

Table of Contents

1. Table of Contents.....	1
2. Introduction.....	2
3. Describe Important Concepts Learned from Assigned Reading.....	2-4
4. Explain and Elaborate on the Utilization of Key Concepts Learned, at and within Workplace Contexts	4-6
5. Predict and/or Enumerate Potential Challenges Faced in Implementing these Concepts at Workplace.....	6-8
6. Conclusion.....	8
7. References.....	9-11

Reflection Paper: Supporting Children's Mental Health and Wellbeing

Introduction

The world now recognizes children's mental health as a top priority because early childhood experiences determine their future well-being. This paper examines essential knowledge about children's mental health and wellbeing which I learned throughout this course. The reflection uses three guiding questions to analyze (a) Key Concepts Learned (b) Applications in Workplace Practice and (c) Challenges in implementation. The paper uses theoretical foundations alongside research data and real-world expertise to show how learned knowledge can become practical professional applications.

a) Key Concepts Learned

The course revealed multiple essential concepts about children's mental health and their well-being and the systems which affect their development. Mental health problems in children stem from their total environment which includes their social life and family dynamics and educational setting and cultural background (Bronfenbrenner, 1979). The most significant discovery I made was that early childhood development from conception through age two determines the future mental health path of children. The development of children depends on secure attachments and positive caregiver relationships and supportive environments, yet adverse experiences and neglect or trauma makes them more susceptible to harm (All Party Parliamentary Group, 2018).

The practice of multiple organizations working together proved to be a fundamental concept. Children need professional support from health visitors and general practitioners and psychiatrists and psychologists and teachers and social workers and voluntary organizations who work together with their families to achieve proper mental health care. The combination of different professional fields working together enables children to receive complete care instead of receiving separate treatment approaches (Department for Education & Department of Health

and Social Care, 2014). The practice of confidentiality requires professionals to share information only when necessary, but they must break confidentiality when safeguarding a child's safety becomes a priority. The ethical duty of professionals becomes evident through this delicate equilibrium between information sharing and child protection.

The ABCDE model of cognitive behavioral therapy (CBT) provided NHS (n.d.) with a structured method to analyze how activating events lead to beliefs which produce consequences that can be disputed to create new effects. The model's application for adults and children forced me to analyze the hidden patterns that negative thought patterns create and sustain. The adaptation of CBT for young children uses play activities and symbolic communication instead of verbal explanations to deliver therapy. Through play therapy children use symbolic language to express their emotions and resolve conflicts and rebuild their experiences according to Zandt and Barrett (2017).

The course taught me to better understand trauma-informed practice methods. Staff members throughout schools and communities need to understand traumatic behaviors instead of punishing students who display them. The video reflections from Christine demonstrated how punitive systems cause children to experience re-traumatization but empathy and curiosity help them heal. Through her PACE approach she demonstrated concrete counseling methods which enable children to take charge of their own expertise.

The treatment method of medication proved to be a crucial subject matter. Medical specialists who are psychiatrists need to assess patients before prescribing antidepressants and ADHD stimulants because these medications work best when used with therapy sessions. The ethical challenge of prescribing medication to children becomes substantial because it involves assessing side effects and developmental factors and avoiding excessive medical treatment (National Institute for Clinical Excellence, 2019). The evaluation process needs to include opinions from children together with their parents and qualified professionals.

Parenting programs stood as a fundamental concept throughout the course. The evidence-based program "The Incredible Years" teaches parents to use motivational discipline strategies while helping them build stronger relationships. The main goal of parenting support programs should focus on helping families develop resilience instead of showing their deficits. Relationships with their children and teaching them to follow established rules (Public Health England, 2014). The

group-based delivery of parenting support enables parents to build self-confidence through their relationships with others who share similar experiences.

The research examined screen time and social media effects on children's mental health through an analysis of their intricate connection. The World Health Organization (2019) advises parents to prevent screen exposure for infants under one year while setting boundaries for toddlers but no country has created official national screen use rules. The potential advantages of online resources for children in disadvantaged or distant areas outweigh the risks of sedentary behavior and childhood obesity and disrupted sleep and cyberbullying (Viner et al., 2019). The actual problem stems from how people handle screen time rather than the screen time itself because proper management and supervision and integration into daily routines matter. The guidance of healthy digital practices falls under the shared responsibility of families and schools and national governments.

b) Applications in Workplace Practice

The implementation of these concepts in actual workplace settings remains crucial. The knowledge I have gained from this experience will help me perform my duties better because I work directly with children and their families.

The systems approach from Bronfenbrenner's ecological model matches the actual practice environment. I can use the ecological model to understand behavioral problems in children by examining their family situation and school requirements and their community environment. The approach helps prevent child pathologization by promoting system-based solutions which include family support programs and school partnerships and mental health service referrals.

The ABCDE model from CBT can be transformed into educational activities which work for both classroom and therapeutic settings. The practice involves helping children of different ages to use worksheets that show their thoughts and feelings and actions or symbolic play activities for younger children. The child can use colored glasses to observe how their mood affects their perception through this method which helps them recognize their distorted thinking patterns. The tools help children develop emotional management skills through structured yet adaptable methods.

The therapeutic methods of play therapy show strong potential for practical implementation. The principles of PACE developed by Christine enable me to establish a counseling space which provides children with safety and curiosity and respect in my workplace. Children can lead the conversation through their preferred activities with toys and drawing materials and games. The process of observing their choices and repeating their body language and affirming their feelings will establish trust with the child. The use of therapy dogs by Christine made me consider animal-assisted therapy as a potential school or community-based intervention.

The implementation of trauma-informed practices in schools enables institutions to develop new disciplinary methods. Staff members should receive training to detect behavioral disruptions which stem from traumatic experiences instead of assuming they result from intentional disobedience. I would work with teachers to understand the child's background and identify triggers before implementing supportive measures such as counseling and safe spaces and behavior toolkits instead of using exclusionary discipline. The implementation of trauma-informed perspectives within institutional policies would lead to new methods of supporting children who face difficulties.

The workplace benefits from Parenting programs as a direct application. I would suggest or help parents enroll in evidence-based programs like "The Incredible Years" to help them build better relationships with their children and create positive routines and handle behavioral issues without using punishment. The practice of peer learning between parents helps communities solve problems together which decreases social discrimination and boosts participation rates.

The study of medication treatment revealed the necessity for healthcare providers to work together as a team. My understanding of medication indications enables me to assist families who need to access CAMHS services or psychiatric consultations. I can track classroom effects of ADHD medication on children while working with teachers and parents to develop additional behavioral treatment plans.

I will help families develop better screen time management skills through my guidance. Parents can learn effective screen time management by watching content with their children and establishing device-free periods and demonstrating healthy digital usage habits. I would support the implementation of media literacy education in schools to help students learn about online threats while accessing beneficial digital resources. The combination of sufficient sleep with

outdoor activities and organized activities helps families establish healthy routines according to this guidance.

The course demonstrates that effective practice requires combining different approaches which include therapeutic methods with educational strategies and family involvement and community support. My work involves supporting children through deep listening and helping parents while working with other professionals to become their advocate for well-being.

c) Challenges in Implementation

The workplace implementation of these concepts shows promise, yet multiple obstacles are expected to occur.

The theoretical benefits of multi-agency collaboration face practical challenges because organizations struggle with different priorities and bureaucratic obstacles and insufficient funding. Academic success remains the main focus for schools, but health services concentrate on medical diagnosis work. The different priorities between schools and health services create delays and fragmented support for children in need. The unclear definitions of professional roles between staff members create situations where care becomes duplicated or essential services fall through the gaps. Systemic reform alongside continuous effort is needed to establish reliable communication channels and build trust between different agencies (Burton et al., 2014).

The practical implementation of CBT and play therapy methods encounters multiple operational challenges. The available CBT resources for older children need specialized training to adapt them for younger children. The lack of proper training among staff members combined with restricted funding for professional development creates barriers to accessing necessary resources. The delivery of play therapy depends on trained counselors and dedicated time and space and sufficient resources which most underfunded schools and community centers lack.

The growing recognition of trauma-informed practice encounters resistance from traditional school environments. Educational institutions maintain behavior policies that focus on discipline rather than student understanding because their systems have not evolved. The process of transforming these deeply embedded practices needs major cultural transformations together with new policies and substantial funding for staff development. Staff members who lack resources and support tend to resist new approaches to their work.

The implementation of parenting programs encounters multiple obstacles during their delivery process. The families who need support services the most tend to avoid participation because they face discrimination and scheduling conflicts and service distrust. The depletion of children's centers throughout communities has resulted in fewer available programs for families (Public Health England, 2014). Professionals need to develop innovative approaches to connect with parents through school-based programs and digital platforms.

The implementation of medication creates additional difficulties for healthcare providers. Parents face an internal struggle when deciding to give their child medication because they worry about social discrimination and drug side effects and traditional mental health perspectives. The process of obtaining proper consent and making decisions together with patients becomes complicated when trying to achieve it. The lack of medication approvals for young children creates treatment challenges because of restricted available options (National Institute for Clinical Excellence, 2019). Healthcare systems that operate at maximum capacity face difficulties in performing regular assessments and monitoring of patients.

Screen time management stands as one of the most complicated issues to address. People from all walks of life experience digital integration through their work activities and educational pursuits and social interactions. Parents face difficulties in setting screen time boundaries because they spend excessive time on screens and because their cultural environment promotes

continuous digital connection. Children in their adolescent years face opposition from their peers when they receive screen time restrictions because these limits make them feel left out. Parents face confusion about proper screen time practices because health organizations provide conflicting and unclear guidelines.

The implementation of these concepts faces ongoing difficulties which stem from societal issues. Children face increased risks because poverty exists alongside social inequality and limited mental health service access. The success of individual and community-based interventions requires structural changes which include increased funding for children's services and universal access to high-quality early education and government-led mental health initiatives. Systemic support is needed to prevent positive concepts from being underutilized or applied irregularly.

Conclusion

The wide range of concepts studied throughout this course has expanded my knowledge about children's mental health which exists as a complex system that affects people at individual and family and community and social levels. The essential lesson for child wellbeing support involves mastering evidence-based methods including CBT and play therapy and trauma-informed care and parenting programs and medication management while understanding how to implement them effectively in resource-constrained environments with policy restrictions and cultural influences.

The workplace provides me with multiple chances to put these concepts into practice by working with other professionals and delivering therapy to children and supporting parents and promoting change in schools and communities. The implementation of these ideas faces multiple obstacles which include restricted resources and established punitive systems and social discrimination and the intricate nature of digital existence.

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Statement of participation

Chikomborero Gava

has passed the free course including all mandatory tests for:

Supporting children's mental health and wellbeing

This free 24-hour course explored the issue of mental health and wellbeing in relation to children.

Issue date: 20 September 2025



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This statement does not imply the award of credit points nor the conferment of a University Qualification.
This statement confirms that this free course and all mandatory tests were passed by the learner.

Please go to the course on OpenLearn for full details:

<https://www.open.edu/openlearn/education-development/supporting-childrens-mental-health-and-wellbeing/content-section-overview>

COURSE CODE: **CMH_1**



Supporting children's mental health and wellbeing

<https://www.open.edu/openlearn/education-development/supporting-childrens-mental-health-and-wellbeing/content-section-overview>

Course summary

Do you have a professional or personal interest in the mental health issues affecting young children? Are you working with children or are you a parent or carer? This free course, Supporting children's mental health and wellbeing, is designed to give insight into the factors that are contributing to our youngest citizens' poor mental health; examining factors from a national and global perspective. By the end of the course, you will have gained knowledge about strategies and interventions that will help you to understand how you can support children's mental health and improve their wellbeing. This statement serves as proof of the successful completion of a course accredited by the CPD Standards Office. You have earned 24 CPD points through your participation in this course.

Learning outcomes

By completing this course, the learner should be able to:

- understand the causes of mental health in young children age 0-5
- identify the factors that contribute to good mental health in children
- explore national and global influences on children's mental health
- develop knowledge about strategies and interventions to improve mental health in children
- examine how adults and society can support children's mental health and wellbeing.

Completed study

The learner has completed the following:

Session 1

Session 1: Setting the scene by looking at the past

Session 2

Session 2: Increasing your knowledge of mental health

Session 3

Session 3: Mental health promotion and education

Session 4

Session 4: A global view of children's mental health and wellbeing

Session 4 compulsory badge quiz (score 93%)

Session 5

Session 5: Wellbeing and mental health in education settings

Session 6

Session 6: Professional support for children and their mental health

Session 7

Session 7: Exploring some of the interventions to support children's mental health

Session 8

Session 8: The influence of screen time on young children's mental health and wellbeing

Session 8 compulsory badge quiz (score 97%)