

Competency-Based Program for Delivering Child Mental Health Training

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ABSTRACT

This study presents a competency-based program aimed at addressing child mental health needs through personalized, one-on-one sessions. Focusing on competencies such as self-awareness, self-management, responsible decision-making, relationship skills, and social awareness, the program equips children with practical tools to navigate life's challenges more resiliently and sustainably. The study draws on literature that emphasizes the effectiveness of personalized interventions, and the program incorporates parental involvement and considers language proficiency to ensure inclusivity and efficacy. Findings from participant surveys indicated high satisfaction with the program, particularly in competency-focused sessions. Parents reported positive impacts on children's mental health, including improved problem-solving, emotional regulation, and interpersonal skills. The study highlights the importance of tailored interventions and instructor effectiveness in promoting positive mental health outcomes among children. Suggestions for program enhancement include expanding content and improving communication with parents to ensure better engagement.

Chapter 1: Introduction

Mental health education is an essential part of promoting wellness and resilience among the young people. Owing to the persistent failure of traditional educational programs to meet the psychological demands of children, new mental health education programs have been developed to attend to the psychological needs of children¹. This study reports on the findings associated with the administration of one such program. The incorporation of this program into the curriculum represents a departure from standard classroom models as it ensures attention is given to each individual's specific circumstances and their unique approach to dealing with challenges.

The program in question has been developed on a competency basis, focusing on the acquisition of important skills and talents relevant to mental health and emotional regulation among young people. This alternative approach goes beyond the mere provision of theoretical knowledge. Using competency-

based learning, the program is aimed at helping children to learn practical tools and strategies for them to overcome the challenges of life². Based on targeted interventions focusing on competencies; self-awareness, self-management, responsible decision-making, relationship skills, and social awareness, the program aims to equip the children with the required skills to survive in complex social and emotional environments.

A number of fundamental considerations have led to this study. First, childhood mental health education is increasingly seen as an essential part of general welfare and growth for young people. Early intervention and well-structured education in mental health have well-demonstrated effects on long-term positive psychological functionality and resilience among young individuals¹. Being able to give the knowledge and skills that are required understating emotions, coping with stressors, and handling social interactions, mental health education programs play a vital role in promoting positive mental health outcomes.

The second development, moving from classroom interventions to one-on-one sessions, signifies inclusion of differences as well as variance in the approach of learning among the children. By focusing on individual sessions guided by masters-level psychology instructors, the model program is designed to ensure personalized support that responds to individual children's needs and unique circumstances.

This can additionally be seen from the fact that the competency-based learning is based upon practical skill development and application. Compared to passive forms of learning, competency-based education actively involves children in learning and practicing necessary skills pertinent to their mental health and wellbeing. As the program focuses on developing competencies which include self-awareness, self-management, and relationship skills, the children learn how to face life's hurdles with resilience.

Chapter 2: Literature Review

2.1 Child Mental Health Education

A number of studies have demonstrated the effectiveness of educational interventions designed to address children's mental health needs and concerns. Classroom-based interventions have been the most relevant modality, which posits formal structures to work with groups of students in a classroom setting³. Research suggests that such approaches may indeed be very effective in enhancing the awareness and understanding of mental health concerns among the children, but there are restrictions related to personalized attention and customized therapies, which result in a switch to individual classes⁴.

Individually administered classes in ADHDs education among children have been seen in recent years as being quite effective. There is supporting evidence regarding positive results brought about by personalized educational interventions led by qualified professionals targeted for children. It is possible to do a more targeted assessment of needs, goal-setting, and intervention planning in individual sessions than in group-based approaches, thus allowing for better handling of specific mental health needs⁵. Positive mental health outcomes among the children are attributed to the statistically proven effectiveness of competency-based interventions in promoting key competencies including self awareness, self management, student decision making, interpersonal skills and social awareness⁶.

2.2 Parental involvement in mental health education

The contribution of parents to the support of child mental health is vital. Involving parents in mental health education programs can highly impact children's results by adding personal contact that enhances the structure and experience of learning programs⁷. Continuous parental involvement positively relates to program adherence and proficiency, thus stressing on the need to achieve coordination of parents and educators for child mental health promotion⁸. Parents' positive perceptions in regards to program content, instructor competencies, and benefits of the child further influence sustained participation and engagement⁹. Negatively perceived efficacy of educational programs among parents, on the other hand, may result in children's dropout or disengagement⁹. Thus, accounting for parental perspectives is one of the fundamental prerequisites for the creation and realization of a meaningful mental health preparation program designed for children.

2.3 Language proficiency in educational interventions

Language proficiency leads to substantial positive outcomes in regard to educational interventions, mental health programs, and education. Children's dominant language skills affect comprehension, engagement, and their ability to retain programmatic content¹⁰. Instruction modifications and adaptations that take into consideration the child's verbal abilities are therefore critical in maximizing learning gains and ensuring the availability of child development program participants with different linguistic backgrounds¹⁰.

Language diversity in education is among the pertinent elements of focus while addressing the needs of culturally and linguistically diverse populations¹¹. Some of the strategies that can be used in improving inclusivity and equity in mental health education include the utilization of programs materials that are designed to accommodate different linguistic and cultural variances¹¹. It is important to ensure training materials are adaptable, multilingual, and feature language support for this reason. Affirming linguistic differences also works to create a 'sense of belonging' and cultural competence among program participants in mental health awareness programs, thereby increasing engagement and effectiveness¹¹.

2.4 Instructor influence in 1:1 sessions

Another important point of reference pertains to the role played by instructors in individualized child mental health programs. It is the instructors' role to create optimal conditions for learning that encourage rapport, and to administer interventions effectively¹². A number of factors have been identified as contributing to instructorship effectiveness such as the rate of communication, the level of knowledge in the field of interest, empathy, and cultural competence¹³. Good instructors operating in the mental health domain for young learners typically set up an environment that is conducive for the learners, which requires one-on-one interactions and personal relationships. The literature reveals some variation in the effectiveness of instructors across competencies. Motivations for training or performance problems oriented towards technical STEM fields, for instance, are not as pliable in comparison with those in arts education¹⁴. The overall impression is that in order to assist students in approaching specific barriers that affect their mental health and wellness, teachers need to have a good understanding of the learners' backgrounds, motivations, fears, aspirations, and other intimate details that are usually only discerned via close, personal interaction¹⁵.

Chapter 3: Methodology

3.1 Participants

A number of parents participated in the study which was based on the Mental Health Education program. Insights into the sample were gathered through demographic characteristics of children and their parents. This was in terms of age, gender, grade level, and parental socio-demographic variables. The distribution of respondents by grade formed a necessary context for the interpretation of the results and evaluation of the program appropriateness for different age groups. Secondary data were sourced through language proficiency data and primary language assessments, which allowed the researcher to investigate potential factors influencing the program outcomes and perceptions.

3.2 Survey instrument

The research tool developed for this study was a structured comprehensive survey instrument that enabled parents to comment on their experience with the Mental Health Education program. The sections of the survey were devoted to different aspects including overall satisfaction, program impact, competency-specific feedback, and demographic characteristics. Questions specific to competency were added with the purpose of evaluating parents' perceptions of the program's effectiveness in addressing development of particular skills and abilities in children.

The survey applied a scale indicating satisfaction levels and likelihood to adopt the program. As such, this scale allowed measurement of perceptual data that made it possible to quantify and compare different program segments with one another. Closed ended questions were administered alongside open questions to provide qualitative information regarding parents' views on what they liked or disliked, and their suggestions for program improvement.

3.3 Data collection

Surveys were distributed to parents either electronically through email or through paper based on participant preferences and accessibility. In order for the data collection timeline to be consistent and to situate the process comfortably within the the set research timeframe, a three-week period was allocated for this specific phase of the research. The surveys were conducted during various intervals matching significant stages of the program like completion of introductory sessions, competency-focused sessions. It allowed accounting for parents' perceptions at various stages of children's involvement.

3.4 Data analysis

A quantitative analysis of satisfaction ratings was used to evaluate overall program satisfaction, marking patterns or trends across various demographic groups or program components. The statistical techniques applied to the collected survey data included the use of descriptive statistics and inferential analyses as required. The data qualitative analysis of open-ended responses was done via thematic coding and content analysis to identify common themes, sentiments and suggestions that emerged from the parents. The supplemented qualitative approach of this study provided details of the intricacies of parental understanding and reactions to the program that the quantitative findings could not adequately cover.

Chapter 4: Findings

4.1 Demographic analysis

The data obtained from the survey revealed that children aged 6 to 11 were engaged actively in the Mental Health Education program. The majority of participants fell within the grade levels of 1st to 5th, which is consistent with the program's focus on early to middle childhood education. The responses further indicated that some children spoke English as their primary language, while others speak it as a secondary language. The survey results also demonstrate a balanced gender distribution among the participants, with both male and female children actively involved in the Mental Health Education sessions.

4.2 General satisfaction and overall program impact

A key aspect of the feedback hinges on the satisfaction

with the instructors delivering the 1:1 sessions. The majority of respondents expressed contentment with the instructors' performance, citing factors such as punctuality, the ability to make learning enjoyable, and effective communication of session content. The positive comments among the respondents highlighted the instructors' dedication and their capacity to foster a positive and engaging learning environment for the children. The survey participants conveyed a consensus regarding the positive impact of the program on children's mental health. The majority of parents agreed that the sessions were beneficial, and they endorsed the program's role in helping children develop skills like problem-solving, self-compassion, mindfulness, and emotional regulation.

Parents' responses indicate a high likelihood of their children continuing to attend the Mental Health Education sessions. The positive feedback regarding the program's benefits and the instructors' effectiveness contributes to a favourable outlook for sustained participation. Another noteworthy finding is the willingness of parents to actively contribute to the program's mission of providing free mental health education. Many respondents expressed their openness to support the initiative by sharing the program on social media or organizing funding events.

4.3 Competency-based analysis

Parents generally expressed high satisfaction levels across both the Introductory Session and Competency Sessions. However, there were some variations in satisfaction ratings. While some respondents consistently reported high satisfaction across all sessions, others indicated nuanced differences based on the specific competency focus. These variations suggest that certain competencies may resonate differently with parents, influencing their overall satisfaction with the sessions. Competency Sessions, with their focused approach on specific skills (e.g., Self Awareness, Self Management, Responsible Decision Making, Relationship Skills, Social Awareness), garnered positive feedback regarding the development of targeted competencies. On the other hand, the Introductory Session, while positively received, may be perceived as a more general introduction, with parents attributing specific benefits to the competency-focused sessions.

Parents' preferences for continued attendance display a tendency to lean towards Competency Sessions. The data suggests that once introduced to the program, parents find value in the in-depth exploration of competencies, expressing a higher likelihood of their children continuing with sessions that delve into specific skill areas. Responses related to Self Awareness indicate a positive trend, with parents acknowledging the program's influence on their children's ability to understand and recognize their thoughts and emotions. The competence-specific feedback aligns with the broader satisfaction levels, affirming the program's effectiveness in fostering self-awareness skills.

In terms of Self Management, parents recognize the program's impact on their children's ability to problem-solve using their "Owl Brain" and employ the "pause - think - act" technique. This competency-specific feedback reflects positively on the program's role in enhancing self-management skills among participants. Responses related to Responsible Decision Making highlight positive perceptions, with parents noting their satisfaction with the program's influence on their children's decision-making abilities. The program appears to contribute

positively to the development of responsible decision-making skills. Furthermore, in the domain of Relationship Skills, parents express contentment with the program's impact on their children's ability to navigate interpersonal dynamics. The positive feedback suggests that the program effectively addresses relationship skill development. Responses related to Social Awareness emphasize the positive influence of the program on children's ability to practice mindfulness, enhance emotional regulation, and foster an understanding of social dynamics.

4.4 Language proficiency and program impact

Parents whose primary language is English consistently reported positive outcomes and benefits for their children. However, the analysis indicates that those with English as a secondary language may have nuanced perspectives. While the program's overall impact remains positive, variations in specific benefits and satisfaction levels highlight the importance of considering language-specific factors in tailoring the program to diverse linguistic backgrounds. Primary English speakers tended to emphasize the development of specific competencies and reported higher satisfaction across various aspects. In contrast, secondary English speakers exhibited slightly varied emphases, suggesting potential differences in expectations or interpretations of program outcomes.

4.5 Time and session length

The data suggests that, overall, parents are satisfied with the current session lengths. Preferences for longer or shorter sessions vary among parents, reflecting diverse expectations and schedules. While some parents express contentment with the current session lengths, others propose adjustments based on the specific competency being addressed.

4.6 Instructor-specific analysis

The data reveals variations in ratings, suggesting that certain instructors may excel in specific competencies or resonate more with participants. High correlations suggest that positive perceptions of instructors contribute significantly to overall program satisfaction. In addition to numerical ratings, qualitative feedback provides valuable insights into participants' experiences with instructors. Common themes, such as effective communication, enthusiasm, and ability to engage children, emerge from the responses.

4.7 Additional feedback and suggestions

Participants provided general feedback on the program structure, highlighting aspects such as the effectiveness of one-on-one sessions and the comprehensiveness of competency-focused content. Constructive suggestions for improvement include considerations for expanding program content, incorporating additional resources, and enhancing parent communication. Identifying specific areas participants found most helpful offers valuable insights into the program's strengths. Common themes include improved emotional regulation, enhanced decision-making skills, and positive changes in interpersonal relationships. Emphasizing and expanding upon these beneficial aspects can further enhance the program's impact on children's mental health.

Chapter 5: Discussion and Conclusions

The survey findings affirm that determining the age distribution of participants allows educators to introduce targeted interventions adapted to children's age group based

on their developmental needs. This approach can, by targeting material and method of delivery on both the cognitive and emotional capabilities of different generations of the target population, increase the mental health program's efficiency and audience involvement. The variety of language competence among participants emphasizes the necessity for language accommodations and resources. Responding to language infiltrates improves the accessibility of the program and guarantees an equal share of participation; thereby promoting the effectiveness and efficacy of the program across the linguistic spectrum.

The observed correlation between instructor performance and program satisfaction reveals that instructors play a very crucial role in implementing suitable interventions. Instructor training and support are a valuable investment that leads to better overall results for the program and greater sustainability. Parental satisfaction and support for the program is also a crucial consideration. By having parents involved and caring about the initiatives, the program can generate such sense of belongingness and linked persistence that increases participation and fosters the proliferation of the program. By understanding parental preferences for competency sessions, program design and delivery are continually informed. Tailoring sessions to suit the needs of parents can increase the program's relevancy and engagement, thus creating an ultimate impact on the children's mental health outcomes. Improving such competency-specific contents according to the response of parents allows the program to respond effectively in dealing with pertinent skills and competences. Parental input in the curriculum development process is one of the ways through which the program can remain respondent to changing needs and preferences, promoting constant growth.

Another important observation that can be drawn from the findings is that recognizing culture-specific expectations facilitates program adaptation and localization. By ensuring that program delivery is matched with their language preferences and expectations; the program, in so doing, can strengthen communication effectiveness and guarantee meaningful involvement among participants. For secondary speakers of English, modifications to the program certainly demands the development of interventions and language support strategies to address their needs. This can help mitigate issues related to language barriers and boost their inclusiveness and accessibility for all participants throughout the program.

Identifying varying parental preferences for session duration facilitates program setting and delivery. It allows for flexible sessions and this accommodates to different parental needs and schedules, thereby increasing ease of access to the program as well as participation by parents and children. The connection of duration of sessions with a focus on competency elements promotes the best framework for the achievement of better learning experiences and retention. On organizing sessions according to the level of complexity and depth of competency content provided by the program, the efficient use of time and the quality of results can be guaranteed.

Acknowledging instructor strengths also gives a chance for better pedagogic development and targeted mentorship opportunities. There is a possibility to utilize the instructors' competencies to identify the spots that require improvements so that, overall, the program would improve instructor effectiveness and quality. Correlation of performance of instructors with

program success delivers provides a basis for developing precise program evaluation and improvement initiatives. By linking the instructor evaluations to the program outcomes, the program, in turn, can integrate evidence-based approaches that systematically modulate the instructors' contributions and the program's impact.

Building in additional feedback improves program sensitivity and performance. Through this, the program manager can make changes and adjustments to its structure and processes in order to meet participants and affiliate demands while also taking account of suggestions and objections arising among the participants. With the inclusion of useful information for program change, progressive change and innovation can be sustained. In any case, it is necessary for the program to incorporate parents' feedback throughout and to ensure they remain relevant and up to date, in addition to incorporating research-supported best practices for school-based child mental health development initiatives.

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