**Mental Health**

Grand Canyon University

PSY-452 Experimental Psychology

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**Abstract**

This research proposal focuses on the issue of mental health of children below 12 years. Guardians or parents who are at the Centre of focus in this research proposal, fail in various ways; some guardians or parents fail to meet their responsibilities due to being in an unstable financial situation, health issues, and other adulthood challenges, (Downs 2019).

Others are mostly absent and fail to be there for the psychological support of the children in the assumption that money would be their role. The participants of the proposal are the guardians, their pre-school age children, and the primary school children. The participants would be divided into groups and the study done and the findings recorded using the experimental method. The use manipulation measures of the variables would be used but restricted due to various constraints.

**Introduction**

A safe and secure present that will pave the way for a golden future is the best gift a father or guardian can give to his children. Early experiences shape a child's future since it is believed that today's child is tomorrow's future. Several abnormalities in brain structure and function, as well as stress-responsive neurobiological systems, have been related to childhood maltreatment. (Downs 2019). The influence of childhood maltreatment on health and mental well-being has been demonstrated in epidemiological research.

Unstable and destructive guardians might be someone who does not create a safe and stable environment for their children, or who is abusive to them. When necessary, fail to offer emotional, social, and psychological support to children, and Instability is best defined as the experience of abrupt, involuntary, and/or negative change in one's or one's family's circumstances, which is more likely to have negative consequences for a cognitive needs. (Downs 2019).

**Problem statement**

Overall cognitive health of a child is harmed by having a parent who is unreliable and disruptive.

**Hypothesis**

From early childhood (2-7 years old) to preadolescence, having an irresponsible and disruptive guardian is harmful to a child's mental health (7-12 years old).

**Methodology**

This section of the research explains the respondents, instruments, and research design in depth.

Respondents: Parents and their preschool-aged children with cognitive deficits (ages 2 to 7). Guardians were recruited from early intervention and preschool programs with their children (7–12 years) who had adjustment challenges as noted by their teachers in class.

The other group consisted of parents and their pre-school children, as well as children (7-12 years old) who had no problems as reported by the class teachers. Guardians are encouraged to reply to recruitment flyers distributed by their child's school or head start providers.

A research assistant to screen them over the phone after getting verbal consent to see if their child satisfied the following intersectional guidelines:

1. Age ranges from 2 to 7 years, with 7-12 years being the most common.
2. For at least 6 months, you must live with the primary caregiver. If a child was deaf or blind, they were not allowed to participate.

The study included both males and females. Native Americans make up the survey's demography.

The Children's Global Assessment Scale (CGAS) was employed. It's a technique for determining a child's or adolescent's overall level of functioning and the severity of mental illness.

The experiment is divided into two groups.

**Experimental group 1**: Parents and their children (2-7 years) with a school-reported issue.

**Experimental group 2**: Parents and their children (7-12 years old) with a school-reported issue.

**Controlled group 1**: Guardians and their children (2-7 years) who have not been reported to the school as having a problem.

**Controlled group 2**: Guardians and their children (2-7 years) who have not been reported to the school as having a problem.

*A team of specialists to evaluate the children in Experimental group 1 and Control group 1 on the following parameter:*

Reactive attachment disorder (RAD)

Feeding ailment.

Hyperactivity or motor regulation.

The Children's Global Assessment to administer its Scale to children in experimental group 2 and control group 2.

The Teacher Report Form (TRF) was used to assess all of the groups using an age-appropriate version. A structured open-ended and closed-ended interview was conducted for parental instability and destructive behavior, and the results were recorded for further analysis.

**Result**

*ANOVA*

I'll utilize ANOVA to construct a test statistic (the F-ratio) which may determine the probability (the P-value) of receiving the data assuming the null hypothesis, much like with other traditional statistical tests. A significant P-value (typically P0.05) indicates that at least one group's mean varies considerably from the others.

ANOVA is a statistical method for comparing differences in the mean between more than two groups. It accomplishes this by examining data variation and where that variation is found (hence its name). ANOVA contrasts the amount of variation within groups with the amount of variation between groups. It's suitable for both observational and experimental research.

Linear regression is also used to study continuous correlations; nevertheless, regression is very similar to ANOVA. We determine the means and deviations of our data from the means using ANOVA. In linear regression, the best line through the data is calculated, and the data deviations from this line are calculated. In both cases, the F ratio can be calculated.

*APA format*

In addition to applicable laws and psychology board regulations, I must examine this Ethics Code (APA) when making decisions about my professional activity. I may examine other materials and principles adopted or endorsed by scientific and professional psychological organizations, as well as the dictates of their conscience, when applying the Ethics Code to their professional activity, as well as confer with others in the field. To satisfy the higher ethical standard if this Ethics Code imposes a higher standard of conduct than is required by law. If a psychologist's ethical obligations conflict with the legislation, regulations, or other controlling legal authority, the psychologist declares his or her commitment to this Ethics Code and takes measures to address the dispute responsibly and following basic human rights principles.

If an apparent ethical violation has caused or is likely to cause significant harm to a person or organization and is not eligible for informal resolution under Standard or is not addressed effectively in that manner, psychologists take additional action as needed. Referral to state or national professional ethics committees, state licensing boards, or equivalent institutional authorities could be taken. When an intervention would violate confidentiality rights or when psychologists have been hired to assess the work of another psychologist whose professional conduct is in doubt, this criterion does not apply.

**Conclusion**

To wrap up my research, I'd want to make the following points: The experimental study was chosen because it allowed for a comparison between two groups to be made. Because a large population was not accessible, only 50 pupils (25-2-6 years old and 25-6-11 years old) were included.

*Future research*: Due to time constraints, the current study solely used an experimental method. There is a lot of room for more research, and long-term studies in combination with experimental studies can be done, (Searby 2019).

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