



## Childhood Mental Illness Encountered in Daily Life

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### Mini Review

Being mentally healthy as a child means reaching a developmental and emotional milestone, learning healthy social skills, and dealing with problems [1]. Mentally healthy children have a positive quality of life and can function well at home, at school, and in their communities. Children's mental illness is usually described as a serious change in the way a child learns acts and manages emotions, leading to stress and daily problems [2]. Many children sometimes experience anxiety, anxiety, and destructive behavior. A child may be diagnosed with a mental illness if the symptoms persist so severely that they interfere with school, home, or play activities. Mental health is not just about being mentally ill [3]. Children without mental illness may differ in how well they are doing, and children with the same diagnosed mental illness have their development and coping, and their quality of life. Their strengths and weaknesses may differ in that [4]. Identifying mental health as a continuum and specific mental illness is both a way to understand how well children are doing [5]. Empirical evidence shows that children with the earliest psychological experience in utero over the past few decades grow from birth in relation to their primary caregiver and play an increasingly active role in their interactions has increased [6].

Toddlers gradually develop their self-image. This development of the subject as a subject begins with the innate nature of forming social relationships and then shifts to an increasingly well-defined experience of the self. Stern describes this as a trajectory that begins with the "emerging self" in the first few weeks of life and gradually develops the concept of a coherent "core self" into a "subjective self." Have a unique theory of your identity that is different from others [7]. From the second year of life, you will acquire the ability to use symbolic words and communicate verbally with other people, and your development into a "verbal self" will progress [8]. From now on, one will develop the ability to build one's experience in relation to others, in a form that can be spoken (for example) orally, that is, in a self-aware narrative organization [9]. In parallel with this development of the baby towards the self as a target, the intuitive parental abilities associated with the baby develop. This is a matter of biological predisposition as much as infant development. Parents tend to behave sensitively and expressively towards their children, which leads to increased attention from babies [10, 11].

In the first year of life of a child, there is a mutually regulated exchange process, each of which repeatedly produces pleasant emotional expressions and carefully perceives each other's influences [12]. Infants display an immediate response assessment of the adult's intent expressed through communication. Such an emotional exchange process called "intersubjectivity" [13] Lay the basis for children to be able to interpret their behavior and the behavior of others by ascribed their mental state to them (mentalization) [14]. There are usually several determinants of dysregulation in important developmental systems such as food intake, motor function, and emotions. On the infant side, immaturity of biopsychological and social functions, temperamental difficulties, and organic risk factors (eg, gastroesophageal reflux disease, atopy, brain disease) can play a role [15].

Regulatory disorders in important developmental systems such

as food intake, motor function, and affect usually have multiple determinants. On the child's side, the immaturity of biopsychosocial functions, a difficult temperament, and organic risk factors (e.g., gastroesophageal reflux, atopy, brain diseases) can play a role [16]. On the parents' side, problematic internal representations of the child [17] can be a risk. What results is often a disturbance of interactions involving reassurance, feeding, and/or going to sleep [18]. The younger the child, the greater the extent to which the individual manifestations of disease are bound up with disturbances of inter subjectivity and interpersonal relationships. Thus, the diagnosis must include not only the pathology of the individual, but that of the relationship as well [19].

On the parent's side, the internal representation of the child in question can pose a risk. As a result, interactions that include sedation, feeding, and / or falling asleep are often disrupted [20]. The younger the child, the more symptom of the illness is associated with intersubjectivity and interpersonal disorder. Therefore, the diagnosis should include not only the individual's medical condition, but also the related medical condition [21].

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### Conflict of Interest

None

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