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Promotion and Prevention of Mental Health in Early and Preschool Age: Status and Future Directions

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ABSTRACT

Introduction: Mental health problems occur in early and preschool age, and numerous research papers consistently confirm the high prevalence of emotional and behavioral problems of children enrolled in preschool education in developing and transition countries. Despite the significant prevalence of mental health difficulties and problems in the population of children of early and preschool age, as well as to the importance of applying promotional and preventive interventions, the worrying fact is that a small number of children and their parents receive timely systemic support and intervention, especially within the framework of formal preschool education.
Objective: The aim of this paper is to provide a synthesis of knowledge in the field of promotion and prevention of mental health in early childhood and preschool period in order to identify pedagogical recommendations and priorities for future research.
Method: Using the method of content analysis, a qualitative analysis of the programs of promotion and prevention of mental health of children of early and preschool age was carried out. By searching for the key descriptors "mental health", "preschool age", "early childhood", "mental health promotion" and "mental health prevention" in the ERIC, PubMed and Google Scholar data published in the period from 2014 to 2023, the research sample was determined (N=15). The basic categories of analysis in the selected research are: target population, level of prevention, description and structure of the program, research sample, methodological design and key research results.
Results: The results of the qualitative analysis suggest the following pedagogical implications: (1) it is necessary to pay more attention to the promotion of children's mental health, especially to the promotion of socio-emotional competences of users of the community programs and resources; and (2) education and training of parents and educators about the components of children's mental health should be integrated into preschool education programs. In future research, the focus should be directed towards expanding the evidence about the scientific and practical effectiveness of the program, as well as its relevance for the users of the program themselves.
Conclusion: The analyzed programs have the potential to promote positive psychological and social well-being of children and to prevent mental health problems.
Keywords: Mental Health, Preschool Age, Early Childhood, Prevention, Promotion.

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INTRODUCTION

Early childhood (from birth to the age of five) as well as preschool age (until school age) are periods of unlimited potential within which children develop capacities of formative importance for future development and life, psycho-social well-being and happiness. During this period, developmental changes are unique and unrepeatable compared to later stages of growth. "The early years play a crucial role in providing the foundations for developing positive mental health" (Barry et al., 2024: 3), i.e. for the development of habits that are important for maintaining good mental health. Those habits include healthy sleeping and eating patterns, regular physical activity and exercise, problem-solving skills, communication, establishment and maintenance of social relations, as well as regulation and managing of the emotions.

Defining mental health includes numerous biological, psychological, social, and anthropological dimensions of a man, and it is understandable that a comprehensive and unique conceptual determination is missing. Commonly, mental health is defined as “a state of well-being in which a person realizes his own capacities, responds to the challenges of everyday life, works productively and fulfilled, and is able to contribute to himself and his community' (WHO, 2001: 1). On the conceptual level, it "includes a subjective sense of well-being, self-efficacy, autonomy, competence, ability to establish harmonious relations with other people, intergenerational relations and the ability to realize his own intellectual and emotional potential, i.e. the possibility to constructively change the social and physical environment" (Damnjanović, 2012: 28). In preschool age and early childhood, mental health is related to healthy social and emotional development (Izett et al., 2021) and includes ability of the child to experience, regulate and express emotions, develop close and secure relationships with others and explore the environment and learn (Clinton et al., 2016), realize his potentials and manifest resilience in the face of challenges (Schwartz et al., 2020). All these capacities of the child develop best in the context of a safe and stimulating social environment (Parlakian & Seibel, 2002) which provides access to quality social, educational, and health care services of mental health support and protection.

Children of early and preschool age during their development show certain emotional difficulties and behavioral problems that are an inherent part of the normal development process. If these difficulties accumulate and interfere with the child's social, emotional and cognitive functioning and its overall development, it is possible to talk about mental health problems. Numerous research (Gustafsson, Proczkowska-Björklund &

Gustafsson, 2017; Skovgaard et al., 2007) and reviews (Vasileva et al., 2021; von Klitzing et al., 2015) consistently confirm high prevalence of emotional and behavioral problems of children included in preschool education. The findings of epidemiological studies indicate a worrying percentage of children with mental problems and disorders in early childhood, pointing to prevalence of 16-18% among children aged 1 to 5 years (Skovgaard et al., 2007). Similarly, Von Klitzing et al. (2015) report that about 17% of children up to the age of 6, suffer from mental disorders (von Klitzing et al., 2015). Average prevalence rate of anxious disorders in children ranges between 2.2% and 3.6%, and the following forms are most often identified: specific phobia, social phobia, generalized anxiety disorder and separation anxiety disorder (Živić et al., 2023). Problems of mental health in early childhood most often include disorders of emotional and motor regulation such as: excessive crying, sleeping and feeding difficulties, bonding difficulties (von Klitzing et al., 2015), then numerous externalized behavioral disorders such as: aggression, oppositional defiant disorder, attention deficit hyperactivity disorder (Egger & Angold, 2006; Vasileva et al., 2021), as well as internalized behavioral problems, most often anxiety and depression (Rapee, Schniering & Hudson, 2009; Vasileva et al., 2021; Živić et al., 2023).

Despite scientific evidence of the formative importance of early childhood for positive (good) mental health, promotion and prevention of mental health in early childhood are neglected scientific areas in relation to other aspects of health and stages of development (secondary childhood, adolescence, adulthood). Although numerous interventions based on evidence for mental health are available, there is a gap between empirical evidence and its application (Barry et al., 2024). There are attitudes that the promotion of good mental health is not in the focus of researchers as is the prevention of mental health problems and disorders of young people (Fusar-Poli et al., 2020). One of the reasons for such a state is the lack of a clearly operationalized concept – a good mental health. On the other hand, the establishment of diagnostic criteria for mental disorders in preschool children is still a big challenge, although many children up to the age of 5 show clear characteristics of attention disorder with hyperactivity, anxiety disorder, depressive disorder and oppositional defiant (Egger & Angold, 2006).

Promotion and prevention of mental health in early and preschool age: terminological issues and importance

Respecting the previous conceptual definitions, as well as the distinction indicated by the authors (Colizzi et al., 2020; Fusar-Poli et al., 2020; Purgato et al., 2021;

National Research Council and Institute of Medicine, 2009), promotion can be defined as an approach or strategy aimed at optimizing people's positive mental health by encouraging protective determinants, while prevention is implemented to minimize problems and disorders of people's mental health. While mental health promotion focuses on strengthening the capacities and resources of individuals and communities to maintain and improve people's mental health, prevention aims to reduce the incidence, prevalence and impact of problems on the individual, his family and society (WHO, 2004). This distinction corresponds to the modified Gordon model of the level of prevention and the current knowledge of prevention science (Basić, 2009), i.e. the understanding that we should talk about a spectrum of interconnected interventions, starting from the most comprehensive ones that promote positive mental health (promotion and universal prevention), through interventions that tend to prevent the onset of mental health disorders (selective prevention), up to interventions aimed at early identification of individuals with mental health problems and disorders (indicated prevention). Universal prevention involves strategies that can be offered to the entire population, regardless of risk factors, based on evidence that they are likely to benefit from participating in them. Selective prevention includes interventions aimed at the asymptomatic part of the population that is exposed to various biological, social or psychological risk factors for the occurrence of mental health problems. Indicated prevention includes strategies that target individuals identified as having observable symptoms that may precede and lead to a diagnosable mental disorder.

Within the modified spectrum of interventions, the focus shifts from prevention and treatment to promotion, that is, to encouraging the abilities of individuals and the resources of the community that already exist in it. Mental health can be promoted through interventions in early childhood (e.g. home visits to pregnant women), support programs for children or parents (e.g. programs for the development of children's socio-emotional competences, positive parenting programs); programs aimed at socially sensitive groups (members of national, ethnic, religious minorities), as well as through community development programs.

MATERIALS AND METHODS

Building on previous systematic reviews (Benoit & Gabola, 2021) and meta-analyses (Ooi et al., 2022), this review aims to make pedagogical recommendations and implications for future research regarding the promotion and prevention of mental health in

early and preschool children, with a special focus on studies published in the last 10 years. Two research tasks were set:

a) identification of pedagogical implications based on a qualitative analysis of the mental health promotion and prevention program for children of early and preschool age, according to the defined categories of analysis (target population, level of prevention, description and structure of the program);
b) identification of implications for further research in the field of promotion and prevention of mental health of children of early and preschool age, according to the defined categories of analysis (research sample, methodological design, key research results).

The review of studies was conducted following the PRISMA guidelines (identification, screening, eligibility, and inclusion). Articles were identified in three databases: ERIC, PubMed, and Google Scholar by two independent reviewers.

Search Strategy

Academic databases ERIC, PubMed, and Google Scholar were searched based on the key descriptors: "mental health", "preschool age", "early childhood", "mental health promotion", and "mental health prevention". Searches were limited to a period of 10 years, specifically from 2014 to 2023. The selection of databases, as well as the time frame for identifying articles, was determined by the following reasons – existing systematic reviews included other relevant databases (Web of Science, Scopus, SciELO, etc) and earlier time periods. Using the search strategy described, all retrieved titles and abstracts were scanned for relevance.For screening and determining the eligibility of articles, the following inclusion criteria were established:

(1) availability of the entire text;

(2) research published in English;

(3) peer-reviewed papers;

(4) studies that included children of early and preschool age (from 6 months to 6 and a half years);

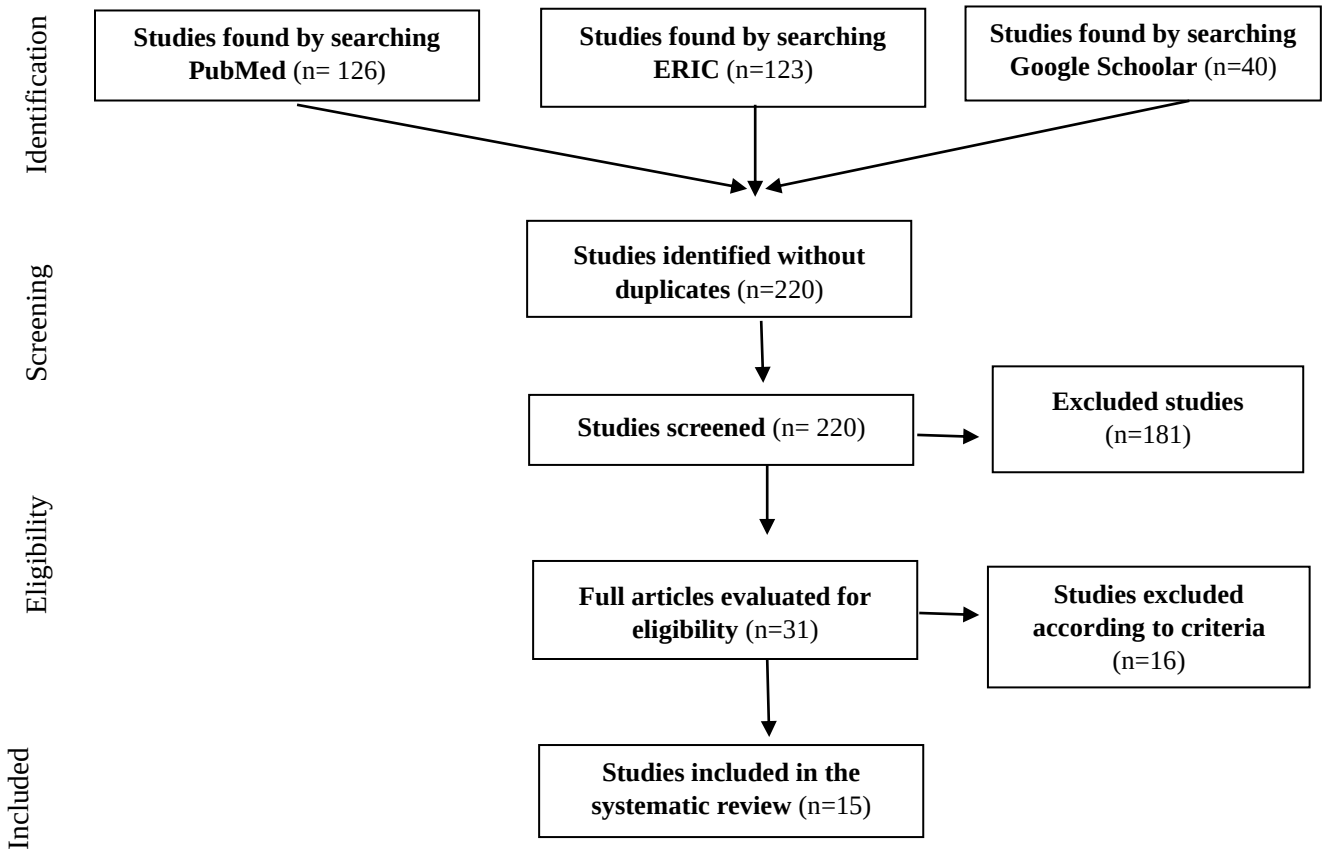
(5) the existence of information on the structure of the program (the aim of the program, target group, content of the program, level of prevention, duration and effects of the program).

Studies were included in the review and the analysis, even if the intervention and preventive activities were focused on parents and/or educators, but the effects of the intervention were related to children's mental health. The studies involved include not only

early and preschool-aged children but also school-aged children. The following criteria were applied for the exclusion of studies from the analysis: systematic reviews, Scopus reviews and meta-analyses; doctoral dissertations, reports. Two reviewers participated in the search for articles and assessment of studies to ensure they met the inclusion criteria.

A total of 220 articles were identified through the literature search, which were tested by the two reviewers for eligibility. Ultimately, 15 articles met the established criteria for inclusion. Figure 1 displays the PRISMA flow diagram for the inclusion of studies.

Figure 1. PRISMA flow diagram for the inclusion of studies



The studies were then categorized according to the identified analysis categories, in accordance with the set research objectives. The procedure of qualitative data processing involved the formation of a system of categories and the classification of analysis units, and then the study and coding of data sources, and finally, the interpretation of the analysis results. Based on the existing structural elements of prevention programs, as well as a preliminary insight into the content of the sampled studies, it was determined that the following categories of analysis are relevant for the identification of pedagogical and research implications: target population, level of prevention, description and structure of the program, research sample, methodological design and key research results.

RESULTS AND DISCUSSION

Within the first research task of the research, we try to identify recommendations for pedagogical practice, bearing in mind the data on the target population/users of the program, the scope of the program, as well as its structure (name of the program, components, duration) (Appendix 1).

Appendix 1. Overview of the program of promotion and prevention of mental health of children of early and preschool age

Author, year	Target population	Level of prevention	Description of the program/intervention (name of the program, components, duration)
Conte et al., 2023	Preschool children and teacher	Universal	Promoting Mental Health at Schools (PROMEHS) is a school-based, mental health program focused on promoting students' mental health and preventing negative conduct. The intervention consists of: (1) teacher training; (2) classroom curriculum; (3) home curriculum; (4) teacher supervision; (5) parent training; and (6) meetings with head teachers. The program lasted 6 months.
Gülay-Ogelman et al., 2018	Preschool children (4-6 years) and families with low socio-economic level	Selective	The Social Emotional Prevention Program (SEP) is a multifocused early prevention program developed for children of families with disadvantages. The program includes family involvement and classroom activities. The program lasts for 39 days.
Lau, E. X., Rapee, R. M., & Coplan, R. J. (2017)	Preschool children who are at high risk for developing anxiety disorders and their parents	Indicated	A 6-session early intervention program developed for preschool children with a high risk of anxiety disorders, in which the educational program for parents (Cool Little Kids) is supplemented by direct training of social skills for children. Cool Little Kids is an early intervention that aims to educate parents on how best to parent a child with anxiety.
Chronis-Tuscano, A., et al., 2015	Preschool children with behavioral inhibition and their parents	Indicated	Turtle Program is a multi-modal early intervention developed for inhibited preschool-aged children. The program included 8 weekly, 90-minute concurrent parent and child group sessions. The parent component consists of three phases: (1) Child Directed Interaction phase (parents received psychoeducation regarding the etiology of anxiety and anxiolytic parenting behaviors and practiced skills); (2) Bravery Directed Interaction phase (they learned and practiced skills to manage parent anxiety); (3) Parent Directed Interaction phase (they learned to manage disruptive behaviors). The child component was adapted from Social Skills Facilitated Play program (e.g., problem solving, emotion regulation, social skills via games and stories).
Guedes, M., et al., 2023	Preschool children with behavioral inhibition and their parents	Indicated	Culturally Adapted Turtle Program, delivered in-person and online. The 8-week program consisted of parallel groups of parents and children, led by trained facilitators. Also, parenting group sessions included in vivo therapeutic coaching of parents and child together. The children's group expanded the Play Program with the help of social skills.
Doyle, F. L., et al., 2021	Children with a behavioral *inhibit*ion and their parents	Indicated	The Cool Little Kids - prevention program for preschool children who are at increased risk of developing anxiety disorders. The intervention consisted of nine sessions over 11 weeks. Only mothers participated in 7 sessions, and mothers and their children were together in 2sessions.
Bai et al., 2022	Female primary caregivers and their children in the rural area	Indicated	Integrated Program for Early Childhood Development is an intervention on the mental health of female caregivers. The program provides group activities and in-home parenting guidance twice a month at intervals of no less than 14 days. The family group activities involve three types of activities: interactive book reading, parent–child games, and discussions on parenting issues.
Abel et al., 2020	Children of parents with serious mental illness	Indicated	Young Simplifying Mental Illness plus Life Enhancement Skills (SMILES) is a child-centered intervention to improve the health-related quality of life of children and adolescents living with serious parental mental illness. The intervention includes eight sessions for children over 8 weeks and five separate sessions for parents.

Brotman et al., 2016	Low-income minority children living in urban neighborhood	Selective	ParentCorps is a school-based family intervention designed to help parents and teachers create a safe and predictable environment for young children. The program includes three components: professional learning for pre-K and kindergarten teachers, a parenting program for families of pre-K children, and a social-emotional learning classroom curriculum for pre-K children.
Goldfeld et al., 2022	Families at risk of poorer maternal and child health and development outcomes	Selective	Right@home Nurse home visiting program is a relationship-based model of sustained nurse home visiting delivered by highly trained professionals to promote children's language and learning, general and mental health, maternal mental health and wellbeing, parenting and family relationships. The parents receive 25 home visits by a specially trained nurse.
Pontoppidan et al., 2020	Vulnerable families with children aged 2-12	Selective	Family Club Denmark (FCD) is a family support program aiming to increase the network for children and parents in vulnerable families and promote positive parenting. The program lasted 6 months (12 sessions). The program is based on four principles: (1) Meal community; (2) Play, learning, and togetherness; (3) Support and advice; and (4) Bridging to the civil society and the public sector.
Shinn et al., 2015	Housing-unstable families with children	Selective	Family Critical Time Intervention (FCTI) is a community-based service model for families. The intervention aims to strengthen family members' long-term connections with social services in the community, extended families and friends. The program includes 3 phases: (1) Transition to Community – the case manager completes a thorough assessment of the family's strengths and challenges and works intensively with the mother to connect the family to community resources; (2) Try-Out – the case manager encourages families to take more control over following services and programs on their own; and (3) Transfer to Care - the case manager encourages the family to take full responsibility for accessing community services.
Owen et al., 2017	Parents of children aged 3-8 years	Universal	**Co**nfident **P**arent **In**ternet **G**uide (COPING) is a 10-week online universal program for parents of 3 – 8 years old children to support parents in addressing common challenges with their children. The program focuses on encouraging positive child behavior and strengthening parent-child relationships. The program is based on the content of 'The Little Parent Handbook'.
Bierman et al., 2015	Low-income families	Selective	The Research-Based and Developmentally Informed (REDI-P) – parent home visiting a well-specified curriculum, with 10 home visits during preschool and 6 visits in kindergarten. Parents receive coaching to enhance parent-child relationships and home learning materials to support child development and school readiness.
Shoshani & Slone, 2017	Preschool children from 3 to 6 and a half years	Universal	The Maytiv preschool program is based on the PERMA model with activities for enhancement of positive emotions, engagement, positive relationships and achievement. The program includes training preschool teachers and a distinctive kit to incorporate positive psychology content into the preschool domain. In the first phase, workshops were held for educators on the elements of positive psychology (34 academic hour workshop that included two 90-min introductory sessions and 15 bi-weekly 90-min lessons). In the second phase, a children's program was implemented.The program lasted 32 weeks.

In terms of the first category of analysis - the target population for which the mental health promotion and prevention program is intended - we can note that, according to frequency, the most represented programs are aimed at both children and their parents (53.33%), followed by programs aimed only at parents (26 .67%), followed by programs that target children and educators (13.33%), while the least represented are programs that are simultaneously aimed at children, parents and educators (6.67%). As suggested by the results shown in Appendix 1, the analyzed programs are aimed at different users, with the

tendency that more than half of the programs involve preventive action in the family environment, i.e. simultaneous work with children of early and preschool age and their parents (Abel et al., 2020; Bai et al., 2022; Chronis-Tuscano, et al., 2015; Conte et al., 2023; Doyle et al., 2021; Guedes et al., 2023; Gülay-Ogelman et al., 2018; Lau, Rapee & Coplan, 2017; Pontoppidan et al., 2020) or work only with parents as the target group (Bierman et al., 2015; Goldfeld et al., 2022; Owen et al., 2017; Shinn et al., 2015). The fact that the least represented programs are aimed at users in several different environments (family and preschool) is surprising (Brotman et al., 2016; Conte et al., 2023; Shoshani & Slone, 2017).

The level of prevention, that is, the comprehensiveness of the program, is another category of analysis. According to the scope of the program, the authors distinguish between universal, selective and indicated prevention. Programs intended for the entire general population of children, parents or educators, regardless of the presence of risk and protective factors, are categorized as universal prevention; - the selective ones are programs aimed at a subgroup of the general population that is exposed to the action of a greater number of risk factors, and the indicated ones are the programs aimed at high-risk groups and individuals exhibiting mental health problems. According to the level of prevention, the largest percentage of programs are selective (40.00%) and indicated (40.00%), and the least represented are universal programs (20.00%). Starting from epidemiological data (Skovgaard et al., 2007) and the results of research on the prevalence of mental health problems in the population of children of early and preschool age (Gustafsson, Proczkowska-Björklund & Gustafsson, 2017; Zivić et al., 2023), it is understandable that there is an equal representation of the prevention programs of the selective and indicative level. Since certain socially vulnerable subgroups of children of early and preschool age are at a greater risk of manifesting mental health problems or of facing the negative implications of exposure to a greater number of risk factors, such as children in rural areas (Bai et al., 2022), who live with parents diagnosed with mental illness disorder (Abel et al., 2020), who are the members of national and ethnic minorities (Brotman et al., 2016; Pontoppidan et al., 2020), children with a low socio-economic status (Bierman et al., 2015; Gülay-Ogelman et al., 2018) and who have not resolved the housing issue, and enter the foster care system (Shinn et al., 2015), the need is increasingly recognized for the development and implementation of programs of selective level of prevention. This tendency is confirmed by the results of this analysis.

Current research suggests that children with a behaviorally inhibited temperament in early childhood represent a high-risk group for the development of anxiety disorders during later adulthood (Rapee, Schniering & Hudson, 2009; Vasileva et al., 2021), so it is not surprising that 26,67% are indicated for anxiety prevention programs (Chronis-Tuscano et al., 2015; Doyle et al., 2021; Guedes et al., 2023; Lau, Rapee & Coplan, 2017). In addition to the above, individualized interventions for parents who have diagnosed mental disorders (Abel et al., 2020) or manifest symptoms of mental health problems and disorders (Bai et al., 2022) are among the indicated prevention programs. These high-risk groups are associated with negative child mental health outcomes. First, parental, especially maternal, depression is significantly and consistently associated with negative and disengaged (withdrawn) parenting, as well as with a number of behavioral problems in children, including higher rates of depression and anxiety and higher levels of severity of internalizing and externalizing symptoms and disorders (National Research Council (US) et al., 2009). Depressed mothers show more irritability, hostility and other negative interactions with their children (Hakanen et al., 2019; Santona et al., 2017; according to: Bai et al., 2022) and engage less in stimulating activities for child development, such as: reading and telling stories, joint games, etc. (Zhang et al., 2018; according to: Bai et al., 2022).

Appendix 2. Methodological characteristics of the program of promotion and prevention of mental health of children of early and preschool age

Study	Sample	Methodological design – methods and outcome measures	The key results of the research
Conte et al., 2023	- 784 Italian and Portuguese preschool children (4–5 years) -107 teachers were recruited at 21 kindergartens in Italy and Portugal.	Quasi-experimental design with pretest-posttest group; Experimental group (participation in the PROMEHS program) and waiting list group (no intervention). Measures*:* children's SEL competencies; children's mental health; and children's learning outcomes - Motivation at school, Engagement with the learning process, and Academic performance.	The PROMEHS improved preschoolers' social-emotional learning competencies, prosocial behavior, and academic outcomes. Children in the intervention group showed fewer symptoms of internalizing and externalizing behaviors decreased.
Gülay-Ogelman et al., 2018	83 children (4-6 years) and 83 mothers. The children were attending independent kindergartens in Turkey	Quasi-experimental design with pretest-posttest group Three experimental groups (25 children and 25 mothers in Experimental Group 1, 16 children and 16 mothers in Experimental Group 2, 16 children and 16 mothers in Experimental Group 3), and one control group (26 children and 26 mothers) were included in the project. Measures*:* children's social skills and communication skills	Implementing Social-Emotional Prevention Program in all experimental conditions led to significant improvements in the social and communication skills of the children compared to the control group.

Lau, E. X., Rapee, R. M., & Coplan, R. J. (2017)	72 children aged 36–65 months and their parents. The children were attending childcare centers and preschools in Australia.	Quasi-experimental design Families were randomly assigned to control and intervention group. The experimental group consisted of six sessions for parent education and six sessions for training children in social skills. Families in the control group were offered a treatment that consisted only of parent education. Measures*:* anxiety symptoms	Children in the intervention group showed significantly fewer symptoms of anxiety disorders according to clinical psychologists. Mothers reported fewer anxiety symptoms in their children, and less overprotection. The combined intervention may show some slightly stronger effects than a parent-only intervention.
Chronis-Tuscano, A., et al., 2015	40 inhibited children between the ages of 42-60 months and their parents	Randomized controlled trial Participants were randomized to the Turtle Program (n = 18) or a waitlist control condition (WLC; n = 22). Participants were assessed at baseline and post-treatment with the following instruments: parent and teacher report measures of child anxiety, diagnostic interviews, and observations of parenting behavior. Post-treatment assessments included the PAPA anxiety module, parenting observation, and parent and teacher questionnaires.	The Turtle Program resulted in significant beneficial effects on maternal-reported anxiety symptoms of medium to large magnitude; large effects on parent-reported BI; medium to large effects on teacher-rated school anxiety symptoms; and medium effects on observed maternal positive affect/sensitivity.
Guedes, M., et al., 2023	57 primary parents /caregivers (55 mothers and two fathers) of highly inhibited preschoolers (3–5 years), with no diagnosis of selective mutism or developmental disorders	Randomized controlled trial Participants were randomly allocated to *Turtle Program* delivered in-person (*n* = 17) and *Turtle Program* delivered online (*n* = 20) and to waiting-list control condition (*n* = 20). During the pre- and post-intervention parents completed the following instruments: Behavioral Inhibition Questionnaire, Preschool Anxiety Scale, Social competence and behavior evaluation scale—Parent version, Preschool anxiety scale and Child-rearing practice report questionnaire.	According to the results of the study, parents in both intervention conditions (direct and online) noticed positive changes in the child's functioning. The Tortoise program is associated with a reduction in children's overall anxiety and social anxiety symptoms.
Doyle, F. L., et al., 2021	86 children identified as behaviourally inhibited, aged between 41 and 57 months and their parents (Australia)	Randomized controlled trial Participants were randomly allocated to a nine-session intervention or a waitlist control condition. Measures: child temperament and behavior during a series of laboratory tasks; child anxiety symptoms; mothers' mental health symptoms and mother diagnostic measure/maternal anxiety symptoms	Significantly fewer anxiety disorders were found in children of the intervention group, as assessed by clinical psychologists, and fewer anxiety symptoms reported by mothers. However, this change was not significantly different from the change observed in the waitlist control group.
Bai et al., 2022	989 female primary caregivers and their children in two towns in a north county of Yunnan Province, Southwestern China	Randomized controlled trial This included 494 members of the treatment group from 95 villages and 495 from the control group from 94 villages. Measures: mental health of caregivers and interactive parenting practices	The intervention significantly increased the depressive symptoms of the grandmothers, significantly reduced the prevalence of anxiety symptoms of daughter-in-law caregivers, while the social interactions of both local and non-local daughters-in-law were significantly improved.
Abel et al., 2020	35 families (children and adolescents living with their parents, who had serious mental illness per age-appropriate group (6-11 and 12-16 years)	Randomized controlled trial Participants were randomly allocated to Young SMILES group (n = 20) and to treatment as usual (n = 15). Measures: quality of life. Semistructured interviews with parents and children gathered	Children and adolescents living with their parents, who had serious mental illness, and their parents were mainly very positive about Young SMILES, both of whom invoked the benefits of peer support and insight into

	and their parents)	information about their motivation to sign up to the study, their experiences of participating in the group sessions, and their perceived changes in themselves and their family members.	parental difficulties.
Brotman et al., 2016	1050 children (4 years old) in 99 prekindergarten classrooms	Randomized controlled trial Measures: children's mental health problems, academic performance and achievement.	Children who attended a preschool program enhanced by the ParentCorps intervention had lower levels of mental health problems and higher academic achievement, according to teacher assessments.
Goldfeld et al., 2022	722 women enrolled in the trial. Pregnant women experiencing adversity were recruited from 10 antenatal clinics in Australia.	Randomized controlled trial (225 of 363 (62%) intervention and 201 of 359 (56%) usual care) Measures: children's mental health, parenting and family relationships, maternal mental health and well-being; children's language and learning (receptive and expressive language, phonological awareness, attention and executive function).	There was evidence of modest effects of the intervention on children's mental health, parenting and family relationships, and maternal mental health and well-being. The effects of the intervention on measures of language and learning in children were not determined.
Pontoppidan et al., 2020	510 families Based on baseline characteristics, 363 of the sample were identified as vulnerable families	Quasi-experimental trial with intervention group participating in Family Club Denmark (304 families) and wait-list control group (206 families) The primary outcome is mental health. Secondary outcomes include parenting behavior, parenting stress, self-efficacy and self-worth, family routines and child well-being.	No significant impact of the intervention on mental health and well-being of parents was found. FCD parents report that their children have a more challenging time forming friendships. They experience less need for help to play with their children, and feel more confident when playing with their children.
Shinn et al., 2015	200 homeless families in which mothers had diagnosed mental illness or substance use problems in Westchester County, NY. -311 children (1.5 – 16 years)	A randomized controlled trial A total of 200 families included in comparisons of FCTI treatment (n = 97) and usual care control (n = 103) conditions. Main outcome measures: (1) Internalizing and Externalizing Behaviors (2) Depressive Symptoms; (3) Child Care Attendance; (4) Positive Child Care Attitudes and Experiences; (5) Child Care Trouble; (6) Negative Life Events; (7) Child Separation; (8) Permanent Housing; and (9) Parenting Practices.	The program contributed to the reduction of internalized and externalized behavioral problems of children. No effects of the intervention on the mental health of 6- to 10-year-old children were found, but there were significant improvements over time in mother-reported internalizing and externalizing behaviors, as well as children's self-reports of depressive symptoms.
Owen et al., 2017	N/A	Pilot randomized controlled trial with a wait-list control group. Meausures: positive parenting, child behavior, parental sense of competence, parenting behavior and parental mental health.	N/A
Bierman et al., 2015	200 4-year-old children and parents. Families were recruited from 24 Head Start centers in three urban and rural Pennsylvania counties.	Randomized clinical trial The children were randomly assigned to REDI-P (n=95) or a comparison condition (mail-home math games, n=105). Measures: academic achievement, socio-emotional adjustment and children's problems at home.	Statistically significant effects were found in each competency domain (academic achievement, socio-emotional adjustment, and reduction of problems at home). The program promoted statistically significant gains in direct assessments of child emergent literacy skills and teacher-rated academic performance in kindergarten..

Shoshani & Slone, 2017	315 children (153 girls, 162 boys) aged 3–6.5 from 12 demographically similar preschool classrooms in Israel	Longitudinal quasi-experimental study Twelve preschool classrooms of 3–6.5 year-olds were randomly assigned to a positive psychology intervention condition (n=160) or a wait-list control condition (n=155). The following measure were used: Self-report of well-being, life satisfaction, empathy, and behavioral self-regulation; parent report of children's well-being, children's mental health disorder; preschool teacher report of children's learning behaviors.	The findings indicated significant increases in children's empathy, prosocial behavior, and positive approaches to learning in the intervention group. Effect sizes for the magnitude of the significant changes in the intervention group were in the small to large range.

Contrary to the modern knowledge of prevention science, which emphasizes the importance of creating and implementing universal programs and promotion programs, the analyzed data suggest the lowest representation of programs with the widest level of coverage. The role of preschool institutions and families in the universal prevention of children's mental health was recognized in only 20% of cases (Conte et al., 2023; Owen et al., 2017; Shoshani & Slone, 2017). Programs aimed at all preschool-aged children promote various aspects of positive mental health, primarily: emotions, social skills, academic achievements, etc.

Considering the fact that preventive programs are aimed at different subgroups of the population of children of early and preschool age, whose risk levels vary, we can notice that the focus is more shifted towards groups and individuals that are exposed to the action of numerous risk factors. This finding corresponds with the modern approach to the prevention of mental health problems, which is based on the concept of risk factors and protective factors (O'Connell, Boat & Warner, 2009).

Starting from the third category of analysis - the description and structure of prevention/promotion programs - we can notice a double tendency when it comes to the sampled programs. They are designed with the aim of developing socio-emotional competencies (Bierman et al., 2015; Brotman et al., 2016; Conte et al., 2023; Gülay-Ogelman et al., 2018; Shoshani & Slone, 2017), cognitive skills (Bierman et al., 2015) and positive behavior of children (Bai et al., 2022; Goldfeld et al., 2022; Owen et al., 2017), then with the aim of improving the quality of life and family relationships (Abel et al., 2020; Lau, Rapee & Coplan, 2017), positive parenting, i.e. skills and capacity of parents to establish and develop interaction and relationship with their children (Pontoppidan et al., 2020). When it comes to educators and other teaching staff (Bierman et al., 2015; Gülay-Ogelman et al., 2018; Lau, Rapee & Coplan, 2017), the specific goals of the programs are aimed at improving their knowledge and skills about positive mental health and about the

fundamental elements of positive psychology, so that they are able to promote positive emotions, engagement, positive relationships and children's achievements (Bierman et al., 2015). On the other hand, the analyzed programs aim to prevent certain emotional, social and behavioral problems in children (Chronis-Tuscano et al., 2015; Conte et al., 2023; Doyle et al., 2021; Guedes et al., 2023; Lau, Rapee & Coplan, 2017). Precisely because of the above, they are, on the one hand, implemented as multi-component interventions that usually include parent education (on mental health, anxiety, behavioral inhibition, etc.) and training for the development of skills and strategies to manage the child's anxious and disruptive behavior, and, on the other hand, the training of children on social and emotional skills. Within the home visiting program (Bai et al., 2022; Goldfeld et al., 2022), parents are provided with parenting education (nutrition, regulation, relationship, etc.), as well as with support and encouragement of positive and stimulating interactions with children. The only community service-based program had the aim to strengthen long-term connections of homeless family members with community services, family, and others (Shinn et al., 2015).

In order to derive implications for future research, certain methodological characteristics of the studies included in the analysis were analyzed (Appendix 2), primarily the research sample, study design, measurement outcomes, and key research results.

Regarding the methodological design, 66.67% of the studies were randomized clinical trials, and 33.33% were quasi-experimental studies. In terms of the applied methodology, it can be concluded that researchers generally consider promotion and prevention programs based on the assumptions of a positivist paradigm, with a focus on testing the effectiveness of applied interventions to promote and prevent the mental health of children of early and preschool age. In the focus of researchers' attention are questions about the effects of prevention programs on various outcomes and behaviors related to children: socio-emotional competence (Bierman et al., 2015; Conte et al., 2023; Gülay-Ogelman et al., 2018), mental health and well-being (Bierman et al., 2015; Conte et al., 2023; Goldfeld et al., 2022; Pontoppidan et al., 2020), academic outcomes (Bierman et al., 2015; Brotman et al., 2016; Conte et al., 2023), communication skills (Gülay-Ogelman et al., 2018), anxiety, i.e. symptoms of anxiety disorders (Chronis-Tuscano, et al., 2015; Doyle et al., 2021; Guedes et al., 2023; Lau, Rapee & Coplan, 2017), behavioral inhibition (Chronis-Tuscano, et al., 2015; Doyle et al., 2021; Guedes et al., 2023), quality of life (Abel et al., 2020), mental health problems (Bierman et al., 2015; Brotman et al., 2016;

Shinn et al., 2015); then outcomes related to parents, such as: parents' behavior (Chronis-Tuscano, et al., 2015; Lau, Rapee & Coplan, 2017; Pontoppidan et al., 2020), parents' mental health (Bai et al., 2022; Doyle et al., 2021; Goldfeld et al., 2022), parenting practices (Bai et al., 2022; Owen et al., 2017; Pontoppidan et al., 2020; Shinn et al., 2015), quality of life (Abel et al., 2020), family relationships and interactions (Goldfeld et al., 2022; Owen et al., 2017) etc.

The analysis of the last structural element - the key results of the research - indicates the inconsistent effectiveness of the applied prevention and promotion programs. In the majority of analyzed programs (46.67%), positive effects were determined (Chronis-Tuscano, et al., 2015; Conte et al., 2023; Doyle et al., 2021; Guedes et al., 2023; Gülay-Ogelman et al., 2018; Lau, Rapee & Coplan, 2017; Shoshani & Slone, 2017), while effects only on certain outcomes were found within 40.00% of the considered programs (Abel et al., 2020; Bai et al., 2022; Brotman et al., 2016; Bierman et al., 2015; Brotman et al., 2016; Goldfeld et al., 2022; Shinn et al., 2015), followed by programs (6.67%) without established significant effects on primary outcomes related to children's mental health (Pontoppidan et al., 2020). One study (Owen et al., 2017) lacks data on the effects of the prevention program because of the study protocol. Inconsistent results on the effects of interventions in children can be interpreted in multiple ways. According to certain authors, the reasons for this should be sought in the absence of a clear operationalization of the concept of good mental health (Fusar-Poli et al., 2020) or in the absence of good application of the program (Beckerman et al., 2019). Research on the application of preventive programs in early and preschool age is a complex issue because prevention and promotion, as well as the development of positive mental health of children, do not take place in a vacuum, independently of numerous social, cultural, political and biological determinants (Semiz and Pavlović, 2024). It should be emphasized that prevention and promotion practices suffer from different mental health policies, as well as numerous social and contextual determinants, such as education, health care, socio-economic status, etc. (Purgato et al., 2021). In the process of developing good mental health, a child is not just a passive object of the influence of the family, preschool, school or broader social and cultural environment. It is an active factor in one's own development, whose activity activates capacities relevant to mental health and social and psychological well-being.

Taken as a whole, the results of the analysis suggest that early intervention and promotion programs for preschool children with parent-child components significantly reduce the risk and problems of children's mental health, and contribute to the development

of components of positive mental health in children. Parenting skills are crucial for the healthy development of children in early childhood, especially for their mental health (National Research Council (US) et al., 2009), and the inclusion of a child component has the potential to increase effects on primary outcome measures relative to interventions that are based only on the parent component. In this regard, multimodal programs that combine preschool intervention (curriculum implementation by educators) and family support are associated with the most lasting effects on a range of child mental health outcomes, including significantly improved socio-emotional competencies and overall academic outcomes (Conte et al., 2023; Gülay-Ogelman et al., 2018; Lau, Rapee & Coplan, 2017), as well as lower rates of internalized and externalized behavior problems in children (Conte et al., 2023; Doyle et al., 2021).

CONCLUSION AND RECOMMODATIONS

Considering the research tasks, this paper can have scientific and applied significance. Namely, gaining insight into promotional and preventive programs related to the mental health of children of early and preschool age and their better understanding, represent the starting point for mapping pedagogical recommendations for future applications of programs intended for preschool children. In terms of the applied methodology, an insight is gained into the state and tendencies of the development of research on the effects and/or the process of the prevention program.

By expanding knowledge about the factors that contribute to the development of positive mental health of children in early childhood and preschool age, significant scientific efforts have been made to predict the occurrence of various forms of emotional, social and behavioral problems and disorders, and thus to plan and implement various activities of a preventive and promotional nature. In this regard, it is imperative that the practices of prevention and promotion of the mental health of children of early and preschool age in the family and preschool environment are based on epidemiological indicators on the prevalence of children's mental health problems and disorders and evidence-based programs.

In order to prevent the occurrence and spread of mental health problems among children of early and preschool age, the integrated preventive action of preschool institutions and families is very important, which is achieved through various activities intended for children of early and preschool age, their parents, educators, as well as other staff in social institutions childcare. In addition to the regular activities of the preschool curriculum, specific measures should be implemented in practice, the primary goal of which is the

promotion of the socio-emotional learning competencies of children and other program users, and then the prevention of emotional difficulties and undesirable internalized and externalized forms of behavior of children. Therefore, understanding the importance of mental health, recognizing problems and reacting in the preschool and family environment, contribute to developing awareness about this topic and improving the quality of life of children.

The results of the qualitative analysis suggest the following pedagogical implications: (1) it is necessary to focus more attention on the promotion of children's mental health, especially on the promotion of socio-emotional competences of program users and community resources; and (2) education and training of parents and educators on the components of children's mental health (social skills, emotions, family relationships and parenting practices, quality of life, risk factors and protective factors, etc.) should be integrated into preschool education programs. It is extremely important to direct educators, parents and others who participate in the educational process to the recognition and better understanding of children's mental health problems, as well as to the application of effective strategies. Therefore, preventive efforts within the period of formal preschool education should be a priority and should include, in addition to promotion, other levels of prevention (universal, selective and indicated).

Due to the limited number of studies analyzed, it is not possible to draw definitive conclusions regarding the implications for further research in this area. However, several guidelines should be singled out, bearing in mind the results of the program analysis. In future research, the focus should be directed towards expanding the evidence on the scientific and practical effectiveness of the program, as well as its relevance for the users of the program themselves. The results on the effects of the program should be supplemented with the results on the process of application of the program. Future research using longer follow-up periods for primary and secondary outcomes is needed to confirm the sustainability and relevance of programs and interventions for different users and different implementation contexts. In addition to the above, in order to increase the relevance of the program, future research on the promotion of children's mental health in early childhood should take advantage of the intensive development of modern technologies and new approaches to e-education and e-health.

Research Statement

Ethical Aproval: The study does not require ethical approval.

Conflict of Interest: The authors declare that there is no conflict of interest for the study.

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