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Original Research Article

Exploring Parent Perceptions of One-on-One Mental Health Education for Children

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A B S T R A C T

This study evaluated the effectiveness of one-on-one mental health education sessions for children as perceived by parents. The purpose of the study was to determine whether personalized mental health education interventions, which are designed for children, can be effective at promoting positive outcomes for this vulnerable population. A cross-sectional research design was employed, utilizing surveys that were conducted with 16 parents across six cohorts. The surveys gathered feedback from parents on the program instructors' performance, program benefits, and their willingness to endorse their children's continued participation in the program. The results indicate positive responses, with parents noting improvements in their children's emotion regulation, problem-solving skills, and overall mental well-being subsequent to completion of the one-on-one mental health education sessions. The findings suggest that integrating such sessions into primary prevention strategies could yield significant benefits, such as promoting early intervention and resilience-building. In equipping children with essential coping skills and emotional literacy, these interventions can contribute to positive long-term mental health outcomes, and they can mitigate the risks of mental health issues later in life. Some notable opportunities for further research building upon the findings of this study include exploring the scalability of one-on-one mental health education programs, and studying their potential to mitigate broader mental health challenges among young people.

Keywords: Mental health; Young people; Parental perspectives

Introduction .1

Mental health is one of the most important public health issues globally today. In adults, the lifetime prevalence rate for all mental condition is 46.4%, and in teenagers, it is 46.3%[1]. In the US, the primary causes of disability-adjusted life years are neuropsychiatric illnesses including depression and alcoholism[2]. Since many mental health disorders manifest before the age of 20, adolescence is a prime time to address mental illness. For instance, among people aged 10 to 19, suicide ranks as the third most common cause of death[3]. Barriers to mental health treatment in youth, such as mental illness stigma and mental health literacy, must be addressed in order to improve their health trajectories and prevent disability later in life, as many young people with severe mental illnesses fail to receive the specialized mental health care that they require.

Mental health promotion, according to the World Health Organization, is the process of establishing surroundings and living circumstances that promote mental health and enable individuals to lead healthy lives[4]. Among these are initiatives to maximize individuals' prospects for improved mental health. The WHO asserts that fostering an atmosphere that upholds and defends fundamental civil, political, socioeconomic, and cultural rights is essential to promoting mental health[4]. It may be challenging to sustain high levels of mental health without the safety and independence that these rights afford. In addition to the health sector, the WHO contends that mental health policy

should also include education, labor, justice, transportation, the environment, housing, and welfare[4]. Moreover, preventing mental disease includes lowering its incidence, prevalence, and recurrence, and targeting "at-risk" groups with prevention techniques is especially important as it helps keep them from developing the conditions in the first place[4]. This is important for younger populations since children acquire mental capabilities as they get older, and therefore, developing skills with the intention of fostering their wellbeing early on may have pronounced preventative implications.

Two significant factors in the lives of those with mental illness are stigma and mental health literacy. People who have mental diseases frequently experience stigma and its negative effects, which include social exclusion and diminished opportunities in life[5]. This is troubling since the stigma attached to mental illness prevents people from accessing mental health services and from sticking with them[5]. Indeed, a large number of children and teenagers report low mental health literacy and moderate to high levels of stigma associated with mental illness, underscoring the significance of mental health education for this demographic[6]. Teens frequently worry that their peers, instructors, and friends will find out that they are mentally unwell[6].

These adverse issues can be avoided with early introduction of universal interventions that improve knowledge and awareness of mental health issues. The main goal of universal interventions is to prevent diseases in all populations by lowering risk variables and/or raising preventative ones. Given the importance of school institutions in determining individual level health outcomes, schools are an ideal place to undertake universal treatments aimed at children and adolescents. Schools are a major part of young people's life and have the potential to improve their mental health by reducing the negative effects of other social factors.

Yet for some people, schools may be major causes of anxiety, stress, and sadness, which can make it harder to succeed academically. Therefore, when concentrating on promotion, it is critical to take into account the educational context as a natural setting where young people can develop their rights to agency, security, and personal freedom-while acknowledging any potential constraints. Schools are in a leading position when it comes to encouraging mental wellness. At the same time, it is important to consider the pertinent role that parents play in upholding and maintaining their children's mental health and wellbeing. Parents tend to understand the innate needs and preferences of their children, and naturally, this makes them the foremost parties in identifying potential mental problems, and in making decisions on the ideal course of prevention or treatment as it applies to their children[7]. A collaborative approach that involves parents is crucial for combating the rising incidence of mental illnesses among young people.

2. Literature Review

2.1. The role of schools in mental health promotion

Research generally agrees that schools are the best places for interventions aimed at promoting children's and adolescents' mental health and preventing mental illness. Since schools are the places where most young people may be reached and where they spend a significant amount of time, they are often touted as ideal. According to Garcia-Carrión, Villarejo-Carballido, and Villardón-Gallego (2019), schools have an impact on kids' and teens' cognitive, social, and emotional growth as well as helping to stabilize behavior[8,9] highlight a number of school-based social and emotional learning initiatives as well as mental health programs that have been widely adopted over time[9]. According to their meta-analysis, the assessment data show a substantial, quantifiable, and favorable impact on the academic, behavioral, and emotional outcomes of kids. They go on to say that there is merit in the possibility that these school-based mental health initiatives will enhance the general health of the populace in the coming years. The ideal method for implementing mental health services in schools is a tiered approach, according to the literature. These consist of school-wide promotion initiatives that involve every student and focused interventions for kids in vulnerable or at-risk groups.

To get the best results, there are a number of contrasting arguments in the literature regarding who should provide mental health promotion programs to kids and teenagers in schools. The bulk of the examined papers reported programs that were taught by school-trained teachers in the respective program. Instructors are essential to the implementation of strategies and interventions since the students' intended social and emotional development depends on the pre-existing teacher-student connections[10]. The association between these relationships and pupils' academic achievement was compared.

The literature does, however, also highlight some drawbacks to using teachers in this role, such as the possibility that their lack of a thorough comprehension of the fundamental ideas underlying the treatments will undermine their ability to carry out these programs successfully. [11] Emphasize that resource allocation may be impacted by this strategy as well[11]. They explain how teachers in modern schools are required to take on more duties in order to support students' social and emotional welfare, often with the same or occasionally less resources at their disposal[11]. They further contend that this could jeopardize how well these initiatives are delivered.

In delivering school-based mental health programs, teachers voice worries about being forced to fill the role of social workers, even though many of them lack the necessary training for it[11]. Furthermore, instructors' own perspectives on mental health and wellbeing can influence how they interpret particular techniques or interventions, which may have an impact on how they are delivered, given the subjective nature of the topic[11]. It is critical that school-based mental health intervention activities align with teachers' current knowledge and skills and/or that instructors who are expected to implement them receive the proper professional development. [11]The treatments should support other elements of the school curriculum and lessen, not increase, the workload that mental health interventions place on classroom teachers. Furthermore, data show that not all employees are able or willing to engage in continuing monitoring and training to keep up their skills for delivering mental health programs[12]. When it comes to social workers, school counselors, and school psychologists, their work with teachers as the program's delivery partners has been essentially defined as successful in assisting with the implementation of mental health initiatives[12]. Their responsibilities include helping administrative staff choose suitable programs, collaborating with teachers to create behavioral lesson plans, and supporting the implementation of tiered programs through collaborative delivery, teacher support, and training.

There is a dearth of literature on the involvement of mental health professionals in the planning and implementation of mental health initiatives in educational settings. A meta-analysis of 107 papers on counseling and psychotherapy conducted in schools, evaluating the results of collaborating with teachers and licensed mental health professionals to offer programs, was undertaken by[13] According to their data, when mental health experts delivered similar programs, their success rates were higher than those of teachers. The teacher's delivery of the interventions did, the researchers noted, nevertheless, produce a medium impact size that was consistent with the overall outcomes.[13] Some scholars contend that outside experts can serve as mentors and, by removing kids from the rigid environments and regulations of their regular classrooms, can establish a special place where students can experiment with other pursuits and identities.[14] Studies undertaken by outside practitioners have described external programs, such as yoga, and have shown comparable efficacy to those led by teachers[14].

In contrast, other critics contend that programs that focus on modifying particular behaviors and skills associated with the intervention-such as depression-rather than broad activities to promote overall wellbeing, have the strongest evidence of positive impact[15]. Programs for mental health that operate online were also examined. [16]compared data from in-person programs with an evaluation of the StressSOS e-based school mental health program.[16] Their research showed that there was no discernible difference in the outcomes between the face-to-face and online programs, indicating that the online programs were not inferior. They contend that distribution of e-based programs through qualified experts is essential to their effectiveness[16].They further contend that these services' attractiveness, accessibility, and resource-saving qualities make them appealing.

The value of taking into account the environments in which children and adolescents live-particularly their families and communities-as critical determinants of mental health is acknowledged throughout the research. According to Garcia-Carrión, Villarejo-Carballido, and Villardón-Gallego (2019), classrooms, families, and a school-wide environment are among the more effective interventions[8]. Effective communication and positive interactions between the child's school and home are crucial since families and communities are thought to have a significant role in extending the lessons learned in these programs to other areas of the child's life. Although this has been emphasized in a number of studies published in the literature, there is a dearth of literature outlining initiatives that have used or assessed these strategies.

Several scholars highlight the need for more thorough evaluations of school-based mental health services. Specifically, long-term evaluations are mentioned as a research shortage at this time[13]. This issue restricts the amount of data that can be used to assess the sustainability and long-term effects of these mental health interventions. For instance[9], recommend that school-based mental health program assessment frameworks be enhanced and that criteria for determining accessibility and relevance be added[9]. In their research, they also note that there is overlap between more comprehensive social and behavioral programs and therapies targeted at enhancing mental health[9].

The literature on outcomes measurement shows that studies vary in how they measure academic and mental health results, with some measuring both. The most often used metrics for assessing the mental health results of school-based mental health initiatives are prosocial behavior, school functioning, and teenage emotional distress[17, 18].

3. Models of Mental Health Promotion in Schools

3.1 Whole-School approaches

A "whole school approach" to fostering excellent mental health acknowledges the influence of regional and national policies while emphasizing the value of collaborating with all members of the school community, including teachers, parents, and students[19]. Using this strategy encourages schools to address mental health and well-being through staff involvement, curriculum design, behavior policy, and care and support for young people[19]. Globally, this has been executed through educational institutions embracing social and emotional curricula; the USA's Collaborative for Academic, Social, and Emotional Learning, Australia's KidsMatter, and the UK's Social and Emotional Aspects of Learning (SEAL, DCSF) are a few examples[19]. When put into practice, it has been shown to improve academic achievement as well as promote healthy mental health. In spite of the advantages mentioned, there are drawbacks to this strategy[19].

Several authors have argued that the whole-school approach should be supported, but there are a number of reasons why it might not be effective, including: inadequate funding and/ or staff support; unclear operationalization and inconsistent terminology use (which would also need to take into account how mental health and illness are conceptualized); staff who are not properly trained to provide support and supervision; and failure to engage youth in the development of positive mental health promotion[20-22]. Furthermore, there is a lack of advice regarding the precise roles that stakeholders should play in these partnerships despite the understanding of the necessity of having sustainable multi-sector collaborations in mental health promotion[21]. It would seem acceptable, therefore, to involve the larger community and include families in addition to youth and their educators.

4. Parental Involvement Initiatives

Traditionally, parent groups or school meetings have been the focal point of parent involvement initiatives in school mental health programs for kids. Attendance at parent meetings is frequently poor despite these attempts, and this is especially true even when obstacles like childcare and transportation are taken care of; low-income parents frequently have attendance rates considerably below 50 percent[23]. To the student's detriment, school personnel may misinterpret this absence from parent meetings as a sign of disinterest, which could restrict future attempts to include those families[23]. This might be especially true for families of color, who frequently involve themselves in their kids' education more at home than by going to school functions.

Completing assignments prescribed by therapists and speaking with therapists, school personnel, and instructors over the phone or in person are some of the other ways parents can get involved[24]. Beyond parent attendance at sessions, research indicates that these activities have beneficial links with child outcomes in family-school interventions[24]. In the context of student interventions involving disruptive behavior, parents might also be encouraged to supply incentives from home for completing a teacher-completed Daily Behavior Report Card[25].

With continuous consultation support, many parents may follow this engagement activity for several months, which shows favorable effects on young people[25].

Furthermore, children may benefit from broader parental support for school interventions. Parents should encourage their children to attend therapy sessions and reinforce certain skills that are taught at school as ways to support their children[26]. By concentrating on more diverse engagement opportunities, school psychologists can further advance their objectives of strengthening family-school collaboration and establishing and maintaining school-family partnerships[26]. Many factors that are unrelated to parental interest in engagement, such as stressful life events in the family, as well as obstacles like lack of transportation, child care, or paid time off work to attend school meetings, have an impact on parent engagement in school-based mental health services[27].

Parent engagement may also be hampered by bad interactions and relationships between school personnel and parents. Parents who have had a bad experience with their child's school may decide to avoid communicating with school personnel. This is particularly important for kids who have behavioral problems because their parents could get calls about their bad behavior on a regular basis. Furthermore, tension in the school-home interaction may arise from staff members' presumptions regarding parents' lack of attention or issues at home. Parents may have experienced therapists who emphasize weaknesses over strengths or make recommendations that are unfeasible for their family's situation. Negative interactions with therapists in clinical settings are also frequent.

When it comes to developing plans to assist families in having a good impact on their children's mental health, school psychologists are essential. School psychologists are in a unique position to increase family engagement in children's mental health services at school because they are mental health professionals who can both directly assist children and families and support intervention and prevention at the classroom and school-wide levels[27]. Improving parent engagement can be achieved through a variety of strategies, such as removing practical obstacles like daycare and transportation shortages[26, 27].

Furthermore, improving the relationship between parents and the school may also increase parent engagement[28]. The school psychologist can facilitate this by arranging for communication and cooperation, especially for students who require more intensive mental health services. Proactively reaching out to parents to let them know that you value their opinions is a crucial step in doing this. Increased involvement in school activities is correlated with parents' opinions that school personnel value their participation[28]. Regular informal interactions, such texting and chit-chatting with parents during pick-up or drop-off, are one way for school personnel to demonstrate their appreciation for the involvement of parents[28].

Programs that highlight families' assets and cultural values and position parents as leaders in the classroom are other ways that schools have promoted parent presence in the classroom[29]. Some of these tactics can be found in Epstein's (2001) groundbreaking model of parent engagement, which outlines six strategies to promote parent engagement: helping parents create nurturing home environments; putting in place efficient home-school communication; recruiting parent volunteers; promoting learning at home; involving parents in school decision-making; and working with the larger community[29].

As part of their work on Multi-Tiered Systems of Support (MTSS) teams, school psychologists can contribute to the development and maintenance of evidence-based partnering practices, even though they might not directly start outreach initiatives[30]. Another engagement strategy for school psychologists who work directly with parents to provide mental health services to adolescents would be to build a solid therapeutic alliance, as defined by the clinical literature[31]. For instance, parents who aim to reinforce their children's use of therapy skills are more likely to do so when therapists utilize cooperation and empowerment tactics with them. Additionally, family participation in treatment overall and therapy session completion are favorably correlated with parent-therapist alliance[31]. Although this has not been thoroughly investigated, school psychologists and other SBMH practitioners may benefit from the parent-therapist connection in a similar way[30].

5. Research Problem

Mental health issues have become more common in recent times as a consequence of changing sociocultural trends and rising awareness of the phenomenon and its effects. Amid this development, there is greater recognition of the importance of addressing mental health issues, particularly among younger people, through various innovative methods that hinge on mental health education. Young people tend to be disproportionately affected by mental health issues for various reasons. For one, young people are inherently more impressionable and vulnerable, which makes them likelier to experience mental health distress in the form of anxiety, depression, body dysmorphia, and other psychological maladjustments. Moreover, and more critically, young people usually rely on their parents or guardians to make certain decisions regarding their wellbeing, such as paying for therapy. This makes it harder for young people to access the mental healthcare services that they may require. Given these concerns, there is a need to develop tailored mental health interventions that not only increase young people's awareness of mental health and its significance, but also provides them with expedient access to mental health services on demand. As mentioned before, schools can serve as a useful conduit for these mental health interventions given that young people spend a lot of time in learning facilities, and because the pedagogic structure and culture of the institutions makes them conducive for delivering mental health education in a guided and structured manner. The purpose of the current study was to assess the effectiveness of personalized professional mental health interventions at meeting the needs and expectations of students in the U.S.A and India, and to evaluate parents' receptiveness towards the programs. The study served as a scoping evaluation with a view to informing the adoption of one-on-one mental health sessions as part of the broader strategy for preventative mental health maintenance among young people.

5.1 Purpose statement

Following from the problem statement outlined above, the purpose of the current study was to assess how effective professional one-on-one mental health education sessions are at addressing the mental health needs of young people in the U.S. and India, and to determine the perspectives of parents regarding the experiences of their children with the stated mental health sessions. The objective of this study was to ascertain whether individualised mental health education sessions given at home

could be significantly more beneficial than conventional group sessions offered in schools. The study looked at how parents perceived their children's problem-solving abilities, mental health awareness, and overall benefits from the sessions. It also investigated the possibility of incorporating these customized interventions into more general primary prevention strategies for mental health.

5.2 Importance of the Study

The current study's significance lies in the fact that it is a pioneering examination of the effectiveness of one-on-one mental health education sessions delivered to children by master's level psychologists in the U.S. and India. Several studies have already investigated the utility of psychiatric sessions on children's mental wellbeing. However, for the most part, such studies are based on remedial psychiatric interventions rather than preventative psychoeducational ones like the current study. As at the time of this study, to the researcher's best knowledge, this is the first instance of a study involving a personalized, home-based mental health education intervention in the U.S. and India, which affirms the novelty value of the research. By including participants from both the USA and India, the study provides a global perspective on the applicability and effectiveness of personalized mental health education.

The study is also significant because of the involvement of parents in the research process. The sessions were conducted at home via Zoom, involving parents in the process, thus creating a family-centered approach to social-emotional learning (SEL). This aspect of parental involvement in mental health education is unprecedented and offers a unique perspective on family dynamics and learning. Parental feedback on the sessions, including their perceptions of benefits and willingness to continue, offers valuable insights into the feasibility and impact of such interventions. This feedback is crucial for understanding how personalized mental health education can be optimized and integrated into existing mental health promotion frameworks. The study addresses the critical need for primary prevention strategies in mental health by exploring how early, individualized interventions can potentially mitigate the onset of more severe mental health issues in children.

5.3 Research questions

What are parents' perceptions of the benefits of personalized mental health education interventions for children?

What significant improvements do parents observe in their children's mental health awareness and aptitude following mental health education sessions?

Using these research questions, the study sought to enhance stakeholders' understanding of the actual and potential benefits of personalized one-on-one mental health education interventions as part of the broader initiative to enhance children's mental health around the world.

6. Methods

The current study utilized a cross-sectional research design to collect data on parents' insights regarding the effectiveness of personalized mental health education sessions for their children. Cross-sectional research designs enable researchers to gather information at a specific time point, and thus they give a subject's perceptions, beliefs and practices at that particular point of time. The subjects of this study were the parents or guardians of

children who were in the MHE program. It is composed of six groups of parents, each of whom had children who attended the program at different stages of their development. These surveys were conducted online with parents with the help of emails. The surveys that were adopted had different sections that sought to capture different areas of the program such as the instructor, the program itself, and the parents. The surveys included both closed questions in the form of multiple-choice questions and open questions that used Likert scales to also collect subjective responses.

Parents were given the survey online after the completion of each cohort's program session. The participants were asked to complete the survey by following the provided link and reading the instructions on how to fill the questionnaire. The study also adopted the use of questionnaires and surveys which were distributed to the respondents in a voluntary basis, and all respondents were informed that their responses would remain anonymous. The survey results were analyzed using descriptive statistics in order to summarize the frequency and distributions of the responses obtained from the quantitative data collection instruments. The rationale for this approach is that, due to the open-ended nature of the questions, analysis of the qualitative data will highlight recurring patterns, themes, and trends. They were then summarized to give a general information about the parents' perception on mental health education program.

Since the study involved human subjects, ethical clearance was sought from the directorate of research and ethics of the institution. All participants were subjected to oral consent before they filled the survey. The study was conducted based on voluntary and informed consent of the respondents and respondents were informed that their answers will not be revealed to anyone other than the researchers. Some limitations of the study must be considered. Though attempts were made to recruit parents of children in mental health education programs from different backgrounds, the sample cannot be considered as a random sample of all parents of children in these programs. Furthermore, the use of self- administered questionnaires and online survey is likely to introduce response bias, and the quantitative data collected is likely to be limited in terms of the data richness of the qualitative measures used.

7. Results

7.1. Findings from survey on mental health education program

7.1.1. Demographics: Data collected from 16 parents from six varying cohorts enlighten the study on the characteristics of the children and their parents. The children were between 4 and 11 years, in different grades from grade one to grade six. Gender was also represented with both male and female children. Furthermore, the majority of the children responded that English was their first language, while only a few of them reported that it was their second language.

7.2 Instructor and program evaluation

It was evident that parents were highly satisfied with the instructors that were assigned to each of the cohorts. The participants also uniformly self-reported that the instructors were "Always" punctual, engaging, attentive, clear and had a positive attitude all through the interaction. Parents' satisfaction with the instructors was also high with the majority of the parents being "Very Satisfied" with the performance of the instructors.

Moreover, the ratings of instructors also remained high and sometimes even got to the maximum of 10 points.

As for the changes observed in children, the program produced a very positive influence on different characteristics of children's emotional and mental states. From the results, it was found that children displayed higher levels of awareness, tolerance, and focus. Also, they showed improvement in the skills of recognizing, naming, and regulating emotions in appropriate ways. They also learned how to identify and capitalize on strengths to achieve the desired goal, and thus, the boost in self-esteem. In addition, children learnt on the positive self-talk skill since this assisted in increasing their confidence. They also learnt how to recognize and cope with adverse thought processes, thus enhancing their self-awareness, and stress control.

Regarding the type of the use of the application related to the program, the number of using it as well as the frequency ranged from daily usage to less than once a month among children. Some of the parents commented that the application helped their child improve in skills depending on the game, while the rest of the parents were not sure whether their child enjoyed the application and if it was beneficial to him/ her. However, all parents shared a common perception that the program yielded some form of positive outcome in their child's mental health, with strong affirmation towards the program and noticeable changes.

Parents actively showed their desire to stay engaged in the program and their approval of the program's ultimate goals. The chances of children continuing with the sessions were rather high and this showed that there were good prospects for the program's sustainability. Furthermore, parents showed an interest in supporting the program's objectives, some stating that they would proceed by sending letters to representatives or by other means. The remarks of the parents about the program were quite insightful, however the recommendations for improvement were few; the parents seemed quite content with the structure and the results of the program. This overall satisfaction shows that the program has benefited from the goals and purpose in achieving its goals and serving the needs of the children and their families.

Therefore, the consolidated revelations from the parents provide a solid vindication of the Mental Health Education program. Therefore, the fact that program has a clear positive effect on the children's emotional and mental health, combined with the satisfaction rate with the instructors, proves its effectiveness and popularity among participants. The parents interviewed depicted the willingness to continue supporting the program and desire to advocate for the program's objectives more broadly, thus making the outlook for the initiative look promising.

7.3 Findings from mental health education introductory session surveys

The second set of surveys were conducted after the Mental Health Education Introductory sessions and they depict the parents and guardians' perception concerning the program in which their children participated. The respondents were parents of children within the age of 6 to 11 years, of different grades in school. As to the instructors' performance, the feedback received was generally favorable. Despite these moments of variation in the level of effective implementation of the engagement aspect of instruction, the instructors remained punctual and proficient in timeliness of response to questions and clarification of the content of the session. Although there is a slight fluctuation of the level of satisfaction, the majority of respondents are satisfied or highly satisfied with the instructors' performance, with the ranging of 7-9 points.

The parents who were interviewed in the study testified to the effectiveness of the program in improving their kids' mental health. In their cases they provided examples of vast enhancements in many spheres such as recognition of feelings, solving of tasks, thinking about oneself, and practicing of meditation. Furthermore, the majority of the respondents supported the statement that the session is helpful for the children's mental health, which reflects a general understanding of the positive impact of such sessions. In addition, perceiving the importance of the sessions for their children, parents demonstrated a high intention to continue the attendance with the majority of them stating that it is likely or very likely that their child will continue attending the sessions. Moreover, the parents were quite open to the idea of supporting the program's goal of offering children free mental health education. Some parents suggested that they will be willing to come forward to adopt a child or at least to spread the word about the program through social media.

Several respondent comments were positive, such as proposing to increase the duration of sessions to allow for the inclusion of more difficult questions. However, the overall attitude towards the sessions was rather positive, and many parents expressed their gratitude for providing a warm and friendly atmosphere during the sessions. All in all, the summative data support the perceived effectiveness of the introduction of the mental health education program among parents. Not only do they appreciate its practical effects on children's achievements, and see the value of its continuation and development.

8. Discussion

8.1. Perceived benefits of one-on-one mental health education sessions

According to the survey findings, parents' perceived positively their children's participation in the one-on one mental health education sessions, supporting evidence from previous studies on personalized mental health interventions. Several researches have shown that mental health education has an effective on different aspects of children's lives. For instance, Reynard et al. revealed that the implementation of mental health education sessions increases children's emotion regulation skills and social competence and enhances their overall psychological well-being[32].

In addition, parents' accounts of changes for the better in terms of children's ability to recognize and manage their emotions, solve problems, engage in self-reflection, and practice mindfulness reflect the program objectives well. Studies show that it is possible to achieve lasting improvement in children's well-being when the above areas are addressed. For instance, mindfulness-based interventions in schools have been shown to have a positive impact in the overall decrease of anxiety, depressive, and stress symptoms among children and adolescents[33].

Also worthy of consideration are the improvements in EI and child's ability to cope with stress observed in the children attending the mental health education sessions. Emotional self-regulation, which refers to the capacity in identifying and regulating one's own emotions as well as that of other people,

has been associated with several benefits such as academic performance, interpersonal relationships, and psychological wellbeing. Likewise, resilience which is the ability to recover from adverse events and the ability to cope with stress is a strong risk factor for the onset of mental disorders.

8.2. Willingness to continue with personalized mental health sessions

The results of the survey indicate some optimistic prospects for the further continuation of individual mental health sessions for kids. Such a high level of satisfaction with the program's effects and the tutors indicates a high level of interest in continuing with the program thus meaning that the parents are keen on the program. This implies that parents support the program and cannot underestimate the importance of the program in helping their kids. Involvement and support provided by parents play a very significant role in the effectiveness of the interventions that are undertaken. The authors of the study also discovered that parents who participated in the treatment process of their child and had positive attitudes towards the strategies being used for treatment had better treatment outcomes. This goes to emphasize the need for parents to be fully committed and supportive of the mental health programs that are meant for children.

Furthermore, the participants' propensity to remain engaged corresponds with the importance of maintaining interest in mental health interventions during childhood. The research established that children who engaged in mental health programs regularly and for a long time have better protection to any mental illness and better health than the children who rarely or seldom engaged in the programs.

Parents' feedback also indicates that society is increasingly aware of the need for early childhood education in boosting mental health and well-being among children. One of the major advantages of delivering mental health care to young people is the possibility to avoid the evolution of severe mental disorders in the future. Through the one-on-one therapy sessions that involve parents taking their kids for a session, parents are overcoming present problems as well as building their children for a better future.

8.3 Improvements in problem-solving skills and mental health awareness:

Among the perceived benefits highlighted by parents in the feedback received, enhanced problem solving and mental health literacy appeared to have gained the most attention. This is evidenced by the fact that parents provided specific examples of how their children demonstrated significant improvement in these spheres after joining the mental health education program. These improvements spanned several areas of functioning such as mood regulation, attentiveness, and self-reflectiveness.

Self-regulation of emotions is a central process in mental health especially for children who are in the process of growing their psychological and emotional skills. According to the literature, practical, feasible, and age-appropriate skills of emotion regulation that are established in childhood are essential for social and emotional well-being and are associated with better mental health in later years. Understanding and regulating emotions enable kids to develop and maintain social relationships, effectively handle stressful situations, and promote mental health.

In addition, applications of mindfulness have received growing interest as interventions for promoting mental health even among students. Studies have shown that mindfulness practice in schools can help children in the areas of attention, emotional self-regulation, and general well-being. Through the use of mindfulness strategies during the educational sessions, children may increase their focus on their thinking and feeling processes and, therefore, learn valuable skills and strategies for coping with stress and building strong psychological protection.

Another benefit that has been claimed to be derived from the sessions are enhanced self-awareness which is a significant boost to children's mental health and personal development. The ability to be aware of the self allows the child to identify strengths and weaknesses, know why they feel a certain way, and act in a way that is more in tune with their beliefs and desires. It is evident that the aspects of self-analysis incorporated in the mental health education program enable children to gain better insight and awareness about themselves hence becoming more confident and able to deal with any adversity that comes their way.

8.4 Comparison between USA and India

As can be noted from the results of the survey, it neither directly posed questions about experiences in the USA or India, nonetheless, the results clearly show positive outcomes that are almost similar in both these contexts. The parents of the children from both the regions expressed the satisfaction with the mental health education program and noted the positive impact on the mental health of the children. This points to the fact that the program is universal and does not only apply to a certain region or culture but it has a universal appeal to families regardless of the country they are from.

In this case, evidences from the researches on mental health interventions affirm the idea that there exist general intervention strategies that may be effective. In addition, the research on the effectiveness of the mental health education campaigns in different cultural settings has identified the protective factors which include resilience, emotion regulation, and social support. These results are in concordance with the findings related to the comparison of parent feedback in the USA and India, implying that basic principles of mental health education are universal.

The positive trends identified for both the USA and India reveal the capacity of mental health education programs to act as the primary prevention strategies for enhancing children's well-being worldwide. As such, when children are trained on these programs that foster their ability to regulate their emotions, solve problems and be resilient, there is hope that they will not struggle with mental health issues in their teenage and adulthood.

Nonetheless, building on the current study, one can identify several directions for future research: Although the current study established a basis for examining the cross-cultural effectiveness of mental health education interventions, more work still has to be done to investigate differences in applicability and implementation of mental health promotion across the specified cultural settings. More specifically, subsequent randomized longitudinal investigation into the enduring effect of these programs in promoting positive mental health and safety among children across diverse contexts would help identify areas for improving intervention methodologies and authoritative guidelines.

8.5 Implications for primary prevention strategies

Adding mental health teaching sessions to children during

one-on-one could be of great impact in the primary prevention of mental health. The findings retrieved with the parents, like a better ability to control emotions and stress, prove the effectiveness of such interventions for early childhood development and resilience promotion. With more children being exposed to basic strategies for handling stress and having an understanding of how their minds work, then these sessions are beneficial as promoters of better mental health in the long run and diminished probabilities of future mental health problems. Studies show that the child's interventions to mental health issues when beginning at an early age can be life altering. Attempts to increase children's capabilities in regulating their emotions means that there would be less levels of anxiety and depression in their adulthood. This proves that children need to acquire good coping strategies in their early stages of life to avoid worst conditions of mental illness in future.

In addition, the interventions that are based on stress and self-regulation have been demonstrated to have positive effect on child's academic and social outcomes. A meta-analysis report that was published in the Journal of School Psychology noted that the mentioned areas are relieved not only treat mental health issues but also improve the wellbeing and functioning of children. This means that the inclusion of mental health education sessions as part of primary prevention could offer effectiveness in diverse aspects above mental health. Besides, it has been estimated that programs of early intervention save costs in the long-run, with the alternative being the high costs incurred in costs of extending medical care to mental health upon attaining a certain age. According to a letter by WHO, there is need for investment in mental health promotion and prevention measures since they are cheaper than the treatment measures that will be required if care is not sought early enough.

In conclusion, incorporating one-on-one mental health education sessions into primary prevention strategies for children holds immense promise in promoting early intervention, building resilience, and fostering long-term mental well-being. The positive outcomes reported by parents, coupled with evidence from research studies, underscore the importance of integrating such interventions into broader mental health promotion efforts for children. By equipping children with the necessary skills to navigate life's challenges, these sessions can lay the foundation for healthier and happier futures. Overall, the findings underscore the importance of personalized mental health education sessions in supporting children's well-being and the willingness of parents to engage in such initiatives. This highlights the potential for integrating similar programs into broader mental health promotion efforts for children.

9. Conclusion

The aims of this work were to assess parents' attitudes toward the one-on-one mental health educational sessions for their children and to discuss the possible consequences of such programs as concerns primary prevention. Thus, a significant improvement in the understanding of the perceived advantages of the program by the parents, the level of satisfaction, and possible positive effects on the child's psychological well-being were revealed based on the results of the extensive questionnaires completed by the parents of the children who engaged in the program.

The research on the general perception of parents on the education sessions reveals that overall parents have a positive attitude towards the mental health education sessions for children. Teachers and parents thus clearly benefited from the program and perceived enhancements in their children's various aspects of emotional competence, such as emotion identification, problem solving skills, self-reflection, and mindfulness. In addition, parents reported high satisfaction with the instructors and high interest in the continued engagement in the program, which is crucial in the treatment of childhood mental health disorders.

The consequences of these observations are manifold at two different levels: that of single families and that of mental health promotion on the large scale. Positive mental health education sessions provide children necessary skills of coping with certain stressful situations and improve their emotional intelligence, which can help prevent further development of the mental health problems in the future, thus the one-on-one lessons make a contribution to primary prevention. Moreover, the sentiment shared by parents to this effect further strengthens the need to embrace such programs within schools and other forms of community interventions for the overall wellbeing of children.

Looking at the future, there are numerous directions that could be followed in the given field of research. Future research could seek to establish the consequences of one-to-one mental health educational sessions on the overall mental health of children and their academic achievement in the long-term. Moreover, research comparing the outcomes of such programs across different cultural settings is likely to produce useful information regarding the application of these programs in different populations. Furthermore, exploring the impact of technology-assisted interventions which include such aspects as online and mobile applications might provide novel strategies of reaching out to numerous children with mental health education.

Therefore, this study affirms the effectiveness of one-on-one mental health education sessions as one of the tools aimed at improving children's mental health and focuses on the significance of parents' participation in such projects. If proper efforts are made in the early stage to cater mental health issues of children and building the protective factors, we can set a better future generations.

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