

A Short Note on Mental Health in Child Health

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Commentary

Raising a child can be grueling. Indeed under the stylish circumstances, their actions and feelings can change constantly and fleetly. All children are sad, anxious, perverse, or aggressive at times, or they sometimes find it grueling to sit still, pay attention, or interact with others. In utmost cases, these are just typical experimental phases. Still, similar actions may indicate a more serious problem in some children [1].

Mental diseases can begin in nonage. Exemplifications include anxiety diseases, attention- deficiency/ hyperactivity complaint (ADHD), autism diapason complaint, depression and other mood diseases, eating diseases, and post-traumatic stress complaint (PTSD). Without treatment, these internal health conditions can help children from reaching their full eventuality. Numerous grown-ups who seek internal health treatment reflect on the impact of internal diseases on their nonage and wish they had entered help sooner. How can you tell the difference between grueling actions and feelings that are a normal part of growing up and those that are cause for concern? In general, consider seeking help if your child's geste persists for a many weeks or longer; causes torture for your child or your family; or interferes with your child's functioning at academy, at home, or with friends. However, or if your child addresses about wanting to hurt themselves or someone differently, seek help incontinently, If your child's geste is unsafe. However, you can start by talking with others who constantly interact with your child, If you're concerned about your child's internal health. For illustration, ask their schoolteacher about your child's geste in academy, at daycare, or on the playground [2,3].

You can talk with your child's pediatrician or health care provider and describe the child's geste, as well as what you have observed and learned from talking with others. You also can ask the health care provider for a referral to a internal health professional who has experience and moxie in treating children. When looking for a internal health professional for your child, you may want to begin by asking your child's pediatrician for areferral. However, you can call the Substance Abuse and Mental Health Services Administration (SAMHSA) Treatment Referral Helpline at 1-800-662-HELP (4357), If you need help relating a provider in your area. You also can search SAMHSA's online Behavioral Health Treatment Services Locator, which lists installations and programs that give internal health services. It's especially important to look for a internal health professional with training and experience treating children, particularly your child's specific problems [4].

Asking questions and furnishing information to your child's health care provider can ameliorate your child's care. Talking with the health care provider builds trust and leads to better results, quality, safety, and satisfaction. Then are some questions you can ask when meeting with prospective treatment providers. Children who have behavioral or emotional challenges that intrude with success in academy may profit from plans or lodgment handed under laws that help demarcation against children with disabilities. Your child's health care providers can help you communicate with the academy.

A first step may be to ask the academy whether lodgment similar

as an personalized education program may be applicable for your child. Lodgment might include measures similar as furnishing a child with a vid archivist for taking notes, allowing further time for tests, or conforming seating in the classroom to reduce distraction. There are numerous sources of information on what seminaries can and, in some cases, must give for children who would profit from lodgment and how parents can request evaluation and services for their child [5].

References

1. Shaw DS, Gilliom M, Ingoldsby EM (2003) Trajectories leading to school-age conduct problems. *Dev Psychol* 39: 189-200.
2. Romeo R, Knapp M, Scott S (2006) Economic cost of severe antisocial behaviour in children – and who pays it. *Br J Psychiatry* 188: 547-553.
3. Briggs-Gowan MJ, Carter AS, Skuban EM (2001) Prevalence of social-emotional and behavioral problems in a community sample of 1- and 2-year-old children. *J Am Acad Child Adolesc Psychiatry* 7:811-819.
4. Mathiesen KS, Sanson A (2000) Dimensions of early childhood behavior problems: stability and predictors of change from 18 to 30 months. *J Abnorm Child Psychol* 28: 15-31.
5. Skovgaard AM, Houmann T, Christiansen E (2007) The prevalence of mental health problems in children 1½ years of age – the copenhagen child cohort 2000. *J Child Psychol Psychiatry* 48:62-70.

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