The importance of Mental health has grown rapidly across the globe and is much more valued in our modern world than in recent years for adults but more so for Children and Young People. However, stigmatisms of Mental Health still occur, and interventions and services are over-pressured, with a survey from The Children's Commissioner for Wales finding that out of 8,000 children questioned over two-thirds of children were concerned about their mental health and wellbeing. (2022). In this essay, the writer will identify and critically explore key issues that impact the Mental Health and Well-being of children and young people and discuss theories and strategies to help prevent crises and support their mental well-being.

The World Health Organisation (2002) defines Mental Health as "the state of Well-being that enables people to cope with the stresses of life, realise their abilities, learn and work well and contribute to their community". The World Health Organisation also states that Mental Health is also more than just the absence of Mental Disorders and is a "basic human right that is crucial to personal, community and socioeconomic development" (2002). Every individual has the ability to develop some kind of Mental Health struggle in their lifetime, and some adults develop poor mental health from traumatic childhood experiences also known as Adverse Childhood Experiences (ACES) which will be discussed further. This proves the importance of protecting the Mental Health of a Child and providing the right support when needed can have a crucial impact on their future mental wellbeing. The NSPCC (2024) states that Mental health is just as important to the safety and well-being of a child as their physical health and impacts each part of their life including social, educational and physical well-being.

Wellbeing can be defined as the quality of people's lives, The Childhood Wellbeing Research Centre (2010) states "that it is a dynamic state that can be enhanced when people fulfil personal and social goals." It is also noted that it can be measured objectively such as income or educational and social status; or subjectively such as happiness, self-worth and life satisfaction. However, Childhood Wellbeing can be described in many ways, and more importantly, Children and Young People view wellbeing differently. Findings from the same report from The Childhood Research Centre (2010) show that Children surveyed mostly valued 'good childhoods', quality relationships, safety and freedom which showed notable differences from what was chosen by parents and teachers. Even though Parents and Teachers always have the best interests of the child in mind, it's vital to also listen to what is important to the child in order to help them develop and grow. Although Child well-being can be described in many ways, UNICEF states its view on well-being as:

The true measure of a nation's standing is how well it attends to its children – their health and safety, their material security, their education and socialization, and their sense of being loved, valued, and included in the families and societies in which they are born. (UNICEF, 2007).
This definition of well-being coincides with Maslow's Hierarchy of Needs which involves a pyramid of hierarchy levels of human needs. These include physiological, safety, love/belonging, and self-actualization. (Mcleod, 2024). Maslow argues that survival or lower-tiered needs must be met before higher needs can be met. This is why being valued and loved is such an important part of Children's Well-being even though it is out of the child's control, and not every child will have access to these basic needs. This Is where the child's surroundings grow even more important, as stated by the Welsh Government it is the right of every child to be safe, to be able to play, to have an education, and most importantly be happy and healthy (2019).
When children's immediate family or caregivers fail to provide basic needs for any reason, it is vital that those around the child assess and protect the child's wellbeing. Bronfenbrenner Ecological Systems Model 1979 theorises that child development involves dynamic reactions between environment, social, biological and psychological factors. (Cherry, 2023). The module involves the Microsystem which would be the child's immediate environment including healthcare workers, educators, peers and others close to the child. The Microsystem would be those with the most direct influence and contact with the child and to all work together to promote the best possible outcome for the Child. "The Microsystem provides the outline for the processes that will influence the psychological development and behavioural changes of the individual". (Crawford, 2020, P.2). This is why it is crucial for all microsystems to be compatible for devolvement to progress more smoothly leading to better well-being.

Every Child's Mental Health and well-being are always at risk of being affected as they grow however those who have experienced An Adverse Child Experience (ACE) are considered more vulnerable to developing poor mental health and wellbeing. Ryan and Waite (2020) define ACEs as traumatic early life experiences such as continuous exposure to abuse, neglect and toxic stressors. They also note that those who experience an ACE develop higher levels of major depression, attention deficit hyperactivity disorder (ADHD), Post-Traumatic Stress Disorder (PTSD), Conduct Disorder and Oppositional Defiant Disorder (ODD). A study undertaken by Public Health Wales found that for every 100 adults in Wales, 47 had experienced at least one ACE, with 14 experiencing at least 4 or more, they concluded that the higher number of ACEs experienced contributed to more self-harming behaviours, poor mental

wellbeing and state that the prevention of ACEs and support for those exposed is essential to improving the health of adults in future generations. (Ashton et al. 2016). The ACE'S involved in the Public Health Wales study included: Sexual Abuse, Physical Abuse, Verbal Abuse, Domestic Violence, Parental Separation, Mental Illness, Alcohol Abuse, Drug Abuse and Incarnation. Public Health Wales (2015) States that the exposure to ACEs shows strong associations with vulnerability to harms such as substance abuse, teenage pregnancy, violence, mental illness, physical health problems and the risk of exposing own children to ACE'S.

Bandura's Social Model Theory (1961) emphasises the importance of observing, modelling and imitating the behaviours, attitudes and emotional reactions of others. Main (2022) states that Bandura demonstrated how children and adults learn from modelled behaviours and his BOHO Doll experiment showed how children imitate aggression after witnessing it in adults. This Theory can be applied to the continuation of ACE exposure in future generations as children who grow up neglected and witnessing abuse can start to normalise behaviours and model aggressive behaviours. Public Health Wales (2015) confirms this by stating that Children raised in environments where assault, abuse and violence are common, they become more likely to normalise and develop these traits leading to a higher risk of committing or being subjected to violent acts as an adult.

In order to prevent the long-lasting effects of ACEs on children, Educators and those within the Childs Microsystem must ensure effective training and strategies are in place to support these vulnerable children and safeguard them wherever possible. The Public Health Wales study inspired The Welsh Government to make its own ACE policy and in a 2021 review stated that although ACEs are not inevitable,

The focus of Ace's work should be preventing Childhood Adversity from happening in the first place. However, we cannot ignore the need to provide sympathetic responses and trauma-informed support to those already impacted and the importance of adopting a strength and resilience-based approach. (Welsh Government, 2021).

The Welsh Government reported in 2020 that schools that prioritise the well-being of all pupils, providing targeted and specialised support for those who need and adapting provisions to build pupils' resilience and emotional intelligence is best practice against ACEs. Although Educators cannot control the circumstances of the child's life, it is their role to safeguard and prevent where possible and help aid the development of those children affected, remembering that "even Children who experience serious hardship can still

develop resilience if they have the buffer of a strong, supportive attachment relationship" (Brooks, 2019, P.23).

In 2019 Dr Mary Kelly theorised her Model of youth mental health recovery, The Model proposed that parents often see resilience as a significant sign of mental health recovery. The young person's ability to cope and adapt to life's stressors depends on their resilience development. Musgrave (2017) states that in early years settings ethics and values must lend themselves to developing a nurturing environment that promotes positive social and emotional development. The importance of consistent approaches and reliable adults helps aid children's confidence and promote a sense of security. If a child feels comfortable within their surroundings they are more likely to disclose safeguarding issues which can lead to the right support and intervention to be put into action. Glazzard and Bligh (2018) state that Children will learn more effectively if they are able to build positive relationships with adults, have a sense of belonging to/in their school and to be taught by a teacher who believes in them. The Welsh Government realises the importance of building and forming effective relationships for children, one of The New Curriculum for Wales's (2022) Seven Wellbeing Goals includes a healthier Wales. The Welsh Government (2018) wants learners to be healthy and confident individuals who have the ability to form positive relationships based upon trust and mutual respect and also build their emotional and mental wellbeing by developing resilience, confidence and empathy.

Whilst the prevention of ACEs is always favoured, unfortunately, there will always be Children who will need support from the ACEs they have already experienced. Schools need to employ experienced or adequately train their staff to ensure everyone is working towards the goal of developing and supporting children's mental health and wellbeing. Brooks (2019) asserts that schools that constantly change support staff to avoid children becoming too attached is not good practice for those who have experienced trauma. These children see change as threatening and frightening, as often they have not been given the opportunity to build solid foundations at home. The role of the member of staff is to "provide a quality relationship that can build on and support the development of attachments with parents and carers but not replace it". (Brooks, 2019, P.47).

Schools can provide different types of training to support staff to enable a whole school approach to the development of Mental Health and Wellbeing, and to help improve the support system available to children in schools. An Emotional Literacy Support Assistant (ELSA) is trained to support young people in schools to manage and regulate their emotions whilst respecting others around them. (ELSA, 2017). Public Health Wales states that the role of an ELSA

uses “social and emotional learning to help learners develop emotional regulation and manage challenging situations” (N.D). This links again to Bandura’s Social Learning Theory, emphasising the importance of social relationships and their impact on emotional development. The ELSA will help develop children to be able to express and talk about their feelings whilst also respecting the emotions of others. The ELSA programme is not only beneficial to trauma-affected children but can be an important crutch to understanding the mental health and emotional literacy of pupils across the school. Glazzard and Bligh (2018) mention the assumptions of Mental Health being negative and not appropriate to discuss with young children and that these perspectives cause the stigmatism of Mental Health. They note that if children are not familiarised with Mental Health, they will lack the language to articulate how they feel and grow up with a negative view of Mental Health. Nicholson-Roberts (2018) argues that by encouraging young people to talk about mental illness through programmes such as ELSA, emotional responses can be primed and lessen the likelihood of developing mental health conditions.

Another whole school approach programme that is dedicated to the emotional literacy of children is the Social and Emotional Aspects of Learning (SEAL) initiative. This initiative aims to support and develop the social and emotional capabilities of children in schools, developing their self-awareness, feelings management, motivation levels, empathy and social skills. (SEAL, N.D). Whilst considering ACEs, the impact of programmes such as SEAL and ELSA can help children deal with current and past traumas and talk more openly about their emotions with a sense of safety and belonging. The Department for Children, Schools and Families state that the SEAL programme is a “Comprehensive, whole approach promoting the social and emotional skills that underpin effective learning, positive behaviour, regular attendance, staff effectiveness and the emotional health and wellbeing of all who learn and work in schools” (2007, P.4). Humphrey et al (2010) note that SEAL encourages schools to actively explore different approaches to implement support and tailor to each individual’s circumstances and needs. This is especially important for those children who have experienced trauma, as each child will have individual experiences and learn, grow and heal in different ways. Being able to interchange the SEAL programme in a way that works best for individual pupils is the most effective practice.

Trauma-Informed Schools is another toolkit available that focuses on understanding trauma's impact, supporting affected students and creating inclusive safe environments. (National Education Union, 2025). Again, this is another whole-school approach that can have a positive impact on the healing process of traumas. The Welsh Government (2021) confirms that emotional

wellbeing issues can have an adverse impact on children's ability to learn and early interventions show clear benefits. In order for the best possibility for early intervention, educational staff and schools must be "equipped with appropriate information and advice to ensure the development of a consistent whole school approach" (Welsh Government, 2021).

The mental health and well-being of children and young people with physical and learning disabilities are at much greater risk than that of the general population. (Young Minds, 2022). A learning disability can look different for everyone and affect each individual differently. The NHS (N.D.) defines learning disabilities as something that affects the way a person learns new things throughout their life and can vary in severity. Pupils with physical or learning difficulties can also face stigma due to their disabilities which can affect their self-esteem and overall wellbeing. The National Centre for Learning Disabilities (N.D) states that many people associate learning disabilities with lower intelligence, leading to negative labelling and low expectations for diagnosed children.

Autism Spectrum disorder (ASD) is a condition that affects people differently hence the phrase Autistic Spectrum. According to The Mental Health Foundation (2022), around 1 in 100 people are on the Autistic Spectrum and although each person will experience different experiences there are certain traits which will affect an Autistic Person to some degree. These include understanding and recognising social cues, sensory sensitivity, finding comfort in routines, and special interests and taking longer to understand information. It is important to note that the severity of these traits differs for each individual, which is why pupil-centred approaches are key for these individuals. Young Minds (2021) states that 70% of children with ASD will have a mental health concern in their life, and 40% will have two or more conditions. Ghaziuddin (2005) asserts that no single treatment works for all cases as treatment is symptomatic and aims to foster normal development and improved likelihood of independent living. Ghaziuddin also adds that the key to successful treatment is one that considers individual strengths and weaknesses, the severity, age, associated conditions, family needs and available resources. To summarise the best practice in supporting Children with ASD is a pupil-centred approach and plan.

A Pupil Centred Plan is an initiative that heavily involves the pupil in the planning and decisions that affect them. The Council for Disabled Children (N.D) argue that when children are meaningfully involved it can have a positive outcome on attitudes and behaviours. A pupil-centred plan is beneficial for every child but can hold greater importance for Children with ASD or other learning difficulties. The National Autistic Society (2021) highlight that many

Autistic Children will require adjustments as they will not learn in the same way as neurotypical students. Implementing a pupil-centred plan for an Autistic Child can encourage and heighten the child's engagement and can help lessen school-related anxieties.

Bronfenbrenner's (1977) Model also includes the Macrosystem. The Macrosystem consists of cultural values, customs, laws and policies. The Macrosystem is vital to an Autistic Child as it is the driving force for establishing the environment that supports the overall well-being of the child. The Welsh Government (2021) defines its Additional Learning Needs (ALN) reform as introducing a new system focused on ensuring all children who require support, including autistic learners have access to properly planned and equally informed plans. In the same guidance report it is stated "To Improve educational support for children and young people, this act puts learners at the heart of the decision-making process" (Welsh Government, 2021).

The Macrosystem is wide and diverse and cannot always be controlled, The Macrosystem can include the cultural views and ideologies of the community. If members of a community hold misjudged opinions of ASD and other learning difficulties, it can help feed stigmatism and have a negative effect on the development and mental health of the child. Mind (N.D) realise that negative attitudes from other people can damage the mental health of an individual with ASD. Neurotypical individuals may not understand or accept the differences that come with ASD, and they may be subjected to stigmas, discrimination, trauma and loneliness. Guy-Evans (2024) suggests that promoting positive role models, challenging stereotypes and advocating for diversity can have a positive effect on societal attitudes which creates a more inclusive and supportive macrosystem for the child.

The Welsh Government is an important asset to Welsh children's Macrosystem. The Alliance for Inclusive Education (2024) states that The Welsh Government commissioned the development of mandatory training for educational and school staff on 'Disability Awareness' and also training and resourcing any further information for those who wanted to develop skills and expertise. It is also the schools' responsibility to nurture and grow an inclusive and diverse environment and embed these principles in all learners.

The school environment can be a trigger to any child's mental health, and bullying can happen to anyone, especially Children with ALN can become a greater target due to stigmatism and beliefs. Young Minds (2023) describes bullying as aggressive behaviours with the intent to harm or disturb the victim. They state it occurs repeatedly over time and involves a power imbalance – this could be a group, a social dynamic or discrimination against ALN.

Bullying can affect everyone; it is not only the victim that can have adverse effects but also those who bully. Children who have been victims of bullying are more likely to experience mental health issues such as depression, anxiety, sadness, loneliness, disorder eating, and disordered sleep. (Stop Bullying, 2025). These symptoms can lead to health complaints and decreased academic involvement. Stop Bullying (2025) also states that those who bully are more likely to experience alcohol and substance abuse, aggressive behaviour, school Exclusions, underage sexual behaviours, criminal convictions, and higher domestic abuse. The negative outcomes for both parties are substantial and need at best to be avoided or appropriately dealt with when arises.

The Welsh Government (2019) in a Guidance Report for Challenging Bullying stated that sometimes the reasoning behind Bullying is stigmatism and Ill-mental health however they realise that the person being victimised may also develop these conditions as a result. It is up to schools to take a proactive approach to bullying and immediately put a stop to it and ensure the whole school's ethos is an inclusive one. The Welsh Government also offers guidance to do this by ensuring children and young people are taught about respect, positive behaviour, stereotypes and prejudices and staff are also adequately trained. (2019). This links again to Bandura's social modelling theory, as when staff are promoting and demonstrating positive behaviours, the greater chance that children will adopt and learn these behaviours.

The Welsh Commissioner stated that in order for early intervention and schools to be a welcoming and inclusive setting that pupils should experience Anti-Bullying Weeks, PSE lessons on respect, challenge stereotypes and diversity, and positive role models. (2017). However, it is important to note that in modern schools cyberbullying is much more prevalent and bullies have the ability to access victims anywhere, which can lead to the victim not feeling safe at all times. The Welsh government guidance is to again make pupils aware of what Online Bullying is and that it will not be tolerated, it is also up to educators to recognise signs and symptoms and intervene when possible whilst also ensuring "learners are taught to stay safe online, and report and act if bullying is seen" (The Welsh Government, 2020).

To Conclude there are a multitude of reasons and issues that can adversely affect a child or young person's mental health or wellbeing. This essay has briefly analysed some of the issues that a child can face, but the mental health and wellbeing of children and young people can also be affected by poverty, rural environments, Migration/Asylum seeking, Academic stress (Mentally Healthy Schools, N.D) and much more. Whatever challenges a child may face, it is evidently key for educators to recognise and prepare early interventions for that child. The role of the educator is no longer to just

develop children intellectually, but also emotionally in order for that child to have the greatest chance of success in life. The NHS (2024) supports this argument by explaining schools' core purpose to create conditions to protect and support mental well-being but also be mindful of other factors in a child's life which is out of their control.

The Mental Health and wellbeing of children and young people is a critical component of their overall development and future success. The increasing importance and attention of Mental Health in today's world shows the essential need to continue to develop understanding and creation of supports and resources. Moreover, it is essential that we listen to the voices of children themselves, as they are the ones who are experiencing their emotions. Following the Welsh Government Wellbeing for Future Generations Wales Act (2015) and prioritising Children's emotional well-being alongside their physical health, the act's seven well-being goals of a resilient, prosperous, healthier, more equal, cohesive communities, vibrant culture and language, and globally responsible Wales will be realised.

To finalise it is important to note that it is the collective responsibility of families, educators and communities to create and form supportive environments that nurture safety, love and belonging and utilizing Bronfenbrenner's (1977) ecological systems model allows us to realise the different various systems that interconnect to influence a child's mental health. It is essential for educators to collaborate with services to enhance the protective factors around children ultimately leading to the right support acquired when needed. Addressing the mental health challenges faced by children today is not only a moral obligation but a way to nurture a healthier society for future generations as "Every Child has the right to the best possible health" (UNICEF, 2019).

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