

DOI: 10.4172/2472-1786.100051

Mental Health Care for Children

Arita WY Chan*

Department of Psychology, Education University of Hong Kong, China

*Corresponding author: Arita Chan, Department of Psychology, Education University of Hong Kong, China, Tel: +852-2948 8929; E-mail: awychan@eduhk.hk

Received date: Jul 24, 2017; Accepted date: Jul 28, 2017; Published date: Jul 31, 2017

Citation: Chan A, Mental Health Care for Children. J Child Dev Disord. 2017, 3:3.

Copyright: © 2017 Chan A. 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.

Introduction

Two major approaches in child and adolescent mental health care are psychoeducation and psychotherapeutic intervention. Psychoeducation focuses on increasing children's resilience and teaching them the essential life skills, which empower them to cope with life challenges and prevent them from developing mental health problems. Psychotherapeutic intervention aims to help children overcome developmental and psychological problems and to achieve optimal development. Psychoeducation and psychotherapeutic intervention have different functions, but both are critical for promoting mental health in children. This paper gives a brief account of the developmental trend of psychoeducation and psychotherapeutic intervention for children.

Social and Emotional Learning (SEL) programs are among the most common psychoeducational programs for children and adolescents. SEL programs with different contents, durations, and modes of delivery have been developed around the world. For examples, there is the 4Rs program (Reading, Writing, Respect, and Resolution), a program for preschoolers to students in eighth grade, which aims to develop social and emotional skills relating to emotional regulation, empathy, assertiveness, nonviolent and creative problem solving, respecting diversity, and coping with bullying behaviors [1,2] the Fast Track Promoting Alternative Thinking Strategies (PATHS) program, a program for students in prekindergarten through sixth grade, which aims to promote nonviolent conflict-solving skills, effective emotional management, empathy, and responsible decision making [3]; and the Positive Action program, a program designed to cultivate healthy self-concepts in students by helping them to establish positive behaviors for body and mind and fostering their self-management and social skills [4].

Despite the diversities in contents and structures among the different SEL programs, the Collaborative for Academic, Social, and Emotional Learning [5] has identified five SEL core competencies in all effective SEL programs: self-awareness, self-management, social awareness, relationship skills, and responsible decision making. The systematic review conducted by CASEL [5] also revealed that SEL programs have been shown to be effective in promoting psychological well-being, improving academic performance, increasing positive social

behaviors, and reducing conduct problems of children and adolescents. High-quality SEL programs have been running in the United States and other countries for more than 10 years. There is international evidence supporting the effectiveness of SEL programs; however, many children and adolescents still show various psychological and behavioral problems. SEL programs are mainly preventive measures. If SEL programs were highly effective, the prevalent rates of child and adolescent mental health problems should have drastically decreased. Since many children and adolescents still suffer from mental health problems, is there any essential component missing in the current SEL programs? What kinds of learning content could enhance the existing programs? More scientific researchers are necessary to address these questions.

Social and emotional learning programs aim to prevent children and adolescents from having mental health problems; psychotherapeutic interventions aim to help them cope with and overcome mental health problems. Play therapy is one of the most commonly used therapeutic approaches in child psychotherapy. Various models of play therapy, such as child-centered play therapy, gestalt play-therapy, narrative play therapy, and the psychodynamic model, were developed. More recently, Yassenik and Gardner [6] have introduced the play therapy dimensions model, highlighting the flexibility and adaptivity of a therapist in selecting play therapy approaches. According to the dimensions model, a therapist needs to adjust the use of therapeutic approaches and techniques along two continuous dimensions—the consciousness level and the directness level—based on the needs of the child. Emphasizing the process of change in child psychotherapy [7] has invented the model of Sequentially Planned Integrative Counseling for Children (the SPICC model). The SPICC model is an integrative approach to psychotherapy, and it suggests a sequential use of psychotherapeutic models. In the SPICC model, the whole therapeutic process falls into five stages, each requiring a therapist use a different psychotherapeutic approach, including client-centered approach, gestalt psychotherapy, narrative therapy, cognitive behavior therapy, or behavior therapy, to address the needs of the child and to elicit the therapeutic changes relevant to the particular stage [7].

Although different therapeutic models might have dissimilarities in treatment planning and use of techniques,

they still share similar fundamental treatment goals, namely enabling children to cope effectively with painful experiences, realize personal strengths and accept personal shortcomings, develop positive feelings towards self, achieve self-congruence, diminish destructive behaviors, function adaptively in daily life, and achieve optimal development. As the integrative and flexible use of various therapeutic models is the contemporary trend in psychotherapy, scholars and other mental health professionals could explore more novel integrative psychotherapeutic approaches or identify new elements to develop more effective therapeutic models.

Spiritual intelligence (SI) is a newly developed concept. Rogers and Dantley [8] described SI as the foundation of thinking, forming the system and structure of human cognition. According to King and DeCicco[9], SI consists of four core elements: (a) Critical existential thinking, referring to thorough thinking about existential as well as non-existential issues relevant to oneself; (b) Personal meaning production, referring to the attribution of meanings to daily experiences and the mastery of purposes in life; (c) Transcendental awareness, referring to the recognition of the means to achieve self-transcendence; and (d) Conscious state expansion, which means being able to control when and how to reach higher consciousness. Research findings have supported a positive correlation between SI and psychological health in young people. Young people with high SI were found to achieve a better self-understanding, have a higher quality of life, and experience fewer emotional problems than students with low SI [10-12]. Since SI has a positive association with psychological health, practitioners or other mental health professionals could consider including the promotion of SI in psychoeducation and psychotherapeutic interventions. Undoubtedly, scientific studies are necessary to explore the effectiveness of including SI in psychoeducational programs and psychotherapy on promoting mental health in children and adolescents.

Children have the right to grow, develop, and live happily, yet they need proper supports, love, and care from parents, educators, and significant others. Practitioners and other relevant professionals must collaborate to develop the best mental health services to help children flourish .

References

1. Jones SM, Brown JL, Hoglund WLG, Aber JL (2010) A school-randomized clinical trial social-emotional learning and literacy intervention: Impacts after 1 school year. *J Consult Clin Psychol* 78: 829-842.
2. Jones SM, Brown JL, Hoglund WLG, Aber JL (2011) Two-year impacts of a universal school-based social-emotional learning and literacy intervention: An experiment in translational development developmental research. *Child Dev* 82: 533-554.
3. Conduct Problems Prevention Research Group (2010) The effects of a multiyear universal social-emotional learning program: The role of student and school characteristics. *J Consult Clin Psychol* 78: 156-168.
4. Flay BR, Alfred CG (2010) The positive action program: Improving academics, behaviors, and character by teaching comprehensive skills for successful learning and living. In T. Lovat et al. (eds.) *International research handbook on values education and student well-being* pp: 471-501.
5. CASEL (2013) *Effective social and emotional learning programs: Preschool and elementary school edition*. Chicago, IL: Author.
6. Yasenik L, Gardner K (2012) *The play therapy dimensions model: A decision-making guide for integrative play therapists*. Calgary, AB: Rocky Mountain Play Therapy Institute.
7. Geldard K, Geldard D, Foo RY (2013) *Counselling children: A practical introduction* (4th edn.). London: Sage Publications.
8. Rogers J, Dantley M (2001) Invoking the spiritual in campus life and leadership. *Journal of College Student Development* 42: 589-603.
9. King DB, DeCicco TL (2009) A viable model and self-report measure of spiritual intelligence. *Int J Transpersonal Stud* 28: 68-85.
10. Hassan AA, Shabani J (2013) The mediating role of emotional intelligence between spiritual intelligence and mental health problems among Iranian adolescents. *Psychol Stud* 58: 73-79.
11. Kumar VV, Mehta M (2011) Gaining adaptive orientation through spiritual and emotional intelligence. In: Chauhan AK (ed.) *New facets of positivism*, New Delhi, India: Macmillian Publishers pp: 281-301.
12. Mustafa BA, Fatemeh G, Mohammad SAK (2012) Study of the spiritual intelligence role in predicting university students' quality of life. *Journal for the Religion of Health* 53: 79-85.