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ORIGINAL ARTICLE

Mental and Emotional Health: Good Practices in Children and Parental Entanglement - an Interview based Qualitative Study

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Abstract

Background: Childhood is the right time to set the right foundation for good mental health. Parental knowledge and insight in understanding of mental health routed to explore themes related to parenting and children. **Objectives:** To inquire about good practices for mental and emotional health of children among parents and conceive parental entanglement. **Methods:** Phenomenological study design was adopted with sample size thirteen parents of children aged three to twelve years who visited outpatient section of a private hospital. Data collected through semi structured interviews for 60-90 minutes with an open ended question using purposive sampling. A short interview done with children. **Findings:** Data was analyzed by Colaizzi's method. Five theme clusters and twenty eight themes were extracted. Parents were pegged from 46% to 62 % mindful about physical health, 59 to 100% for emotional health, 38 to 100% for mental health, 38 to 77% for school health practices. The investigator explored parental involvement in their real life as quite appreciable 62 to 85 % along the engagement of children's eating habits, sibling jealousy, bad habits, adjustment difficulties, child-parent conflicts and digital technology usage exile any substance use. **Novelty:** Parents are increasingly recognizing these practices through self regulation, sensory needs and social behavior in their children. Parental generations share health habits with children like morning walks, yoga or screen-free mealtimes, blending movement, mindfulness and bonding. Millennial vented challenges to correct harmful behaviors without shaming the child's self-esteem. They expressed struggle to discipline children without damaging the emotional bond as well as label a bad habit especially during conflict.

Keywords: Mental health; Emotional health; Good practices; Children; Parental entanglement

1 Introduction

"Every child is different; Consider approaches the one that feels right for the child"

Childhood is full of questions we never thought to ask, the answers shape them to be better citizen. A parent's presence in a child's life is like wind on water: invisible, yet it ripples through everything. Their words become inner voices, their fears quietly echo in silent corners and their expectations even unspoken, carve paths through a young mind.

Parenting is the most beautiful contradiction, equal parts chaos and calm, fear and fierce love. It's watching your heart walk around in another body, learning the world one scraped knee and endless question at a time. Parenting isn't just about raising a child, it's about raising yourself too: with more patience, more perspective, and more love than you ever knew you had. In a world without manuals, parenting is the ultimate creative act, where each day, you write the story as you go, guided by instinct, hope and the unshakable pull of love. A healthy environment, exercise, adequate nutrition, microplastics on children and adolescents, global warming are key factors in the development of children.[(1)]

Parental entanglement in a child's mental health is not always loud or obvious sometimes, it's a glance, a reaction or a silence at the wrong time. In the tender architecture of a growing mind, parents are both builders and mirrors, reflecting and shaping a child's sense of self, safety, and worth. When love becomes control or care becomes pressure, what begins as protection may quietly evolve into anxiety, guilt or confusion. When children feel stressed or overwhelmed, they need a loving adult to help reassure them and help them to navigate their feelings.[(2)]

Childhood is the right time to set the right foundation of a good mental health in kids. Any mistake in shaping children's emotions could make them susceptible to unhealthy ways of coping with life's twists and turns which could make their life complicated or difficult. In order to raise a resilient and emotionally intelligent child, it is important to inculcate certain habits in them from a young age so that their mental health does not come under pressure as adults and they have reduced risk of mental health issues like depression, anxiety among other problems.

The lack of parental knowledge and insight in understanding of mental health is another identified limitation. A Qualitative study found few children with disadvantages were offset by the comfort of attending mental health experiences. Parents struggled with the boundaries blurred by bringing their mental health appointments into the home. Due to the lack of literature from India, our current understanding of these topics rests predominantly on western studies.[(3)] Research with family caregivers in India is still predominantly limited to concepts such as stress and burden and there is a need to shift the focus to understanding their experiences as a whole and to explore themes related to parenting and children. As formal foster care is uncommon in India, some children are likely to be in the informal care of extended family members. These features of the Indian context could alter the experiences of families with parental mental illness. Additionally, these interventions need to be adapted to suit the way Indian mental health systems are organized and the resources that are available.[(4)]

The aim of this qualitative study was to explore parents' understanding of mental health in early childhood development. Future research could undertake a quantitative approach when focusing on parents or caregivers' knowledge on mental health or allow for greater depth on participants' knowledge about mental health.

Parenting interventions focused on emotional dimensions of parent–child relationships have been shown to be beneficial, yet this literature is still burgeoning and greater evidence for how such programs work is needed. This study could also be done in developed countries to generalize the findings. Child's narration about mental and emotional health practices in day today's life could also be studied. Future research could undertake a quantitative approach when focusing on parents' perception on good mental health practices. Growing investigators can collect data in both urban and rural areas to recognize any disparities that may exist.[(5)]

1.1 Background of the Study

According to World Health Organization, nearly 10-12 percent of children and adolescents experience mental disorders, and this must be addressed at the right time.[(6)] Most mental illness in children almost 50% of them begin by age 14 and 75% of mental health issues in children occur by the mid-20s.[(7)]

Raising healthy and happy children can be challenging considering that the world has become very fast paced and technology oriented. With excessive media exposure and an unhealthy rat race, children are forced to grow up under immense pressure. This in turn increases the cases of depression, suicide and traumas, especially among adolescents who cannot cope with the daily stress that they have to face in their life. The quality of environment in which children and teenagers grow can influence their well being and development.[(7)]

When children experience negative experiences in their homes including exposure to violence, the mental illness of a parent or other care giver bullying and poverty, it can substantially increase the risk of mental illness. Children often find it difficult to express their emotions. So, inculcating good habits in mental health can help them healthily tackle various issues.

1.2 Problem Statement

Mental and emotional health: good practices in children and parental entanglement - an interview based qualitative study

1.3 Objectives

-To inquire about good practices for mental and emotional health of children among parents.
-To explore parental involvement in mental and emotional health practices of children.

2 Methodology

A qualitative study was explored on parents' experiences of talking to children about their mental illness and the role of their clinical team in this process. Convenience and purposive sampling were used to invite 25 parents with mental illness from one National Health Service, England Healthcare Trust in the UK. Four individuals did not respond, five individuals declined to be interviewed, and one individual did not attend the interview; the remaining 15 individuals were interviewed. [8]

The investigator draws this similar literature to highlight the sample selection which was conducted in the western country. Phenomenological study design of qualitative research with initial sample size of 20 parents having children aged three to twelve years was recruited. Purposive and convenient sampling technique was used to select parents who visited the outpatient section of a private hospital in rural area of south India. There were two samples who migrated from their residence, three did not report due to family conflicts and two were found with difficulty in travel; remaining 13 samples were interviewed for three months in 2025. Parents who brought their children with minor ailments were included and those with behavioural and emotional disorders and any other serious physical and mental illnesses were excluded for the study.

The school aged child category was selected as sample due to their vulnerability. The reliance on parental self reported adherence checks is another study limitation. The researcher could not generalize the findings to all parents and school children based on family's social class.

2.1 Data Collection Procedure

Data was collected through semi structured interviews for one month using purposive sampling technique. Sample size was determined by data saturation. Data saturation was achieved when no new themes were revealed in the interview of participants. It was determined by two researchers after the thirteenth case interview. Face to face interview was conducted by the investigator for about 60-90 minutes by creating comfortable atmosphere. Interviews began with an open ended question, "Tell me about good mental and emotional health practices of children? Explain your involvement in it? ".The interview content was transcribed verbatim within a day by the investigator. Transcripts of each participant's interview and the memos were used to analyze data. A very short interview was conducted with the children on their mental health practices which inflated their self assessment.

2.2 Data analysis

Data analysis was guided by Colaizzi's descriptive phenomenological method. (1) Investigator read all statements multiple times to understand the overall flow of participants' entanglement in good mental and emotional health practices of children. (2) Extracted significant statements from each descriptions focusing on meaningful statements related to mental and emotional health practices of children in parents. (3) Formulated meanings form those significant statements and tried to discover the latent meaning in the context. (4) Organized those formulated meanings into themes and theme clusters. (5) Described the phenomenon under study by integrating all the research results. (6) Identified the fundamental structure of the phenomenon. (7) Finally validated the study by receiving feedback from two study participants.

The investigator tried to avoid data distortion, reduction and exaggeration by keeping a distance from the researcher's thoughts, feelings and viewpoints about the phenomenon and the content of data as well as to confirm and understand the perspective, attitude and feelings of the study participant in their statements.

Study participants' names and identities were not revealed and given pseudonyms as informed to them prior to the interview to protect their privacy and encourage them to express themselves confidently and openly. They were given pseudonyms as MM1, MM2, MM3 and so on. Before the data was collected, study participants were briefed on the nature of the study. They were informed that they would be able to withdraw at any juncture or phase of the study without any explanation.

An audit trial was employed to achieve reliability. By describing the research findings from the beginning of the study and report the findings, the audit trial was fulfilled. Transferability captures the extent to which the results of the study can be applied in other contexts. Detailed and thorough descriptions of the sampling and reporting of the findings were provided which allowed

judgment by the readers about transferability. All the processes were recorded so that the facts and assertions could be tracked to their sources. Investigator triangulation was achieved when three experienced faculty in research and statistics coded the merging themes and reached 90% agreement between the coders. Hence the findings are reliable, convincing and accurately reflect the actual situation.

Member checking, referential adequacy and peer briefing were established to ensure credibility. Member checking was conducted to establish truth in the findings by asking participants to read and comment on the interview transcriptions and their interpretations. If there were any misinterpretations in the data pointed out by study participants, the data or sentences were eliminated. Dependability is explained to what extent research can be repeated in a similar area of study.

Table 1. Socio demographic variables of study participants (N=13)

S. No	Demographic variables	f	%
1	Type of parent visited hospital	7	53.8
	• Father	3	23.0
	• Mother	3	23.0
	• Both father and mother		
2	Age of father	2	15.3
	• 21-25 years	6	46.1
	• 26-30 years	8	61.5
	• 31-35 years		
3	Age of mother	8	61.5
	• 21-25 years	3	23.0
	• 26-30 years	8	61.5
	• 31-35 years		
4	Education of father	2	15.3
	• School education	9	69.2
	• Undergraduate	2	15.3
	• Postgraduate		
5	Education of mother	3	23.0
	• School education	10	76.9
	• Undergraduate	-	
	• Postgraduate		
6	Occupation of father	6	46.1
	• Self employed	2	15.3
	• Government job	5	38.4
	• Private job		
7	Occupation of mother	9	69.2
	• Self employed	1	7.6
	• Undergraduate	3	23.0
	• Postgraduate		
8	Sex of child	5	38.4
	• Male	8	61.5
	• Female		
9	Age of child	2	15.3
	• 1-3 years	3	23.0
	• 4-6 years	4	30.7
	• 7-9 years	3	23.0
	• 10-12 years		
10	Birth order of child	6	46.1
	• First	5	38.4
	• Second	2	15.3
	• Third		
11	School of child	6	46.1
	• Government	7	53.8
	• Private		

3 Results and Discussion

Table.2 depicts that after analysis and collation; five clusters and twenty eight themes were extracted. Parents were distributed from 46 to 62 % awareness about physical health, 59 to 100% for emotional health, 38 to 100% for mental health, 38 to 77% for school health practices. The investigator explored the parental involvement in their real life as quite appreciable 62% to 85 % along the engagement of children's eating habits, sibling jealousy, bad habits, adjustment difficulties, child-parent conflicts and digital technology usage. But they could not narrate substance use in their children.

Table 2. Theme clusters and themes (n=13)

S No	Theme Clusters	Themes	f	%
1	**Physical health practices**	1. Well-balanced diet and good hydration status	8	62
		2.Exercise	12	92
		3. Play	10	77
		4. Sleep pattern	9	69
		5. Adaptation to physical growth and development	6	46
2.	**Emotional health practices**	1. Communication of parents	13	100
		2. Parental monitoring of children	10	77
		3. Moral and cultural values in children	9	69
		4. Stress management techniques	7	54
		5. Self-esteem building	11	85
3	**Mental health practices**	1. Parent bonding	9	69
		2. Grandparent bonding	6	46
		3. Mindfulness meditation and yoga	7	54
		4. Storytelling	5	38
		5. Constructive hobbies	8	62
		6. Social media use	13	100
		7. Problem solving skills	8	62
		8. Critical thinking skills.	7	54
4	**School health practices**	1. Peer group interactions	7	54
		2. Talents and interests	10	77
		3. Moral education classes	5	38
		4. Motivation of academic capabilities	8	62
		5. Teacher monitoring	9	69
5	**Challenges faced**	1. Eating habits poor	11	85
		2. Sibling jealousy	8	62
		3. Substance use	2	15
		4. Adjustment difficulties	11	85
		5. Child-parent conflicts	9	69
		6. Digital technology misusage	8	62

3.1 Physical health practices

The study participants spelled about healthy meals must include a compulsory breakfast, fruits and vegetables, whole grains, hydrated enough with water. A bad diet and decreased water intake lead to tiredness and depression in children. It further puts down both the physical and mental health of children.

MM5 detailed a well-balanced diet as,

-Parents should give children natural and organic foods, and hygienically prepared. Avoid fast foods and tinned foods for children.

I serve my kids with environment based green leafy vegetables, groundnuts, cashew nuts and sesame seed sweets. I give only country eggs. I avoid giving them broiler chicken and its egg, packed snacks like lays chocolates and bhel poori.

Adequate fluids provide nourishment to tissues and organs. MM11 details a good hydration status for children as,

-Parents must provide children with natural fruits, fruit juices, ragi porridge, kambu koolu, buttermilk.

I mostly avoid packed juices, bottled drinks and never go for artificial powdered forms.

Exercise helps strengthen the brain as the chemicals that are released help generate positive moods making us more resilient to stress and adversity. MM9 points out exercise for children as,

-Children who can do cycling is the best exercise. Then who can do skipping also.

My children are very fond of cycling in the evening and during holidays.

Parents of this study expressed overall that anything a child finds engaging can help. This can include yoga, cycling and sports such as football, playing on swings or even a fun game of tag.

"A play a day keeps the grey away." MM13 realized play for children as,

-Play for physical growth must include ball, playing in mud and with small stones. Play aids mental growth through carom, chess and traditional play like dhayam, pallakkuli and so on.

As a mother I am bothered of current days toys, So I purposefully avoid sharp edges, plastics, chemicals and guns. I strictly restrict my son for video games.

MM7 adds to play as he encourages his daughter to play swing which is made from his garden trees.

A consistent sleep schedule protects the hormones in a safe zone for children.

MM3 found that sleep pattern should follow regular bedtime. Parents must create a comfortable environment avoiding bright lights. Parents must provide mosquito free environment.

Myself as mother, I am not for the separate room for kid. My child sleeps with me only. I feel this is safe.

Adaptation to physical growth and development has been verbalized as most important by MM1 and MM7 as,

-Parents must adhere to the immunization schedule for children. They must have periodic visits to the pediatrician.

I am father to seven years old son. I check my son's height and weight as well as my daughter's once in two weeks. My wife checks their Body mass index.

3.2 Emotional health practices

Every day life is filled with positive and negative emotions for children. Open communication of parents with their children is to be given prime importance as explained by MM1, MM6, MM12 and MM13.

-Parents need to be answering questions of children, it is their thought process. Speaking to them in a smooth soft tone is always encouraging. No harsh words can be uttered.

I spend at least 1-2 hours per day with my children. I feel it is a happy healthy spirit in us.

Parental monitoring is the need of the hour to protect the child's rights and from the risk of abuse. "The child looks at you and your responses." It is stated by study participants that high parental monitoring can colour the future of kids. MM4 slides along with this statement as,

-Parents should watch the child going to school or playing with friends with reference to time frame. They must be able to judge the behavior of their child as positive or negative.

I am keen on my daughter's peer group influences. I observe her movements with peer.

Regarding the moral and cultural values to be imposed to our children "What won't bend at five will not bend at fifty? Or bend the twig, bend the tree" is the best proverb which suits them. Moral values have been portrayed by our Indian great epics. This is in nutshell as detailed by MM8, MM13, MM9 and MM2

-Children can observe the traditions and customs followed at home. Develop favourable attitude towards festivals. Moral stories will strengthen their decision making skills.

As my parents cultivated cultural values of life, I wanted to nurture in my kids. I emphasis those cultural behaviors of right dressing, grooming and personality styles. I always tell my children to absorb and demonstrate respect to elders and seniors as well as showing gratitude signs.

A child may not be able to express strong emotions. It is essential to teach them healthy coping mechanisms that parents alone could achieve in their children. We can teach them how to relax when felt upset. Parents should be good role model. From MMI to MM13, all study participants spoke on stress management techniques such as,

-Parents have to spend time with kids. Plan for regular outings, picnics and taking them to parks. Screen for the root causes of their stress and trace solutions to it.

It is a common saying among every human that love and acceptance being essential ingredient to build up personality. MM1, MM10, MM11 and MM8 describes orally that self-esteem building comprises of motivation, praise and rewards.

I always wanted my child to be treated with good words and actions appropriate to age.

3.3 Mental health practices

"Dear parents, show your love through action" is commonly experienced phenomenon in a good parenting style. MM2, MM9 and MM5 explain that

-Parents must be good model to their children. Support during times of worry and explain how to dump it.

Discovering the felt needs of my child is a very honest task for me.

Regarding strong grandparent bonding, good manners and habits can be transmitted through the presence of grandparents. Hence a joint family system supports better child growth. MM10, MM9, MM6, MM2 and MM8 presented ideas

-offer freedom for children to move with grandparents. They can be the right person to teach dos and don'ts in life.

I advocate children going to temple along with them as it boosts their spirit. They explain their success stories in life, milestones and hurdles faced in life.

India is well spoken for yoga being its origin, parents supported on meditation and yoga. Talking on practicing mindfulness meditation or yoga, children can experience positive social connections. In this regard MM10, MM6 and MM3 display,

-Surya namaskar for children molds them as good personalities.

I encourage my kid to practice yoga procedure wise each day. I explain the physical and mental effects of yoga.

In recent years science discovers the positive outcome of storytelling on the child's brain. -Parents were found to be disclosing storytelling as a bedtime ritual before sleep.

I watch my kid enjoying the way he receives the stories. We discuss and clarify events happened in the story.

Constructive hobbies are pleasing moments in a child's environment. Parents interviewed MM5, MM8, MM9, MM10 and MM13 realized

-the happiness achieved by their children through pet animals, gardening and so on.

I appreciate the curiosity in my child as she does stamp collecting, gardening new saplings and caring attitude towards a fish tank.

Social media in constructive way is the motto of today's young stars. Study participants MM2, MM7, MM8 and MM1 acknowledged by saying,

-daily reading of newspapers and exploring books adds to the cognitive well being in children.

The appropriate use of social media that I recommend for my son or any other child is listening to environmental and social news in television and visiting library sources.

The core value of life skills in children and adolescents is problem solving skills. The data from MM7 and MM12 flows as,

-Parents are in the impression that educational difficulties most common exits as a big problem for children. Parents first need to find ways to solve their children's problems or day-to-day issues. They can submit alternatives for each problem. Help them to take each alternative and fix the best measure.

Many days passed by my child has difficulty in learning English and Tamil language. She becomes irritated to face that failure. Demonstrated various approaches to iissues and ideas to choose a solution. She keeps learning, discussing things with me, my other family members also.

Children need to know that challenges will occur at every stage of life and hence to learn how to overcome and accomplish goals despite the hurdles that they face. Critical thinking skill is one such fundamental ability required for a child. Participants MM10 and MM13 revealed that,

-During difficult times of the day, parents can deeply motivate the child to talk on positive solutions. A child doing something or talking sometimes alone can really help to develop such skills.

I just allow my child to explore ideas on own. But I keep track of her and playing as a catalyst in the synthesis of a new process. Sometimes I see her find an outlet to excel than I do.

3.4 School health practices

School indirectly highlights the bonding with friends. Peer group interactions proved wonderful experiences and a channel of ventilation for the child. MM4, MM7, MM8, MM9 and MM13 stated that,

-Friendship is a good entertainment for a child. From my point of view peer group offers a lot of support for studies and how to overcome issue at school. At any time, the child can ask for help.

School is the centre of talents and interests of many children. Every child possesses unique and natural skills which are the vital tools to tackle daily stress and anxiety. MM1, MM2, MM3, MM7 and MM9 explored,

-Parents means talents and interests as a creative way to express emotions and thoughts.

As a father and mother, identified the talents and appreciated the children. We have arranged coaching for sports and painting or dance or music to protect their mental health from unwanted stress.

The present research conveys that moral education classes is the duty of parents, teachers and caregivers as MM1, MM6 and MM10 quoted as,

-Parents need to focus on culture and spiritual values and practices at home.

We parents encourage participation of our children in such activities.

The heart of childhood lies in the motivation of academic capabilities. MM11 and MM13 said,

Whenever he performs well academically, saying "good" reinforces highly.

Whenever I discover poor academics, I plan for a tutorial in advance.

Teachers are the main sources to bring mental health and well being among children. Participants MM5, MM6, MM7, MM8 and MM9 listed down,

-Phone calls from teachers to parents is a good medium of understanding the child's progress.

Parent teachers meeting in schools give us a broader picture of my child's behavior. We are updated with the teacher monitoring system.

Student discipline sketches the health and welfare of children. Participants MM7, MM10 and MM13 suggested that,

-Parents should appreciate the uniform, dressing, grooming, neatness and good habits cultivated in kids.

I count my child's habit of brushing teeth, bathing, neat clothes and clean. Self care skills enhance good health practices in children.

3.5 Challenges faced

Building children's intellectual capabilities and social skills will reduce the stressors in life. This could develop self confidence in children. They may develop unique coping styles. MM3 and MM11 describe challenges faced as relevant to their real life situations.

-Eating habits get changed. So, parents can consider their likes and dislikes in food pattern or preferences in the stage of form and serving style. In case of sibling communications, parents wanted them to treat each other equally and not show any sort of differences. Bad habits of kids must be strictly discouraged such as not taking bath, not bruising and not washing hands. Parents must be in position to teach adjustment situations. Whenever parent child conflict arises, we sit and talk together. We discuss ups and downs in life. In the usage of digital technology, we take all efforts to have controlled usages, set time limits. It is necessary to provide no ways to misuse it.

The above stated themes highlight the practice of kind and firm parenting skills and towards positive parenting. Most mental health issues in children can be prevented through good health practices in children encouraged by parents and teachers. Daily schedules and structures will help a child to develop a healthy lifestyle.

3.6 Voices of their children

The researcher then had a short interview with the children and described the findings based on those themes. Children openly expressed their curiosity and interest to eat chocolates, ice creams, cakes, packed fried snacks items. They described that they crave to play video games in online medium as well as electronic toy items more. Sometimes they sit to watch television cartoon serials or watch videos during holidays. Children wish to develop their creative potentials like drawing, painting and chess and so on. But the available platform is internet only according to their version. Still children announced with pleasure that they like to spend time with pet animals at home, comment on fish tank and speaking and singing to birds also.

They vented with worries about today's family system. There is no joint family where there are no grandparents at home to chat, none to narrate stories and play some traditional games with them. As parents leave for job or to agriculture field, they are left alone at home. They wanted busy parents to spend time with them daily in the evening on working days and weekend holidays. But they scorned their parents' attitude of making comparison of their child with other children either relatives or neighborhood. They put forth that they were stressed out with their parental control measures on discipline and academic activities in school. When children place their demands and they are ignored or rejected, they become infuriated with anger outbursts. A negative modeling behavior has found room on their temperament.

They expressed very emotionally that they were depressed about the space for playing with the peer group outdoors. Children portray a positive impact by their peer group and friends. At school, they enjoy doing yoga. Children revealed that the opportunities they get boost their spirit through competitions like drawing, speech, essay, dance and others. They expounded that they were filled with ecstasy on a one day picnic arranged by school teachers.

This interview received the children's thoughts regarding mental and emotional health practices. Summary of this short interview style has interposed the must for parental entanglement in channelizing the mental health practices in children. The

study has explored the gap in mental health practice in such group of children where parent position can stuff their lifestyle, habits and personality.

Anchoring a child with a home that feels safe and allows emotional expression encourages confidence. "Reinforcing positive behaviors is much more effective than punishment" [9].

In the present study, School health practices included peer group interactions, talents and interests, organizing moral education classes, motivation of academic capabilities and teacher monitoring. This finding encompasses with recent review. National Mental Health Program and District Mental Health Program are providing basic psychiatric care without special emphasis on Child and Adolescent Mental Health. School health program, teacher's orientation program, student enrich program and school based campaigns are done by National Institute of Mental Health and Neurosciences which aims to increase awareness about psychosocial disorders, understand self and improve interpersonal relationships with peers and teachers. [10]

The investigator revealed that mental health practices included strong parent bonding, grandparent bonding, practicing mindfulness meditation, storytelling, constructive hobbies, appropriate use of social media, problem solving skills and critical thinking skills. A journal review made was mental health was recognized as one of the six strategic priorities of national adolescent health strategy named Rashtriya Kishor Swasthya Karyakram (RKSK) through the National Health Mission by activities such as improving nutrition and reproductive health, the program introduced peer counseling at school and community levels. Mental health is not perceived as the prime concern. The target population aims to reach only the adolescents aged 10-19 years. Children in 0-10 years of age remain beyond the reach of counseling services. It aims to raise awareness about mental health and substance abuse without a holistic approach to provide clinical and psychological support. Although this initiative aims to improve overall adolescent health, it seems to be inadequate to address the mental health epidemic in child and adolescent population in India.

The current research explored challenges faced which included children's eating habits, sibling jealousy, substance use, adjustment difficulties, child-parent conflicts and digital technology usage. This research is limited to small sample size. Hence a large scale survey or a mixed method approach from different settings can be considered.

Similar report says that the very high magnitude of mental disorders among the children and adolescent in India is alarming for the future. A well structured policy for Child and Adolescent Mental; Health can serve as the foundation of the future initiatives to understand critical problems related to Child and Adolescent Mental; Health, address the issues with a stewardship approach and create an enabling environment enforcing positive mental health for a prosperous future of India. [10]

In Western countries, where parenting philosophies often emphasize independence, emotional expression, and individual development, the nature of parent-child interaction plays a pivotal role in shaping early mental health outcomes. During early childhood, a critical period of rapid emotional and neurological development, the quality of parental engagement influences not just immediate well-being, but long-term psychological resilience. Research across Western contexts shows that warm, responsive, and consistent interactions are strongly associated with lower rates of childhood anxiety, behavioral disorders, and emotional deregulations. [11]

"Parents: Be a safe haven for children Parents: Open dialogue keep children's brains integrate Parents: Carry a bag full of hope for children"

This qualitative phenomenology study brought out parental entanglement to prepare their children for a lifetime of positive mental health. As UNICEF says, commitment, communication and action is a comprehensive approach to promote good mental health for every child facing great challenges, parents practice kind and firm positive parenting. [12]

4 Conclusion

The investigator enumerates the novelty of the study based on the objectives framed.

1. To inquire about good practices for mental and emotional health of children among parents

   Parents are increasingly recognizing these practices through self-regulation, sensory needs, and social behavior in their children. They realize art, music, movement and storytelling them as core mental health practices**.** They trust yoga and mindfulness as a foundation for resilience, self-awareness and emotional mastery**.** They perceive boredom, rest, and aimless play as essential to mental well-being by re-evaluating over-scheduling and performance culture. They are aware of different stages emotional cycles and not just reacting. They promote safe spaces for children to explore value-based decision-making with consequences and reflection. Parental generations share health habits with children like morning walks, yoga, or screen-free mealtimes, blending movement, mindfulness and bonding. They observed grandparents share personal stories about their health journeys, traditional remedies, or emotional struggles with children as parental guidance. Parents wish their children to balance screen time against real-world activities through sleep pattern, physical

exercises, and one to one interaction. They expressed that they learn with their children for short sessions like reading side by side, doing brain games together and inquiring about a topic.

2. To explore parental involvement in mental and emotional health practices of children

   Parents declared that many children are being raised with emotional vocabulary and assertiveness where they argue back logically**.** They described friction when children question cultural norms. They expressed struggle to discipline children without damaging the emotional bond as well as labeling a bad habit especially during conflict. Millennials vented challenges to correct harmful behaviors without shaming the child's self-esteem. Primary caregivers conveyed their expectation on quick results without understanding that habit change requires weeks of repetition, emotional support, and consistency.

   Although India has a mental health policy, the provisions of mental health care for the children and adolescents are the least discussed in the policy documentation. Only 0.06% of the total national health budget is allocated for mental health, which is even lower than the average mental health budget in low income countries. It is the need of the hour to acknowledge this gap.[(10)]

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