

Requesting Assistance from all Child and Family Practitioners to Reduce the Effects of Children with Psychiatric Illness's Poor Behavioural Health

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Introduction

Child and family practitioners play a crucial role in promoting the behavioral health of children with psychiatric illnesses. Psychiatric illnesses are a growing concern among children, and their effects can be far-reaching and long-lasting. As child and family practitioners, it is important to take proactive steps to reduce the effects of poor behavioral health among children with psychiatric illnesses. This article aims to highlight the importance of this issue and request assistance from all child and family practitioners to help reduce its effects. Organizations to create supportive environments for children with psychiatric illnesses. Advocating for increased access to mental health services and resources for children with psychiatric illnesses. Participating in research and advocacy efforts to promote awareness of the challenges facing children with psychiatric illnesses.

Description

Behavioral health plays a crucial role in the overall health and well-being of children with psychiatric illnesses. Children with these illnesses may struggle with behavioral issues such as aggression, impulsivity, and difficulty in following rules and instructions. These behavioral issues can lead to problems in school, difficulty in social relationships, and may increase the risk of substance abuse and criminal behavior later in life. Child and Family Practitioners' Role in Promoting Behavioral Health. Child and family practitioners play a critical role in promoting the behavioral health of children with psychiatric illnesses. They can provide support and resources to families to help manage the behavioral issues associated with psychiatric illnesses. This support can include providing counseling, behavioral therapy, and medication management. Child and family practitioners can also work with schools and other community organizations to help create supportive environments for children with psychiatric illnesses. This may include working with teachers to develop appropriate accommodations for children with behavioral issues, providing training and resources to school staff, and promoting awareness of the challenges facing children with psychiatric illnesses [1,2].

According to early results from the scale's applied to children version in Spanish, the scale is composed of three main associated components. There were only differences in the loading of three items; otherwise, this 3-factor model is comparable to that reported by Silverman et al. employing a mixed

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sample of children and adolescents. A hierarchical structure based on these three main elements and one higher-order factor is also suggested by this study. Despite the fact that both oblique models appeared to suit the data well and the discovered outcomes, the non-hierarchical model suited the data a little bit better. As far as we are aware, there hasn't yet been a publication of information on the factorial structure of the Spanish translation [3].

Adolescent sample-based published data are not conclusive. Component studies included in systematics' review had a focus on the factor structure of the in adolescents and only evaluated the whole 18-item version of the scale. The latter investigations concentrated on condensed versions, including a 9-item physical factor version and a 16-item ASI for adult's version. Claimed that the 4-factor structure based on the 13-item CASI version was the best factorial solution, however they failed to detect any genuine differences between the 3- and 4-factor structures or between the hierarchical and non-hierarchical correlated models [4].

Reducing the effects of poor behavioral health among children with psychiatric illnesses requires a concerted effort from all child and family practitioners. As practitioners, we can take proactive steps to promote behavioral health by: Providing education and training to families on how to manage behavioral issues associated with psychiatric illnesses. Working with schools and community organizations to create supportive environments for children with psychiatric illnesses. Advocating for increased access to mental health services and resources for children with psychiatric illnesses. Participating in research and advocacy efforts to promote awareness of the challenges facing children with psychiatric illnesses and promote policies that support their overall health and well-being [5].

Conclusion

The growing problem of psychiatric illnesses among children is a concern that requires attention from all child and family practitioners. By taking proactive steps to promote behavioural health, we can help reduce the effects of poor behavioural health among children with psychiatric illnesses. We must work together to provide support, resources, and advocacy efforts to promote the overall health and well-being of children with psychiatric illnesses.

Acknowledgement

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Conflict of Interest

None.

References

1. Nordmann, Jean-Phillipe, Muriel Viala, Kate Sullivan and Benoit Arnaud, et al. "Psychometric validation of the National Eye Institute Visual Function Questionnaire—25 (NEI VFQ-25) French version: In a population of patients treated for ocular hypertension and glaucoma." *Pharmacoeconomics* 22 (2004): 197-206.

2. Mangione, Carol M., Paul P. Lee, Peter R. Gutierrez and Karen Spritzer, et al. National eye institute visual function questionnaire field test investigators. "Development of the 25-item national eye institute visual function questionnaire." *Arch Ophthalmol* 119 (2001): 1050-1058.
3. Rathod, Shanaya, Saseendran Pallikadavath, Elizabeth Graves and Mohammad Mahbubur Rahman, et al. "Impact of lockdown relaxation and implementation of the face-covering policy on mental health: A United Kingdom COVID-19 study." *World J Psychiatry* 11 (2021): 1346.
4. Creamer, Mark, Richard Bell and Salvina Failla. "Psychometric properties of the impact of event scale—Revised." *Behav Res Ther* 41 (2003): 1489-1496.
5. Kawamura, Noriyuki, Yoshiharu Kim and Nozomu Asukai. "Suppression of cellular immunity in men with a past history of posttraumatic stress disorder." *Am J Psychiatry* 158 (2001): 484-486.

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