Parental Understanding of Mental Health in Early Childhood Development: A Human Capabilities Approach

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Acknowledgements

Introduction

The period of early childhood is identified as being the most important phase across the developmental lifespan (Black et al., 2017; Britto et al. 2017; Johnson, 2011; Richter et al. 2017; WHO, 2015). The World Health Organization (WHO) indicates that healthy early childhood development (ECD) includes the physical, socio-emotional, language, and cognitive domains of development. All of these are of equal importance as ECD strongly influences the child's well-being, mental health, competency in literacy and numeracy, delinquency, and economic participation throughout life, which has significant implications for economic burdens in countries (United Nations [UN], 2015; UNICEF, 2010; WHO, 2015). Furthermore, ECD has received substantial attention since it was included in the United Nations Sustainable Development Goals (SDGs) (Britto et al., 2017; UN, 2015). However, it is estimated that 43% of children in low- and middle-income countries are at risk of not reaching their developmental potential (Black et al., 2017; Britto et al., 2017, Richter et al. 2017; WHO, 2015), and that 10.5 million children living in poverty die before the age of 5 from preventable causes (Black et al., 2017; WHO, 2015). As such, ensuring the socio-emotional development in ECD and other developmental areas contributes toward ensuring the well-being and mental health in children, allowing them to reach their full potential and life course.

This paper will look at the literature on mental health in early childhood through the lens of the human capabilities approach. Furthermore, the research and results presented in this paper highlight parents' understanding of mental health and their perceptions of their children's behavior when experiencing different emotions.

Literature review

Mental health is defined as the absence of mental illness or a mental state which contributes to an individual's ability to function in their environment by taking into consideration emotional, psychological, and social well-being (Lorke et al., 2021; Manwell et al., 2015; White et al., 2016). It is a state of well-being whereby individuals realise their capabilities, cope with normal life stressors, work productively, make a positive contribution to their community (WHO, 2015), and includes people's ability to fully understand and express their emotions and maintain relationships (Benjamin et al., 2021). It is understood as giving an individual a feeling of understanding and control over both internal behaviors such as anxiety and depression and external behaviors such as anger and aggression (Anderson et al., 2013; Coggins & Carnes-Holt, 2021; Fischer et al., 2014; Tremblay, 2000). Therefore, mental health is an important aspect of an individual's life as it fosters a sense of well-being and contributes to social interactions with family and the greater community while nurturing a sense of belonging despite the presence of social ills.

Parent-child interaction and mental health in early childhood

In South Africa, the National Integrated Early Childhood Development policy (2015) states that disruption in parental caregiving such as from neglect, abuse, abandonment, illness, or death of the caregiver results in mental health and emotional and behavioral challenges in early childhood starting from as early and infancy (Davids et al., 2015). In addition, the South African National Development Plan (2030) indicates that the State needs to play a bigger role in mental illness by ensuring the provision of social welfare services, including partnering with community and private sectors for people of all ages including early childhood. Without receiving the

necessary support from the Government, mental ill-health has the potential to be transferred from one generation to the next.

The impact of parenting on a child's mental health cannot be underestimated (Fehr et al., 2020). Parenting, including family structure and family practices, such as parental stress, parenting styles, socio-economic status (SES), and cohesion in the family have been identified as being key determinants in a child's physical and mental health (Fehr et al., 2020; Schulte et al., 2019; Wickham et al., 2017, WHO, 2018). It is important to understand whether parents have the ability to identify the psychological and emotional well-being of their children to determine the effects on their development. Furthermore, the South African National Research Council (2004) indicated that 1 in 10 children was found to have a significant mental health problem that leads to some form of impairment due to living in low socio-economic areas where fewer resources, such as access to basic health services, are available (Anderson et al., 2013; Coggins & Carnes-Holt, 2021; Fischer et al., 2014). These impairments include but are not limited to, absence from school, educational challenges, impaired cognitive development, delinquent behavior, initiation of substance use during adulthood, and a reduced lifespan (Dillman Taylor et al., 2021; Goldberstein et al., 2019). Therefore, it is important to ensure that children are provided with the opportunity to reach their full capabilities, such as having access to basic health services, including mental health services, a safe environment, and opportunities, which contributes to their sense of belonging, socio-emotional development and well-being (Coggins & Carnes-Holt, 2021; Eckert et al., 2017; Smalley et al., 2010).

Emotional regulation, mental health, and well-being in children
Emotional regulation is believed to promote mental health and well-being (Compas et al., 2017; Villani et al., 2018). In this article, emotional regulation refers to an individual's ability to manage and respond to an emotional experience in an effective manner. One of the definitions for mental health in children is the ability to successfully regulate and express emotions (Compas et al., 2017; Fegert et al., 2020; Zeanah & Zeanah, 2018). Therefore, emotional regulation in children is an essential part of their mental health and well-being. Dysfunctional emotional regulation is identified as consequently contributing to the development of borderline personality disorder, aggressive behavior, depression, and anxiety disorders (Berking & Wupperman, 2012). The parent-child relationship is particularly important in the emotional regulation of the child (Fehr et al., 2020). Zeanah and Zeanah (2018) state that a parent-infant relationship with positive qualities such as warmth, attentive involvement, and sensitive resolution of stress have been linked to more optimal social and emotional and cognitive development (WHO, 2018).

Theoretical framework
The Human Capabilities Approach, which is a flexible theoretical framework, places focus on functioning, freedoms, and opportunities, which are constructs that are fundamental to a person's well-being (Benjamin et al., 2021; Nussbaum, 2003; Shinn, 2015). According to Nussbaum (2003), "capabilities refer to the importance of what people are actually able to do and to be" (p. 33). Nussbaum suggests that there are 10 central functions to human capabilities that create a quality of life and sense of well-being. These include life, bodily health, bodily integrity, sense, imagination and thought, emotions, practical reason, affiliation, other species, play, and control over one's environment (Shinn, 2015). These 10 capabilities are viewed as being general goals that can be further fostered by society. This study focused in particular on the

fifth capability, emotions, as it relates to the person's ability to experience belonging, love, grief and appropriate sadness, gratitude, justified anger, and not having one's emotional development negatively affected by fear and anxiety. (Nussbaum, 2003, p. 41). Additionally, Nussbaum states that supporting all forms of human association means supporting this capability, which can be shown to be crucial in human development. That said, it is argued that "using the capabilities approach to children's issues can provide a fruitful path to evaluate and promote their development" (Comim, 2011, p. 331). Thus, emotions, mental health, and control over one's environment are aspects that are important to a child's development, as they may impact what they are able to do and their contribution to society (Nussbaum, 2003; Shinn, 2015).

As the period of early childhood is the foundation for survival, growth, development, and protection of children across all domains and competencies, the policies and laws set out by the South African Government aim to give effect to the rights of infants and children to develop to their full potential (UNICEF, 2015, WHO, 2018). This study explored parents' understanding of mental health and their ability to identify their children's behavior when the child experiences, and observes their parents experience of, basic emotions, such as happiness, sadness, or anger. Furthermore, the study employed the human capabilities framework, specifically looking at the emotion's component within a low-income area in the Western Cape, South Africa.

Method

Study setting and participants

Participants in this study were recruited by means of convenient sampling. A door-to-door sampling process was also used during the data collection period. The main inclusion criteria were that the selected participants had to either be a parent or primary caregiver to at least one child younger than nine years old. During the recruitment phase, parents and caregivers were included in the study if they were able to speak and understand English, Afrikaans, or isiXhosa. Additionally, the age of the child was based on the National Integrated Plan in Early Childhood Development in South Africa, which acknowledges three age phases in the broader ECD definition, from birth to three, from three to six, and from six to nine (UNICEF, 2015). Semi-structured interviews were used and conducted either at participants' homes or the ECD centre their child attended. The final sample consisted of 12 participants, 11 parents, and one caregiver who were all female, with an average age of 28.6 years. Data were collected in the Cape Flats and Rural areas within the Western Cape by means of semi-structured interview schedules.

Procedure and data collection

Ethical approval was obtained from the Humanities and Social Sciences Research Ethics Committee (HS17/6/5). Recruitment consisted of researchers going door-to-door and requesting participation of anyone older than 18 in the home who was either pregnant or had a child aged 0 - 9. Additionally, researchers also gained access to participants via community-based organisations as well as ECD centres. Participants received an explanation of the purpose of the study and were informed that their participation was completely voluntary in a language they understood and/or preferred. Confidentiality was ensured by removing any participant identifiers.

Each interview consisted of 14 questions and lasted approximately 30 minutes. Interview questions were focused on parents' understanding of mental health and the behavior of their children when experiencing basic emotions or observing parents'

basic emotions. Leading questions were followed by probing questions based on participants' responses. Interviews were conducted in English, Afrikaans, and isiXhosa, as these are predominant languages within the Western Cape. The interview schedule was translated into Afrikaans and isiXhosa and then back-translated to ensure quality, accuracy, and compatibility with the original interview schedule.

Data analysis

All Afrikaans and isiXhosa interviews were translated into English during the transcribing phase. After transcription, the study analysed the qualitative data by use of Braun and Clark's (2006) six steps of thematic analysis. Firstly, researchers familiarized themselves with the data by reading and re-reading transcriptions; after which they generated initial codes. Once coding was completed, researchers searched for themes by sorting the different codes into ideas that were related. The next step included the identification and naming of themes to ensure that meanings were captured and definitions for each theme were generated. Once each theme was described and defined, quotations from transcripts were used to illustrate and capture the essence of the themes.

Results

The sample consisted of 12 participants (n=11 parents of a child and n=1 caregiver) all of whom were female. A larger proportion of participants had a grade 12 certificate (n=7) and all participants resided in either the Cape Flats or Rural areas in and around Cape Town, South Africa. Four themes were identified namely, (1) understanding mental health, (2) participant awareness of mental health in parents and/or caregivers, (3) child's behavior when experiencing basic emotions, and (4) child's behavior when observing parents basic emotions. The results indicated that the participants had little to no understanding and knowledge of what mental health is, as it was often interpreted as the presence of mental illness. This, in turn, was reflected in their perceptions of parental mental health. Participants reported on the presence of mental illness or stress as a result of a child's behavior. Furthermore, parents referred to their child's behavior when their children expressed basic emotions, such as happy or sad or observing and imitating the parents' emotions. Parents were able to identify the different ways their child behaved when happy, sad, or angry, and reported their child to be very expressive of these basic emotions. Additionally, when focusing on the parents' awareness related to their child's behavior, specifically when observing parent's emotions, it was reported that children would often mirror their parents' emotions.

Understanding mental health

Participants were asked about their understanding of mental health and mental health in children. From the data analysed, it was found that many participants linked mental health to the presence of mental illness. Parents and/or caregivers would refer to something being wrong in an individual's head. This is evidenced in the extracts provided below:

"To raise a child… if a child is sick, a child is sick, something like that? Yes, mental is when a person is not right or what?" (Participant 1, 32 years old).

"Mental health has to do with depression and stress…" (Participant 10, 35 years old).

"It is when a person is mad or crazy… it is the same as an old crazy person" (Participant 4, 42 years old).

Although participants did not speak about or allude to positive mental health, such as experiencing positive emotions or functioning well within society, it is evident that participants' understanding of mental health was primarily situated around negative mental health. This is evident in the extract from participant 10 who mentions "depression and stress". Mental health was also associated with brain dysfunctions and people's behaviors specifically, being "crazy," as suggested by participant 4. This is indicative of the participants' lack of comprehension and perception of mental health within this study.

Participant awareness of mental health in parents and/or caregivers

This theme emerged when participants were asked about their understanding of mental health in parents and/or caregivers. Responses were commonly related to parents experiencing stress because of a child's behavior. Stress was identified as impacting the mental health of parents, as they would experience frustration and reported depression.

"When a child is disobedient and lacks respect, parents want to be heard by their children so when they are not heard, when they are trying to direct the child into the right direction can feel overwhelmed and stressed out… feeling as if you are not in control of your child or that you can't get through to them can be frustrating and depressing" (Participant 8, 35 years old).

As presented in the extract above, participant 8 states that mental health in parents is related to a sense of losing control over one's child, which subsequently leads to the presence of mental illness. As such, although participants did not directly speak to parental mental health or the importance thereof, it was found that the term mental health was associated with experiences of stress as well as mental illness.

Child's behavior when experiencing basic emotions

Participants reported similar behavioral attributes of their children when experiencing basic emotions such as happiness, sadness, and anger. Parents were able to identify these different emotions in their children. Overall, participants indicated that their children were very expressive of those basic emotions when they experienced them. Due to participants being asked as two separate questions what the behavior of their child is when angry and sad, the answers provided by participants, as presented in the extracts below, are presented together.

"My child throw[s] stuff around and kick[s] [when angry] … [When sad] the tears flow willingly…" (Participant 3, 36 years old)

"She is very aggressive [when angry] … She cries continuously… she doesn't stop [when sad]" (Participant 2, 24 years old)

It was commonly reported by participants that their children would cry when they are angry as well as when they are sad. However, others indicated that when their children experienced anger, they would become aggressive. Based on parents' accounts, children would often express their emotions using externalizing behavior which may be construed as children being rebellious.

Furthermore, when asked about the behavior of their child when happy, parents indicated that their child expresses happiness through interacting frequently with them, specifically characterized by playing and laughing.

"*She laughs, she get[s] overexcited, she's playing, she's laughing, she's talking*" (Participant 12, 23 years old).

Based on the extracts provided, it is evident that parents in this study were more likely to identify their child's behavior when the child experiences different emotions, suggesting that external behaviors can be an indication of the mental health state in children.

Child's behavior when observing parent's basic emotions

When participants were asked about the behavior of their children when the children observed parents or caregivers experiencing anger, sadness and happiness, many participants indicated that their children were very aware of the emotions they experience. As such, parents reported children showing signs of fear when parents express anger and often mirroring parents' emotions when they are sad or happy. Moreover, from the results, it is evident that emotions are transferred between the participating parent and/or caregiver and their child.

"*[When angry] she will stay out of my way, she won't still be around me… [When sad] she will just sit by me… [When happy] she will be around me, not still do other stuff, just be around me*" (Participant 2, 24 years old).

"*[When angry] they get frightened and scared because they can see my facial expression, so that's when they don't come near me… When I'm sad they are sad too… When I am happy they are happy as well.*" (Participant 11, 48 years old).

Based on the participant reports, their emotional state has a significant impact on the emotional state of their child.

Discussion

The results of this study indicate that participants seem to have insufficient understanding and knowledge regarding mental health in both themselves as parents and their children. The aim of the Global Strategy for Women's, Children and Adolescents' Health is for women and children to not only survive, but to thrive and have the opportunity to live a life which includes access to health, educational, and social services, as well as opportunities to participate without the fear of discrimination and to have their basic human rights fulfilled (Kuruvilla et al., 2016). This could be achieved through improving awareness and understanding through psychoeducation and the availability of social welfare services in previously disadvantaged areas.

According to the Nurturing Care framework, for children to reach their full potential, they need the following five components: responsive caregiving, good health, adequate nutrition, opportunities for early learning, and security and safety (WHO, 2015). Responsive caregiving refers to the caregiver being aware of, understanding, and responding to the needs of their child (WHO, 2015). Additionally, responsive caregiving would apply to achieving good health in parents, caregivers, and their children.

Aboud and Yousafzai (2015) indicate that mental health includes the emotional well-being of an individual. Nussbaum (2011) indicates that emotions set the scene

for our social and mental lives. Therefore, with health being defined as a complete state of physical, mental, and social well-being, and not just the absence of illness or disease (WHO, 2013), it is evident that participants have a misperception of what health and particularly mental health is in people of different ages. Many of the participants related mental health to the presence of mental illness or disorder as related to psychological well-being but lacked to mention the emotional aspect thereof. The study also found that there is a lack of understanding as to what contributes to the mental state of individuals (Anderson et al., 2013; Coggins & Carnes-Holt, 2021; Fehr et al., 2020). When relating it to children, parents seemed to not know what factors could relate to the mental well-being of their children. This is passed down to their children and perpetuates the cycle of knowledge-poverty. This is compounded by the lack of services available at a municipal and non-governmental level in the community (Coggins & Carnes-Holt, 2021; Fehr et al., 2020), and is related to many parents strongly believing that their children are coping and happy, mainly because their children are with the parents at all times, and as such, they view their children as happy and engaging well (Fegert et al., 2020).

Participants associated mental health in parents with losing a sense of control over their children and associated mental health in children with disruptive behavior. They perceived this as causing significant stress, frustration, and depression in parents. This finding is meaningful as family experiences shape the development and growth of an individual, shape the way a family is likely to operate, and in turn, shape individual characteristics which could include mental health concerns (Marston, Maybery & Reupert, 2018; Wildman & Langkamp, 2012). Therefore, the way in which family members interact with one another influences the way the family functions and allows for human flourishing to occur (Nusbaum, 2003; Shinn, 2015). Furthermore, there is substantial evidence that suggests that parenting skills and parent-child interactions are affected by the presence of a mental illness, such as depression in parents (David, Styron & Davidson, 2011; Maybery, et al., 2019). If parents are struggling with stress and undiagnosed depression, there is a chance that their parent practices will be affected. This, in turn, impacts the child and could lead to mental health challenges, such as behavioral concerns or difficulty experiencing or expressing emotions in an appropriate manner. This is related to behavioral problems being identified as the most common mental health problem in early childhood (Compas et al., 2017; Ryan et al., 2017). Family functioning has also been identified as being adversely affected when a parent has any mental health concerns (Marston et al., 2018).

Within rural areas, such as this South African study setting, service delivery and opportunities to achieve a healthier life is lacking, especially in rural and deep rural areas (Anderson et al., 2013; Coggins & Carnes-Holt, 2021; Smalley et al., 2010). Therefore, the capacity to achieve mental and emotional health to function and flourish will continue to be compromised, thus resulting in disruptions in the family, schools, and society (Dillman Taylor et al., 2020; Gonzales-Ball & Bratton, 2019; Morrison & Bratton, 2010).

Implications of the study

This study provides insights into parents' understanding of mental health in ECD in low-resourced communities. The study aims to provide assistance to policymakers when developing policies so that services may be scalable as well as provide extra

mental health and social welfare support services. Furthermore, the study also provides guidance for ECD practitioners to assist parents and families. The sooner the behavior is identified, the sooner parents may seek social welfare support and education for their children.

Recommendations

Despite the policies developed to signify the importance of mental health in all individuals, but more specifically in women and children, individuals living in previously disadvantaged and rural areas are not receiving the social welfare services and education they require. To break the cycle of poverty, it is the government's responsibility to ensure services are made available and that all individuals are receiving the necessary services and knowledge required to achieve mental health and well-being. Furthermore, ECD practitioners should also receive the necessary training to guide parents and address mental health in ECD. Public and private funding should also be made more easily available to provide training and support to ECD practitioners, parents, and communities. As such, mental health should be integrated into existing programs and non-government organisations (NGO's), and Government programs should be aligned and made more accessible to more people in low-income communities. Additionally, more resources should be made available via NGO's and community government organizations. Furthermore, the authors encourage similar research to be conducted within the South African context among a larger sample to further contribute to the body of knowledge related to mental health and ECD in the country.

Conclusion

The study highlights parents' understanding of mental health and their ability to identify the behavior of their children. However, when children experience their own basic emotions and observe their parents basic emotions such as happiness, sadness, or anger as well as the child's interaction with others, it is not without its limitations. Due to the qualitative nature of the study, findings cannot be generalized to all parents and children in low SES areas. Additionally, the lack of parental knowledge and insight in understanding of mental health is another identified limitation, as participants were not asked from where they might have received information regarding their interpretation of mental health. This is related to the focus of the study on parents' existing knowledge of mental health and their perception and interpretation of their child's behavior when the child experiences or observes parental emotional expression. For these reasons, future research could undertake a quantitative approach when focusing on parents or caregivers' knowledge on mental health or allow for greater depth on participants' knowledge about mental health. Additionally, data could be collected in both urban and rural areas to identify any differences or similarities which may exist among parents and/or caregivers.

References

Aboud, F. E., & Yousafzai, A. K. (2015). Global health and development in early childhood. *Annu Rev Psychol*, *66*(1), 433-457. https://doi.org/10.1146/annurev-psych-010814- 015128

Anderson, N. J., Neuwirth, S. J., Lenardson, J. D., & Hartley, D. (2013). Patterns of care for rural and urban children with mental health problems. https://digitalcommons.usm.maine.edu/cgi/viewcontent.cgi?article=1042&context=behavioral_health

Barry, B (2005). *Why social justice matters*. Cambridge: Polity Press.

Berking, M., & Wupperman, P. (2012). Emotion regulation and mental health: recent findings, current challenges, and future directions. *Current opinion in psychiatry*, *25*(2), 128-134.

Benjamin, F., Vickerman-Delport, S. A., & Roman, N. V. (2021). Mental health care services in rural South Africa: a human capabilities approach. *Social Work in Mental Health*, 1-16.

Bhugra, D., Till, A., & Sartorius, N. (2013). What is mental health? International Journal of Social Psychiatry, 59, 3-4. https://doi.org/10.1177/0020764012463315

Bolton, C., Calam, R., Barrowclough, C., Peters, S., Roberts, J., Wearden, A., & Morris, J. (2003). Expressed emotion, attributions and depression in mothers of children with problem behaviour. *Journal of Child Psychology and Psychiatry*, *44*(2), 242-254.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative research in psychology*, *3*(2), 77-101.

Britto, P. R., Lye, S. J., Proulx, K., Yousafzai, A. K., Matthews, S. G., Vaivada, T., ... & MacMillan, H. (2017). Nurturing care: promoting early childhood development. *The Lancet*, *389*(10064), 91-102.

Bøe, T., Sivertsen, B., Heiervang, E., Goodman, R., Lundervold, A. J., & Hysing, M. (2014). Socioeconomic status and child mental health: The role of parental emotional well-being and parenting practices. *Journal of abnormal child psychology*, *42*(5), 705-715.

Coggins, K., & Carnes-Holt, K. (2021). The efficacy of child-teacher relationship training as an early childhood mental health intervention in Head Start programs. *International Journal of Play Therapy*, *30*(2), 112.

Comim (2011) Developing Children's Capabilities: The Role of Emotions and Parenting Style. In M. Biggeri, J. Ballet, & F. Comim (Eds.). *Children and the capability approach* (pp. 331-339). Springer.

Compas, B. E., Jaser, S. S., Bettis, A. H., Watson, K. H., Gruhn, M. A., Dunbar, J. P., ... & Thigpen, J. C. (2017). Coping, emotion regulation, and psychopathology in childhood and adolescence: A meta-analysis and narrative review. *Psychological bulletin*, *143*(9), 939.

Collishaw, S., Hammerton, G., Mahedy, L., Sellers, R., Owen, M. J., Craddock, N., Thapar, A. K., Harold, G. T., Rice, F., & Thapar, A. (2016). Mental health

resilience in the adolescent offspring of parents with depression: a prospective longitudinal study. *The Lancet Psychiatry*, *3*(1), 49-57.

David, D. H., Styron, T., & Davidson, L. (2011). Supported parenting to meet the needs and concerns of mothers with severe mental illness. *American Journal of Psychiatric Rehabilitation*, *14*(2), 137-153.

Davids, M., Samuels, M. L., September, R., Moeng, T. L., Richter, L., Mabogoane, T. W., Goldman, I., & Buthelezi, T. (2015). The pilot evaluation for the National Evaluation System in South Africa–A diagnostic review of early childhood development. *African Evaluation Journal*, *3*(1), 7. https://doi.org/10.4102/aej.v3i1.141

Dillman Taylor, D., Purswell, K., Cornett, N., & Bratton, S. C. (2021). Effects of child-centered play therapy (CCPT) on disruptive behavior of at-risk preschool children in Head Start. *International Journal of Play Therapy*, *30*(2), 86.

Eckert, M. D., Nishimura, S. T., Oka, L., Barber, S., Fleming, L., Hishinuma, E. S., Goebert, D. A., & Guerrero, A. P. (2017). A pilot school-based rural mental health consultation program utilizing an innovative stakeholder partnership at a diverse elementary school. *Journal of Rural Mental Health*, *41*(4), 263.

Fegert, J. M., Vitiello, B., Plener, P. L., & Clemens, V. (2020). Challenges and burden of the Coronavirus 2019 (COVID-19) pandemic for child and adolescent mental health: a narrative review to highlight clinical and research needs in the acute phase and the long return to normality. *Child and adolescent psychiatry and mental health*, *14*, 1-11.

Fehr, K. K., Leraas, B. C., & Littles, M. M. (2020). Behavioral health needs, barriers, and parent preferences in rural pediatric primary care. *Journal of Pediatric Psychology*, *45*(8), 910-920.

Fischer, R. L., Anthony, E. R., Lalich, N., & Blue, M. (2014). Addressing the early childhood mental health needs of young children: Evaluating child and family outcomes. *Journal of Social Service Research*, *40*(5), 721-737.

Forman, R. F. & Nagy, P. D. (2006). *Substance Abuse: Clinical issues in intensive treatment outpatient treatment*. Rockville MD: Substance Abuse and Mental Health Service Administration.

Gonzales-Ball, T. L., & Bratton, S. C. (2019). Child–teacher relationship training as a Head Start early mental health intervention for children exhibiting disruptive behavior. *International Journal of Play Therapy*, *28*(1), 44.

Henderson, A., Harmon, S., & Newman, H. (2016). The price mothers pay, even when they are not buying it: Mental health consequences of idealized motherhood. Sex Roles, 74(11-12), 512-526.

Kuruvilla, S., Bustreo, F., Kuo, T., Mishra, C. K., Taylor, K., Fogstad, H., Gupta, G. R., Gilmore, K., Temmerman, M., Thomas, J., Rasanathan, K., Chauban, T., Mohan, A., Gruending, A., Schweitzer, J., Dini, H. S., Borrazzon, J., Fassil, H., Gronseth, L., … & Castello, A. (2016). The Global strategy for women's, children's and adolescents' health (2016–2030): a roadmap based on evidence and country experience. *Bulletin of the World Health Organization*, *94*(5), 398.

Lorke, M., Schwegler, C., & Jünger, S. (2021). Re-claiming the power of definition—The value of reflexivity in research on mental health at risk. In *Qualitative Research Methods in Mental Health* (pp. 135-165). Springer, Cham.

Manwell, L. A., Barbic, S. P., Roberts, K., Durisko, Z., Lee, C., Ware, E., & McKenzie, K. (2015). What is mental health? Evidence towards a new definition from a mixed methods multidisciplinary international survey. *BMJ open*, *5*(6), e007079.

Marston, N., Maybery, D., & Reupert, A. (2018). Parent perceptions comparing times of parental mental wellness and illness using a family functioning model. *Journal of Family Studies*, *24*(3), 235-256.

Maybery, D., Goodyear, M., Reupert, A., Sheen, J., Cann, W., O'Hanlon, B., & Cuff, R. (2019). A mixed method evaluation of an intervention for parents with mental illness. *Clinical child psychology and psychiatry*, 1359104518822676.

Morrison, M. O., & Bratton, S. C. (2010). Preliminary investigation of an early mental health intervention for Head Start programs: Effects of child teacher relationship training on children's behavior problems. *Psychology in the Schools*, *47*(10), 1003-1017.

Nussbaum, M. (2003). Capabilities as fundamental entitlements: Sen and social justice. *Feminist economics*, *9*(2-3), 33-59.

Nussbaum, M. C. (2011). *Creating capabilities*. Harvard University Press.

Patel, V., Rahman, A., Jacob, K. S., & Hughes, M. (2004). Effect of maternal mental health on infant growth in low income countries: new evidence from South Asia. *Bmj*, *328*(7443), 820-823.

Ryan, R., O'Farrelly, C., & Ramchandani, P. (2017). Parenting and child mental health. *London journal of primary care*, *9*(6), 86–94. doi:10.1080/17571472.2017.1361630

Sachs, J. D. (2012). From millennium development goals to sustainable development goals. *The Lancet*, *379*(9832), 2206-2211.

Schulte, M. T., Marelich, W., Lanza, H. I., Goodrum, N. M., Armistead, L., & Murphy, D. A. (2019). Alcohol use, mental health, and parenting practices among HIV-positive mothers. *Journal of HIV/AIDS & Social Services*, 1-18.

Shinn, M. (2015). Community psychology and the capabilities approach. *American journal of community psychology*, *55*(3-4), 243-252.

Smalley, K. B., Yancey, C. T., Warren, J. C., Naufel, K., Ryan, R., & Pugh, J. L. (2010). Rural mental health and psychological treatment: A review for practitioners. *Journal of clinical psychology*, *66*(5), 479-489.

Tremblay, R. E. (2000). The development of aggressive behaviour during childhood: What have we learned in the past century? *International journal of behavioral development*, *24*(2), 129-141.

National Planning Commission. (2013). National development plan vision 2030.

UNICEF (2015). *National Integrated Early Childhood Development Policy*. Pretoria: Government Printers

UN, *Transforming Our World: The 2030 Agenda for Sustainable Development* (UN, New York, 2015); http://bit.ly/TransformAgendaSDG-pdf

Villani, D., Carissoli, C., Triberti, S., Marchetti, A., Gilli, G., & Riva, G. (2018). Videogames for emotion regulation: a systematic review. *Games for health journal*, *7*(2), 85-99.

White, R. G., Imperiale, M. G., & Perera, E. (2016). The Capabilities Approach: Fostering contexts for enhancing mental health and wellbeing across the globe. *Globalization and health*, *12*(1), 1-10.

Wickham, S., Whitehead, M., Taylor-Robinson, D., & Barr, B. (2017). The effect of a transition into poverty on child and maternal mental health: a longitudinal analysis of the UK Millennium Cohort Study. *The Lancet Public Health*, *2*(3), e141-e148.

Wildman, B. G., & Langkamp, D. L. (2012). Impact of location and availability of behavioral health services for children. *Journal of clinical psychology in medical settings*, *19*(4), 393-400.

Williams, K. E., Berthelsen, D., Walker, S., & Nicholson, J. M. (2017). A developmental cascade model of behavioral sleep problems and emotional and attentional self-regulation across early childhood. *Behavioral sleep medicine*, *15*(1), 1-21.

World Health Organization. (2013). Mental health action plan 2013-2020.

World Health Organization. (2018). Nurturing care for early childhood development: a framework for helping children survive and thrive to transform health and human potential.

Zeanah, C. H. & Zeanah, P. D. (2018). The scope of infant mental health. In P. D. Zeanah, (Ed.), *Handbook of infant mental health* (pp. 5-21). New York, Guilford Publications.