Behavior problems	3-17	3.5	4.6
Autism Spectrum Disorder	3-17	1.1	1.8
Depression	3-17	2.1	3.9
Depression	12-17	6.7	12.8

Here, as the estimated prevalence of current and ever percentage of depression in 12-17 years children, if we focus on that, after some scientific studies and research we found some percentages based on some depressive incidents in children of 12-17 years.

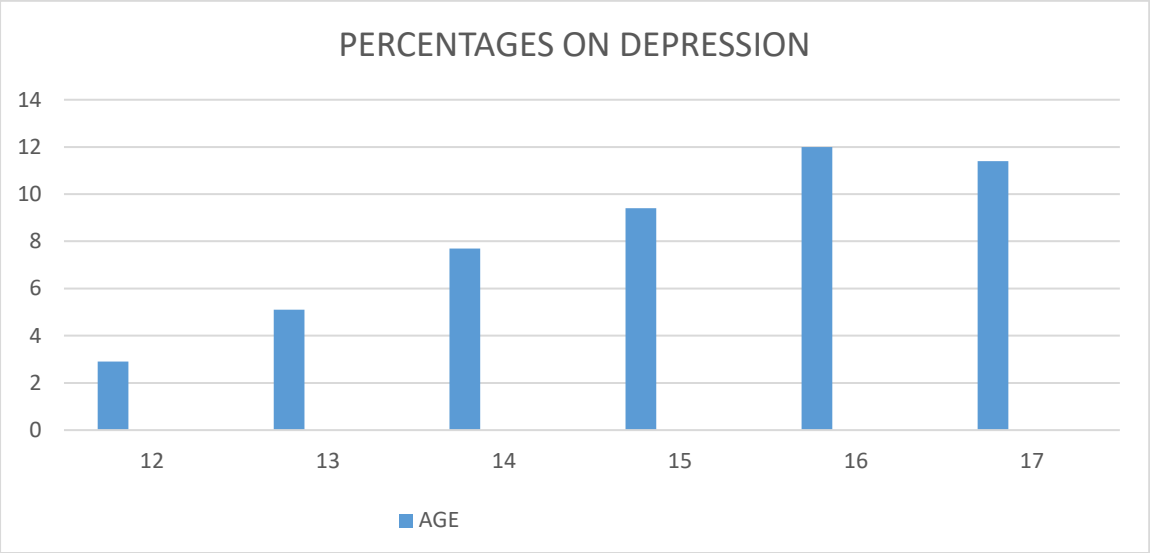

Figure 1: Percentages on Depression

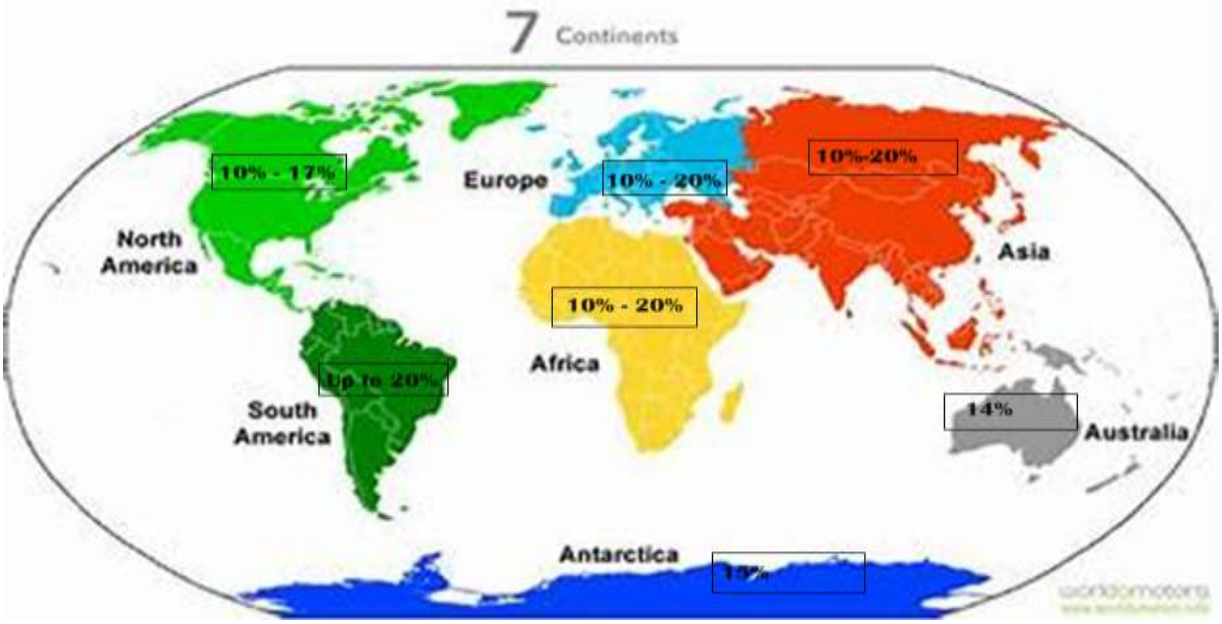

Figure 2: Child Mental Health Problems in 7 continents

Figure 3: Prevent Rising Child's Mental Health Problems

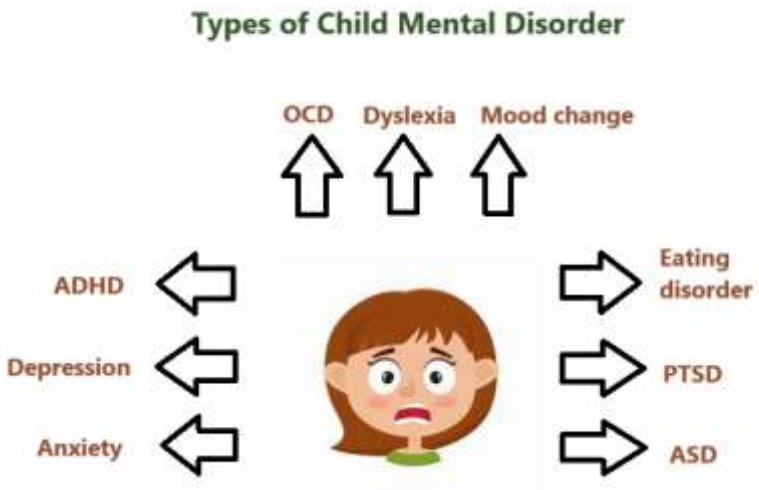

Figure 4 : Types of Child Mental Disorder

Table 2 : List of Drugs to Treat Child's Mental Health Problems

Disorder	Drugs
Attention-Deficit/Hyperactivity Disorder (ADHD)	Methylphenidate
Non-stimulant ADHD Medications	Atomoxetine
Antidepressants	Sertraline (Zoloft), fluvoxamine (Luvox), and fluoxetine (Prozac)
Aggressive behavior, severe behavioral issues, or mental illnesses like schizophrenia or bipolar disorder	Aripiprazole (Abilify) and risperidone (Risperdal)
Bipolar disorder	Lithium, Divalproex (Depakote), and Lamotrigine (Lamictal)
Anxiety	Benzodiazepines

Chapter 5

Discussion

In this systematic review, I have presented that the estimated prevalence of current and ever percentage of depression as child mental health problemsis globally high in 12-17 years children. After some scientific studies and research we found some percentages based on some depressive incidents in children of 12-17 years. The percentage of depression has increased by the increasing of age . As it is a major problem worldwide, the percentages of child mental health problems also included in this review. The causative factors and preventive measures of child mental health problems are mentioned so that it could be looked after to avoid child mental health problems .

5.1 Preventive Measures

Early intervention programs, encompassing both school-based and community initiatives, are essential components in the prevention of child mental health problems. This section critically evaluates their effectiveness by delving into key components, success factors, and associated challenges. Also, the pivotal role of parents in preventing child mental health problems is a central focus in this section. Through a comprehensive examination of parental education and support programs, the chapter analyzes their impact on fostering positive mental health outcomes in children. The discussion delves into various aspects, including parenting styles, communication strategies, and the creation of supportive home environments, as key elements in preventing mental health challenges (Chemtob et al., 2002). Through an examination of research findings and case studies, the section aims to assess the impact of parental education and support programs on promoting positive mental health outcomes in children. This includes evaluating the effectiveness of these programs in preventing or mitigating the development of

mental health challenges. Moreover, mental health awareness campaigns are very important because it examines the overarching goals of reducing stigma and increasing public awareness, with a particular emphasis on child mental health. The discussion explores the nuances of tailoring campaigns to address the unique challenges faced by children in the realm of mental health (Chen, Cohen, Kasen, & Johnson, 2006). Through this comprehensive review, the section aims to contribute insights into the evolving landscape of mental health awareness campaigns, particularly concerning child mental health. By examining successful practices and areas for improvement, it provides a foundation for advancing strategies that foster understanding, reduce stigma, and promote positive attitudes toward children's mental health. Additonally, the impact of legislative measures on preventing child mental health problems, evaluating the policies and interventions implemented at the governmental level to address mental health issues in children. The discussion spans the role of legislation in creating supportive environments, allocating resources, and fostering a framework for preventive measures. Also, the effectiveness of incorporating mental health education into school curricula as a preventive measure. It assesses how educational systems can contribute to preventive efforts by teaching students about mental health, resilience, and coping strategies. The discussion explores the challenges and benefits associated with integrating mental health topics into the formal education framework (Chen et al., 2009). The effectiveness of integrating mental health education is evaluated in terms of its long-term impact on students. This involves examining potential outcomes, including improved mental health literacy, enhanced coping skills, and the overall well-being of students as they progress through their educational journey. Moreover, the role of technology and telehealth solutions in preventing child mental health problems. It explores the use of digital platforms, apps, and telehealth services in delivering mental health support and interventions. The discussion considers the accessibility, effectiveness, and ethical considerations associated with technological approaches to

prevention. The chapter explores how technological approaches can be integrated with traditional preventive measures. It assesses the potential synergies between digital platforms, telehealth services, and other interventions such as school-based programs or legislative measures. The discussion aims to highlight the complementary role of technology in a comprehensive prevention strategy. Finally, the collaborative approaches involving schools, families, and communities to prevent child mental health problems. It assesses the impact of coordinated efforts, involving educators, parents, community organizations, and mental health professionals, in creating a comprehensive and supportive network for children's mental well-being (Kasen et al., 2007).

5.2 Limitations and Future Initiation

Findings may not be universally applicable due to variations in cultural, societal, and regional factors, limiting the generalization of certain conclusions. The study's reliability may be influenced by the availability and quality of existing data and literature on child mental health, as well as potential biases in reported information. The multifaceted nature of child mental health problems and their causative factors may present challenges in isolating and attributing specific influences, leading to a nuanced interpretation. The study may not capture the most recent developments in the field, as the understanding of child mental health is an evolving area with ongoing research. Limitations in terms of time and resources may restrict the depth of the study, potentially necessitating prioritization of certain aspects over others. Despite efforts to consider diverse cultural contexts, the study may not fully capture the intricacies of cultural influences on child mental health, requiring further exploration in dedicated studies (Hutsebaut et al., 2023). The study's exploration of technology and telehealth solutions may become outdated due to the rapid evolution of technological advancements in healthcare. Unforeseen external factors, such as global events or policy changes, may impact the relevance

and applicability of the study's recommendations. By acknowledging these scopes and limitations, the study aims to provide a nuanced and context-aware analysis of child mental health problems, causative factors, and preventive measures, while recognizing the inherent complexities and potential constraints in the research process (McGorry et al., 2006).

Chapter 6

Conclusion

In conclusion, addressing children's mental health is a social necessity as well as a medical one. The results highlight the value of comprehensive, community-centered strategies that take into account the various requirements and environments in which kids develop. Recognizing that every preventive action and intervention contributes to the collective well-being of future generations is crucial as we negotiate the difficult terrain of child mental health. To foster conditions that support children's mental health, legislators, educators, healthcare providers, and community leaders must work together in a collaborative spirit (Tahmazov et al., 2024). Failing to address child mental health has consequences that go beyond personal health to include resilience and societal advancement. As a result, let this study's conclusion serve as a call to action, a reminder that supporting children's mental health is an investment in our communities' future prosperity and harmony.

References

Alegria, M., Vallas, M., Pumariega, A. J., & Adolesc, C. (2010). Racial and Ethnic Disparities in Pediatric Mental Health KEYWORDS Ethnic Racial Disparities Youth Mental health Minorities Health care. *Psychiatric Clin N Am*, *19*, 759–774. https://doi.org/10.1016/j.chc.2010.07.001

Beidel, D. C., & Turner, S. M. (2007). Shy children, phobic adults: Nature and treatment of social anxiety disorders (2nd ed.). *Shy Children, Phobic Adults: Nature and Treatment of Social Anxiety Disorders (2nd Ed.).* https://doi.org/10.1037/11533-000

Binagwaho, A., & Senga, J. (2021). Children and Adolescent Mental Health in a Time of COVID-19: A Forgotten Priority. *Annals of Global Health*, *87*(1). https://doi.org/10.5334/AOGH.3330

Briggs-Gowan, M. J., Carter, A. S., & Schwab-Stone, M. (1996). Discrepancies among mother, child, and teacher reports: examining the contributions of maternal depression and anxiety. *Journal of Abnormal Child Psychology*, *24*(6), 749–765. https://doi.org/10.1007/BF01664738

Chemtob, C. M., Nakashima, J., & Carlson, J. G. (2002). Brief treatment for elementary school children with disaster-related posttraumatic stress disorder: A field study. *Journal of Clinical Psychology*, *58*(1), 99–112. https://doi.org/10.1002/JCLP.1131

Chen, H., Cohen, P., Crawford, T. N., Kasen, S., Guan, B., & Gorden, K. (2009). Impact of early adolescent psychiatric and personality disorder on long-term physical health: a 20-year longitudinal follow-up study. *Psychological Medicine*, *39*(5), 865–874. https://doi.org/10.1017/S0033291708004182

Chen, H., Cohen, P., Kasen, S., & Johnson, J. G. (2006). Adolescent Axis I and Personality

Disorders Predict Quality of Life During Young Adulthood. *Journal of Adolescent Health*, *39*(1), 14–19. https://doi.org/10.1016/j.jadohealth.2005.07.005

Chen, H., Cohen, P., Kasen, S., Johnson, J. G., Berenson, K., & Gordon, K. (2006). Impact of Adolescent Mental Disorders and Physical Illnesses on Quality of Life 17 Years Later. *Archives of Pediatrics & Adolescent Medicine*, *160*(1), 93–99. https://doi.org/10.1001/ARCHPEDI.160.1.93

Chorpita, B. F., & Daleiden, E. L. (2009). Mapping Evidence-Based Treatments for Children and Adolescents: Application of the Distillation and Matching Model to 615 Treatments From 322 Randomized Trials. *Journal of Consulting and Clinical Psychology*, *77*(3), 566–579. https://doi.org/10.1037/A0014565

Cohen, J. A., Bernet, W., Dunne, J. E., Adair, M., Arnold, V., Benson, R. S., Bukstein, O., Kinlan, J., McClellan, J., Rue, D., & Sloan, L. E. (1998). Practice parameters for the assessment and treatment of children and adolescents with posttraumatic stress disorder. *Journal of the American Academy of Child and Adolescent Psychiatry*, *37*(10 SUPPL.), 4S-26S. https://doi.org/10.1097/00004583-199810001-00002

Comer, J. S., & Kendall, P. C. (2004). A symptom-level examination of parent-child agreement in the diagnosis of anxious youths. *Journal of the American Academy of Child and Adolescent Psychiatry*, *43*(7), 878–886. https://doi.org/10.1097/01.chi.0000125092.35109.c5

Costello, E. J., Egger, H. L., & Angold, A. (2005). The Developmental Epidemiology of Anxiety Disorders: Phenomenology, Prevalence, and Comorbidity. *Child and Adolescent Psychiatric Clinics of North America*, *14*(4), 631–648. https://doi.org/10.1016/J.CHC.2005.06.003

Costello, E. J., Mustillo, S., Erkanli, A., Keeler, G., & Angold, A. (2003). Prevalence and

Development of Psychiatric Disorders in Childhood and Adolescence. *Archives of General Psychiatry*, *60*(8), 837–844. https://doi.org/10.1001/ARCHPSYC.60.8.837

DiGirolamo, A. M., Ochaeta, L., & Flores, R. M. M. (2020). Early Childhood Nutrition and Cognitive Functioning in Childhood and Adolescence. *Food and Nutrition Bulletin*, *41*(1_suppl), S31–S40. https://doi.org/10.1177/0379572120907763

Fazel, M., & Stein, A. (2003). Mental health of refugee children: comparative study. *BMJ*, *327*(7407), 134. https://doi.org/10.1136/BMJ.327.7407.134

Greenberg, M. T., Domitrovich, C., & Bumbarger, B. (2001). The prevention of mental disorders in school-aged children: Current state of the field. *Prevention & Treatment*, *4*(1). https://doi.org/10.1037/1522-3736.4.1.41A

Hutsebaut, J., Clarke, S. L., & Chanen, A. M. (2023). The diagnosis that should speak its name: why it is ethically right to diagnose and treat personality disorder during adolescence. *Frontiers in Psychiatry*, *14*. https://doi.org/10.3389/FPSYT.2023.1130417

Kasen, S., Cohen, P., Skodol, A. E., First, M. B., Johnson, J. G., Brook, J. S., & Oldham, J. M. (2007). Comorbid personality disorder and treatment use in a community sample of youths: a 20-year follow-up. *Acta Psychiatrica Scandinavica*, *115*(1), 56–65. https://doi.org/10.1111/J.1600-0447.2006.00842.X

La Greca, A. M., & Silverman, W. K. (2009). Treatment and Prevention of Posttraumatic Stress Reactions in Children and Adolescents Exposed to Disasters and Terrorism: What Is the Evidence? *Child Development Perspectives*, *3*(1), 4–10. https://doi.org/10.1111/J.1750-8606.2008.00069.X

Masi, G., Millepiedi, S., Mucci, M., Poli, P., Bertini, N., & Milantoni, L. (2004). Generalized anxiety disorder in referred children and adolescents. *Journal of the American Academy*

of Child and Adolescent Psychiatry, *43*(6), 752–760. https://doi.org/10.1097/01.chi.0000121065.29744.d3

McGorry, P. D., Hickie, I. B., Yung, A. R., Pantelis, C., & Jackson, H. J. (2006). Clinical staging of psychiatric disorders: a heuristic framework for choosing earlier, safer and more effective interventions. *The Australian and New Zealand Journal of Psychiatry*, *40*(8), 616–622. https://doi.org/10.1080/J.1440-1614.2006.01860.X

McCarty, C. A., & Weisz, J. R. (2007). Effects of psychotherapy for depression in children and adolescents: What we can (and can't) learn from meta-analysis and component profiling. *Journal of the American Academy of Child & Adolescent Psychiatry, 46*(7), 879–886. https://doi.org/10.1097/chi.0b013e31805467b3

Paus, T., Keshavan, M., & Giedd, J. N. (2008). Why do many psychiatric disorders emerge during adolescence? *Nature Reviews Neuroscience*, *9*(12), 947–957. https://doi.org/10.1038/nrn2513

Silverman, W. K., & Nelles, W. B. (1988). *Anxiety Disorders Interview Schedule for Children (ADIS-C)* [Database record]. APA PsycTests.https://doi.org/10.1037/t28577-000

Stice, E., Shaw, H., Bohon, C., Marti, C. N., & Rohde, P. (2009). A meta-analytic review of depression prevention programs for children and adolescents: Factors that predict magnitude of intervention effects. *Journal of Consulting and Clinical Psychology, 77*(3), 486–503. https://doi.org/10.1037/a0015168

Thapar, A., Collishaw, S., Pine, D. S., & Thapar, A. K. (2012). Depression in adolescence. *The Lancet, 379*(9820), 1056–1067. https://doi.org/10.1016/S0140-6736(11)60871-4

Tahmazov, E., Blachier, A., Nabbe, P., Guillou-Landreat, M., Walter, M., & Lemey, C. (2024).

Effect of early intervention for early-stage psychotic disorders on suicidal behaviours – a systematic review protocol. *Frontiers in Psychiatry*, *15*. https://doi.org/10.3389/FPSYT.2024.1359764/FULL

Verhulst, F. C., Koot, H. M., & Van der Ende, J. (1994). Differential predictive value of parents' and teachers' reports of children's problem behaviors: A longitudinal study. *Journal of Abnormal Child Psychology*, *22*(5), 531–546. https://doi.org/10.1007/BF02168936

Wesselhoeft, R., Sørensen, M. J., Heiervang, E. R., & Bilenberg, N. (2013). Subthreshold depression in children and adolescents–A systematic review. *Journal of Affective Disorders*, *151*(1), 7–22. https://doi.org/10.1016/j.jad.2013.06.010