

# How to Find and Help Children with Attention-Deficit/Hyperactivity Disorder Improve Their Mental Health?

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**Abstract.** Nowadays, attention to children's mental health has increased, and the academic community pays more attention to children with ADHD. However, due to the many risk factors of ADHD, people cannot identify ADHD children in time, resulting in children with ADHD cannot get timely and appropriate intervention, resulting in many adverse effects. Therefore, to identify children with ADHD in a timely and accurate manner, this paper will use a combination of three research methods: questionnaire survey, observation and interview to evaluate the children most likely to get ADHD. On this basis, implement appropriate interventions to help this at-risk children's mental health group.

**Keywords:** Mental health; ADHD; Children; Mindful Training.

## 1. Introduction

ADHD is a neurodevelopmental disease called Attention-Deficit/Hyperactivity Disorder; hyperactivity and inattention are common, widespread, and negatively affecting symptoms of ADHD [1]. Around the world, 5% to 7% of adolescents and children suffer from ADHD [2,3].

According to numerous studies, children and teens with ADHD might be more accessible to suffer negative functional effects [4,5]. Such as low academic achievement, crime, family conflict, conduct issues, difficulties in peer relationships, and long-term health issues. Teenagers and children with ADHD had higher than average levels of risky sexual behaviour, injuries from unsafe driving, arrests, unemployment, drug use problems, and relationship challenges than their peers without ADHD [6,7]. Overall, these adverse effects of ADHD will result in a worse quality of life for those with it.

Therefore, this paper emphasises identifying the factors of children with ADHD and providing timely help. Specifically, how many risk factors are present in the child's life, and the more risk factors there are, the more at risk the child is; this paper will focus on three common risk factors and one protective factor.

## 2. Risk Factors

### 2.1 The family story of ADHD.

ADHD is a familial disorder because, compared to the general population, first-degree relatives of those with the condition have a five- to ten-fold more significant chance of developing the condition themselves [8]. Statistically, 70% -80% of heritability estimates are based on adoption and twin studies [9]. Therefore, parents of children should be asked to complete questionnaires about their respective childhood and present symptoms experiences with ADHD symptoms when they were 7 to 11 years old (during childhood) and within the last six months (during the present) by answering the 18 items on a DSM-IV ADHD symptom checklist [10] to evaluate the risk level of parents' ADHD. Overall, the family story of ADHD is a main risk factor.

## **2.2 Inattention, Hyperactivity or impulsivity symptoms.**

According to the DSM-5, there are three possible presentations of ADHD: primarily inattentive, primarily hyperactive/impulsive, and combined. Therefore, children with ADHD must recognise the signs of inattention, hyperactivity, or impulsivity. Meanwhile, teachers are one of the primary observers of children, who might be more professional than parents. Considering this context, the children's head teacher should be invited to use a teacher-completed DSM-IV-based diagnostic checklist for ADHD to assess whether the child has risks of ADHD [1].

## **3. Protective Factors**

Parents are the first teacher of their children, and parenting significantly affects children. Some research has shown the benefit of positive parenting for children with ADHD [11,12,13,14]. Especially, positive parenting supported positive adjustment for all kids and preschoolers (i.e., with and without ADHD) [13,11].

Moreover, positive parenting styles have preventative benefits for children with ADHD [15,16]. For example, positive parenting is a vital source of social support and role modelling for children, minimising issues in their interactions with classmates and teachers [17]. In this paper, The Parenting Styles Dimensions Questionnaire (PSDQ) self and spouse report could be used to examine parenting styles [18].

### **3.1 Positive Parenting.**

Children's first teachers are their parents. Children are significantly affected by parenting. Some research has shown the benefit of positive parenting for children with ADHD [11,19,13,14]. In addition, positive parenting styles have preventative benefits for kids with ADHD [15,16]. After considering the impacts of ADHD symptom severity or diagnostic condition, the study also found that good parenting supported positive adjustment for all kids and preschoolers (i.e., with and without ADHD) [13,11]. Importantly, positive parenting may be a vital source of social support and role modelling for children, minimising issues in their interactions with classmates and teachers [17]. To examine parenting styles, the Parenting Styles Dimensions Questionnaire (PSDQ) self and spouse report, which was completed by parents twice (once for their parenting style toward their children and again for that of their spouse toward the children), will be employed in this plan [18].

## **4. Intervention strategies**

When a child is diagnosed with ADHD, appropriate intervention strategies are considered a vital guarantee to alleviate the symptoms of ADHD children. As mentioned above, parents and teachers have a more significant influence on children's daily lives. Therefore, this paper mainly introduces one main strategy, Mindful Parenting and Mindful Child Training, to guide parents and teachers to effectively participate in helping children with ADHD.

### **4.1 Mindful Parenting and Mindful Child Training**

#### **4.1.1 Definition**

Inattention and poor behavioural control, including impulsivity and hyperactivity, are two main signs of ADHD [1]. Studies reveal that mindfulness training has increased one's capacity for paying attention [20,21]. Similarly, mindfulness requires persistent attention to maintain a mindful state, providing beneficial effects for ADHD [22]. In addition, mindful training has reduced impulsivity [23,20].

Positive parenting is a crucial protective element for kids and ADHD behaviour, affecting the children's ADHD behaviour. In other words, a therapy that includes both the parent and the child is probably valid. Parents' symptoms of inattention and hyperactivity significantly decreased after mindfulness training [24]; these decreases in both parents' and their children's parent-rated ADHD

symptoms persisted at follow-up.; a decrease in overreactive parenting and parental stress [24]. Lastly, education requires parents' engagement. This training is presented in Table 1.

Table. 1 Mindful Parenting and Mindful Child Training

Participants	4-6 children and parents per group
Trainers	Two trainers experienced trainers and two school teachers
Duration	Eight weekly 90-minute group meetings
Notes	<ul style="list-style-type: none"> <li>● Parents and kids had individual meetings with the trainers time: before the intervention.</li> <li>● A token reward system: Kids will receive tokens. Suppose they complete their homework and participate in the exercises in class. If they get ten tickets, they can provide a prize from their parents.</li> </ul>
Brief description	<ul style="list-style-type: none"> <li>● Initially, trainers present the session's outline to the children.</li> <li>● In each session, children talk about the group rules, which should be written down on a sheet.</li> <li>● The homework will always be covered before the break, and the session's content is similarly organised by enabling one trainer to lead the meditation exercise. Each session will conclude with a brief breathing exercise, with a 10-minute break in the middle. Good submissions will be awarded after the exercise and throughout it.</li> <li>● Homework completion forms, practice instructions, and handouts outlining the session's subject must be distributed to parents and children.</li> <li>● A CD with mindfulness activities for parents at home was also provided.</li> <li>● Joint sessions, where exercises are performed by parents and kids together, comprised a portion of the first, a part of the sixth, and the entirety of the final session.</li> <li>● Parents and children must plan how to continue practising in the eight weeks between session eight and the follow-up test during the last session.</li> </ul>

#### 4.2 Recommendations

Mindful Parenting and Mindful Child Training are the optimal methods for children. The reasons are as follows. First, education is long-term. In the long run, the program improves parents' engagement, where parents can continue to practice self-meditation after the course helping cultivate positive parenting styles. Similarly, children can use mindfulness training in their future studies and lives, benefiting their whole life.

Second, mindfulness training is more practical because it improves inattention in students [22]. It is well-known that children's attention problems are closely connected to their academic achievement. From a parent's perspective, perhaps their children's academic performance is what they are most worried about; from a child's perspective, students are concentrated on learning at school, and paying attention is a crucial component of learning.

Finally, monetary benefits must be considered. Only two professional therapists are employed for the whole program, and school teachers can serve as another two support therapists, increasing their professional competence and reducing the cost. Importantly, Suppose the school teachers learned how to do mindful training for students. In that case, they might bring the learning about meditation to other young children without ADHD because studies have shown that meditation is advantageous for students in general, not just those with ADHD [25].

## 5. Summary

This article mainly describes two risk factors for ADHD and one protective factor to help adults better identify children with ADHD and timely grasp the mental health issue that ADHD presents. Based on this, this article offers a suitable intervention method based on the mental health state of ADHD children to aid in the better development of these kids. Besides, this article offers parents and educators a practical and appropriate strategy to help children with ADHD. In the future, more cooperative efforts will be needed to assist more high-risk children with ADHD to obtain healthy psychology.

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