

EDUCATION, COUNSELING, FOR CHILDRENS' WELL BEING.

A Creative approach for mental health

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Abstract: *In this chapter I would like to present the Romanian background regarding the socio-cultural context regarding the services, good practices, education, parenting in the domain of mental health. We want to underline the importance of the three factors of education as a hole for wellbeing of children: family, school and community. Another important aspect that is in our interest is the important role of family in children's education for preventing mental diseases.*

Key words: *cultural background; children; wellbeing; parenting; counseling; mental health.*

1.Romanian background

1.1.A critical look at the health system

The well-being we would like to have and offer it to our children also depends on many family, educational and social factors. The main difficulty in the Romanian protection and public health system is that the public paediatric mental health system is excessively oriented towards curative aspects, the new directions of action should be mainly directed towards prevention. Another difficulty is generated by the small number of specialists in the field, the possibilities of intervention in the family, identification of psychosocial risk factors in the environment from which the child comes are reduced (Braveman, P., Egerter, S., Williams, D.R., 2011). The lack of staff brings up another problem, that of the impossibility of setting up multidisciplinary intervention teams, even when the establishment of intervention teams is successful, the waiting times are very high. (<file:///E:/KA%202%20DigiFamily/Carte%20servicii.pdf>, accessed 13.11.2019)

Based on studies and on the basis of good practices in the European community, Romania is trying to improve the system of promotion, prevention and education in mental health, so the decision-makers of the Romanian Ministry of Health propose a national strategy through which to provide affordable, quality and needs-based mental health services in a less restrictive environment through viable programmes. The mental health of children and adolescents is a fundamental right of the child and in Romania it is a priority. Regarding the children with mental health problems or at risk of developing such problems, it is supported their right to enjoy normal and decent living conditions that guarantees their dignity, fosters their autonomy and facilitates their active participation in the life of the community. Particular emphasis is placed on the development and implementation of strategies to intervene and improve the risk situation of children with behavioural disorders (Ditton, H., 2013)..

The National Centre for Mental Health promotes the National Strategy for The Mental Health of Children and Adolescents, which aims to promote mental health, to prevent suicide and violent behaviour, to offer outpatient and hospital services for children and adolescents with mental health problems, to support programmes for children and families at risk.

Stigma and prejudices are another problem facing Romanian society, real difficulties felt by these children and their parents in relation to certain social institutions with which they interact: the public and private child psychiatry system, the educational system, the group of friends, the community, etc. The stigmatization of children with mental health problems in Romanian society is caused by the low level of information about mental health disorders and sometimes also by the violation of the confidentiality of the diagnosis. In school, the child with mental health problems has difficulty integrating, being sometimes rejected by the teacher and colleagues. These problems are caused by poor teacher training, busy classrooms, busy analytical programs, lack of support teachers, school counselors, specialists who would be absolutely necessary for the school, as the teacher in the classroom cannot take care of the troubled child individually. Another cause is the family itself who has limited relationships with the school, does not engage in school activities, or hides the problems faced by their child. In contemporary Romanian society the concerns for the establishment of quality services in education and health have developed a lot compared to the communist period, in these 30 years numerous projects have been carried out which have resulted in good practices based on the concrete experience of social, psychological and legal assistance of vulnerable children and their families accumulated by the social and psychiatric assistance system, and also by social alternatives.

And the education system in Romania has made serious progress, in the sense that children with special educational requirements are integrated into mainstream school, with a focus on valuing diversity, respecting the right to education (Kaushal, N., 2014). Human dignity is valued, the needs of the individual understood as specific individual requirements, emphasis is placed on collective responsibility, on the development of professional relations and culture, on respect for equal opportunities, issues based on international regulations, such as the UN Convention on the Rights of the Child; Salamanca Declaration; Standard rules on special education; The World Declaration on Education for All. (<https://www.revistacalitateavietii.ro/2012/CV-1-2012/04.pdf>, accessed 11.11.2019)

We note, however, that there are problems such as: problems of school integration (school failure, tensions between colleagues or between pupils and teachers); emotional problems typical of adolescence; problems in family relations/ family tensions; insufficient career orientation. In order to remedy these shortcomings, functional integration in the school is aimed at, all students participate in education, but differentiatedly:

- Local integration, by integrating children with difficulties and problems into the same class, alongside typical children;
- Social integration, when students who have serious behavioural or health problems are grouped into differentiated classes, integrated into the mass school, but who interact with other students during breaks or in various social or extra-curricular activities. (<http://revped.ise.ro/wp-content/uploads/2018/07/2018.-1.-25-45.-Vrasmas.pdf> accessed 11.11.2019)

1.2 Steps towards the future

In the book "Analysis of mental health services for children in Romania" which carries out a qualitative social research and edited within the framework of the project "Quality care for children - Community services in mental health", carried out through the financial contribution of the Norwegian Government, it is mentioned that the most common mental health disorders among children and adolescents are: anxiety disorders, depression, ADHD, aggressive behavior problems, bullying type, which go to the conduct disorders. The involvement of children by guiding them

towards the discovery of skills, preferences or talents that allow the development of protective and social activities, in their spare time, contributes to the decrease of problematic behaviors, including the onset in the consumption of toxic substances (tobacco, alcohol, drugs). These activities contribute to increasing attachment to school, improving the relationship with parents/guardians, contributing to increased self-confidence and the ability to cope with the difficulties they face (resilience). The involvement of parents with students in education programmes is a real support with positive results in terms of positive attitude and confidence in the future. The more effective the parenting skills, the more constructive the parents' relationship with their children will be. Participating mothers in mentoring activities, in information, awareness-raising and education in areas related to child and family issues, on substance use in children and adolescents, family protectors and existing services within the community prevention services reduce the behavioural problems of adolescents, an informed parent is a parent prepared to face the most unexpected situations. (Ann-Katrin Meyrosea and all, 2018).

2. Good Practices

Below there are some projects completed with satisfactory results. In order to overcome the risk situation for children and adolescents due to separation from the family, to prevent school drop-out, they must intervene, with the consent of the beneficiary to increase competences, rediscover resources and increase the motivation to act so that the social risk situation is overcome. Numerous centres have been established throughout Romania, some financed by projections or NGOs, others from the state budget. The staff of the centre is encouraged in the process of identifying new activities and actions that contribute to the provision of quality services to the beneficiaries of the center, their parents and to the professional development of the professional skills of the staff working directly with the child. Active participation of beneficiaries in daily life, as well as in making decisions about their future. Encouraging beneficiaries to express their views on matters concerning them.

By raising awareness among the community, professionals in other fields of activity about the situation of children separated from their families, they will respond favorably to the need for family-type services for children whose reintegration into the family is not possible (Christina A. Martina and all, 2019).

2.1. Specialist Support and Assistance Center for Children

The services offered by this center are complementary to the efforts and efforts of the family itself, as arising from the parental obligations and responsibilities, as well as the services offered by the educational units and other service providers, corresponding to the individual needs of the child in his socio-familial context by:

- extracurricular educational/recreational activities – supervision when carrying out school themes, exercises to develop creativity, memory capacity – rendering information, exercises to develop logical thinking, educational games, initiation into computer use, reintegration into the public educational system of children in a situation of school dropout, watching children's films/educational documentaries, etc.;
- social activities and social integration appropriate to the group: socializing games, excursions, picnics, film screenings with educational, recreational and formative themes, organizing festive days (birthdays, onomastic days, Children's Day, other events), theater, etc.;

- medical activities of hygienic-sanitary care: education in order to acquire skills on body hygiene, healthy eating, prevention of illness, medical care; personal care and hygiene (deworming, hygiene, age-appropriate nutrition);
- individual and group counseling, where the focus will be on developing personality and gaining personal autonomy, overcoming severe situations due to family or school abuse, or crisis situations, group therapy, art therapy, psychological counseling for children whose parents work abroad.
- school and professional orientation activities through which children are able to fully assume the role of student, to shape a clear picture of their own career (initial training, improvement, promotion, modification of social roles)
 - Education for the training of life skills - this is one of the main ways of promoting the knowledge, skills and attitudes necessary for children to manage themselves in life. Ex. <http://www.dgaspc4.ro/servicii/centrul-de-zi---casa-speran-ei>; <https://www.copilprahova.ro/centrul-pentru-interventie-consiliere-si-sprijin-pentru-copilul-aflat-in-situatie-de-risc>

2.2. Multifunctional Centres represent models of best practices for locally available social services by offering a new, innovative approach to social services provided in children's day centres, namely the family's in-its-full approach and the planned and organized provision of integrated socio-medical and educational services (World Health Organization, 2014). The services offered within the centre are complementary to the steps and efforts of their own family, as well as the services offered in the educational units and corresponding to the individual needs of the child in a socio-family context. The efforts made are oriented and educational: improving the cognitive performance specific to the school age group; increasing interest in diversified educational and recreational activities; lowering the risk of dropping out of school; increasing the degree of integration into formal educational institutions; increasing school attendance; stimulating the completion of compulsory education; development of behavioural skills and attitudes in everyday life; development and improvement of parenting skills; improving parents' supportive attitudes towards children; the development of parental capacity to support children's autonomy through their positive discipline. From a social perspective, the development of social and relational skills through individual or group interactions is aimed at developing social and relational skills; improving the relationship between children and their parents; increasing the degree of integration into society as responsible students and future adults; lowering the risk of negative socialization (juvenile delinquency) or integration into social groups with deviant values and norms; decrease dissent of feelings of anxiety; increasing self-esteem, optimism and improving mental trauma; correcting education and increasing self-confidence; increasing respect for diversity.

As far as the medical aspect is concerned it is aimed at improving the immune system and physical health; involvement in pro-health programs and discussions about food quality; increasing interest in one's own development and hygiene; increase the quality of life. - effects on the environment: the development of love for the surrounding nature and cleanliness through greening actions; education for the appreciation of the beauty of nature, through the care of plants, planting. Ex. <http://www.centrumultifunctional-sofia-tulcea.ro/> <http://cnpac.org.md/rom/assistance>

2.3. Day Centres for Preschoolers are created to ensure the environment that guarantees the safety and health of children and takes into account the psychological characteristics of the child's

development, involving the family in the process of education and learning, through continuous communication between specialists and parents. The team of the centre is composed of specialized educators (2), social worker (1), psychologist (1) and caregivers (2), who collaborate permanently, in order to ensure quality services for the beneficiaries, aiming at the best interests of the child. Educational activities are provided by specialized educators, based on a school curriculum applied to the preschool groups- approved by the County School Inspectorates. All specialists in the center initiate and participate actively in education, recreation, socialization and personal development activities. The activities organized by the psychologist and social worker aim to strengthen positive behaviors, to identify destructive behaviors, to improve communication at group level, to stimulate involvement through support initiatives at group level, etc. The child's family receives psychological and social support in order to overcome difficult situations. The activities specific to the centre are educational; care and training of independent life skills; psychological, designed to contribute to the development of the following areas: intellectual, affective, social, personality, adaptation behaviors, vocational orientation. providing hot meals, snacks and serving them (the menu respects the rules on nutrition of children in kindergartens); recreational: celebrations, festivities, celebrations of birthdays and onomastics of children beneficiaries; outdoor recreation organizing joint actions with students of schools and high schools in the county, on the occasion of the holidays; meetings with group and/or individual parents (as many times as required; elaboration and monitoring of the Personalized Intervention Programme (PIP); psychoeducational counseling for children at risk: family crisis, school and social maladjustment, failure to drop out of school, absenteeism, etc., as well as those with behavioural and disciplinary disorders; psychosocial counseling given to parents on the importance of ensuring a secure family climate necessary for a harmonious development of children, optimization of parental relations and relations between the family and the staff of the center. Ex. <http://www.daspn.ro/centre/centrul-de-zi-pentru-prescolari-castani>
https://www.protectiacopilului6.ro/directia-strategii-comunicare_doc_1068_centrul-de-zi-sfintii-imparati-constantin-si-elena_pg_0.htm

2.4.SOS Counselling and Support Center for Children and Parents

These centres provide a family to children in need, help them build a future for themselves and contribute to the development of the communities in which they live. SOS Children's Villages was built on fundamental beliefs and attitudes, which represent values: **courage, commitment, help (World Health Organization, 2017)**. They also carry out educational and recreational activities for children with developmental delays, but also for typical children. Through its educational and information projects, it promotes effective ways of care, education and integration, aiming at the well-being of children and their parents and valuing their potential. Their mission is to create models of therapeutic and educational approach for both children with disabilities and typical children in the community, in order to provide the best chances for independent living and integration into society.Ex. SOS Centre of Counseling and support for family and children <https://www.sos-satelecopiilor.ro/>
<https://socialdoers.com/asociatia-sos-satele-copiilor/>
Ex. Association Children and fairies <https://www.copii-si-zane.ro/>

2.5.Anti-Drug Community Assistance Services are multilevel intervention services, acting at several levels at the same time: students, parents, teacher specialists and the school as a community to have an anti-drug effect. The drug prevention curriculums that are offered are based on a content

based on scientific evidence, the comprehensive model of social influence is used, especially – a model proven to be the most effective in preventing drug use in the school environment. Classroom interventions are complemented by components conducted online (Instagram, Facebook) to facilitate the active involvement of students, as well as promoting the anti-drug message to their peer networks. Public awareness campaigns (street or media), important community components of drug prevention are used in order to raise awareness of the risks associated with drug use or digital addiction, as well as information on the services available to those facing problematic situations in this area.

2.6. Day Centres were created in each locality, county residence by the Social Assistance Directorates. Children are allowed in the center regardless of gender, ethnicity, etc. The location of the centre is chosen in a marginalised urban area of the municipality where there are mainly children at risk, of Romani (undeclared) ethnicity who have dropped out of school or at risk of dropping out, who come from poor families with low levels of education, who cannot benefit from adequate education and proper personal hygiene. Some parents of children in the target group, due to poor education and high poverty, prefer to send school-age children to beg, steal or carry out other activities inappropriate to their age. Within the Day Centre children can benefit from support for homework, body hygiene and clean clothes, supplies, a hot meal and a snack, cake on birthdays, events organized on the occasion of various holidays, recreational and instructive activities and in partnership with NGOs and institutions that have common purpose (prevention, skills training) etc. There are regular exhibitions in which the conduct and observance of group rules are followed, the verification and deepening of knowledge about nature, historical and cultural as well as the provision of this opportunity to children (Melody, Almroth M.P.H. and all, 2019). Parents are aware of the obligation to attend the center by the admitted children but also the obligation to participate in monthly meetings and not only with parents. Ex. Services for Community Assistance Anti drugs <https://www.baia mare.ro/ro/Viata-in-Baia-Mare/Sanatate-si-Asistentia-https://www.romedic.ro/centrul-regional-de-prevenire-evaluare-si-consiliere-antidrog-arad-0M12365>

2.7. Family-Type House. This type of establishment receives and hosts beneficiaries for a specified period, until the child either integrates socio-professionally or until he completes his studies, or until the rehabilitation of the parents takes place. Psychological counseling activities are carried out, aiming to promote a positive image and avoid stigmatization of beneficiaries ; information, education and training of beneficiaries on school orientation by supporting beneficiaries in further education and professional orientation, as well as material support (personal hygiene products, food, medicines in case of illness, clothing, footwear, transport). the day center "A school for all" <http://www.adolescenten.ro/in-zona-mea/centrul-de-zi-o-scoala-pentru-toti/>

2.8. Recovery Centers for Children aged 3-18 years, with: delay and language disorders, learning difficulties, ADHD, delay in mental development, behavioral disorders, motor disorders, autism spectrum disorders, Down syndrome. Services include psychiatric and psychomotor evaluation, complex mental stimulation, stimulation and language therapy, adaptive therapy, physical therapy, non-formal education, development of personal autonomy, socialization, ludotherapy, multisensory therapy, art therapy, family counseling (individual and group), psychoeducation, respiratory, rights information. A complex program of educational and functional recovery is provided

by: physical therapy, muscle anti-contractual massage, combined with aroma and melotherapy, as well as hypotherapy, psychological, spiritual counseling, speech therapy and practical activities at the greenhouse, initiation in the use of computer for communication, active and passive melotherapy of relaxation, excursions, visits, summer camp shows and pilgrimages to sights and monasteries.

Using modern recovery therapies by combining therapies to develop speech, movement, thinking, periodic evaluation for knowledge of progress or regression, practice of orientation, knowledge and adaptation to the ambient space, development of relationships of mutual respect in relationships with other people. Ex. Recovery center for children with disabilities "Long Bridge" <https://socialtm.ro/index.php/portfolio/centrul-de-recuperare-pentru-copii-cu-dizabilitati>
Ex. Child Recovery Center "Gepetto" <https://www.facebook.com/pages/category/Non-Governmental-Organization--NGO-/Centrul-de-Recuperare-pentru-Copii-Gepetto-1291489884198259/>

2.9.SOS Children's Village

They're family-type house establishments, licensed each of them. In the house live 4-6 children and mother SOS (social parent – according to COR). The SOS mother is supported by a family nurse (child care – according to THE COR). Within the family-type house, living conditions are ensured similar to the family environment, of good quality, secure. A proper nutrition is provided quantitatively and qualitatively, taking into account the ages, needs and preferences of the children. Each SOS family benefits from a monthly family budget. It covers specific needs for food, clothing, footwear, hygiene, pocket money, excursions and camps, and so on. In the purchase of products, children are consulted and directly involved. The service provides individualized and personalized care. The activity is organized on the basis of the case management method. All children are given the right to education, enrolled in schools and high schools, are provided with appropriate outfit and the SOS mother is in constant contact with the school. All children are provided with multiple opportunities for leisure, recreation and socialization (excursions, camps, sports field, visits to museums, film, clubs offered by local suppliers, etc.). Maintaining the connection with the family of origin is an important dimension of the intervention. Ex. **SOS Children' village** <https://www.sos-satelecopiilor.ro/sos-cine-suntem/>
Centre for day care <http://www.mmuncii.ro/j33/images/Documente/Anunturi/2018/5343-2018-12-11-anunt-finalizare-concurs-lista.pdf>

2.10.Counselling and Support Centres for Parents and Children

The mentoring prevention program was created for families subject to risk factors that, unaddressed, make their children vulnerable to the development of behavioural problems or even addictive behaviors., namely one-on-one mentoring for children at risk. Most similar services are aimed at another target group (only children in foster care) or just a certain type of mentoring (e.g. professional) and do not have the prevention/intervention component for adolescents at risk of becoming consumers/substance dependents. The mentoring program is a program of selective prevention of problematic behaviors (including drug use) for min. 45 children/adolescents per month, exposed to multiple individual, family, school and/or socio-economic risk factors. The project is based on the formation of healthy attachment relationships between each child and his mentor – a responsible, friendly, balanced young person who directs the child towards the resources he or she has and not towards the deficiencies of the environment from which he or she comes. Each child and his mentor conducts regular (weekly) one-on-one, educational and

recreational meetings for a period of at least 1 year (Kristine Kahr Nilsson and all, 2019). Information and education activities are also taking place aimed at preventing the separation of the child from the family, by raising awareness of the respective parents of the specialists interested in the issues regarding the risk and protection factors involved in the stability of the family. The results of the evaluations recommend this prevention program as very effective.

2.11.SOS Youth Community

In this type of establishment children and young people are provided with accommodation, care, formal or informal education, in the spirit of their own religion and culture, emotional support, counseling, in order to discover and express individual skills, interests and talents, as well as the development of the majority of life skills, until the completion of studies in day education, up to the maximum age of 26 years, in accordance with the legislation in force. The main services provided are: hosting for a specified period, depending on his family or legal situation, supervision, personal care, formal/non-formal/informal education, social activities and leisure time, development of life skills that facilitate his socio-professional integration, information, psycho-social counseling, support for the continuation and completion of studies, vocational counseling and professional guidance. The main novelty is the assistance program for semi-independent life. Ex. Counseling and Support Center for Parents and Children <https://www.facebook.com/ccs.sf.maria/> Ex. _____ SOS Youth Community <https://www.facebook.com/ccs.sf.maria/>

2.12.Voluntary Associations want to awaken the children's desire to contribute to a better world. We aim to give children the opportunity to discover that they have the power, resources and opportunity to think about a project, to dedicate themselves to it and to carry it out. In children's projects, we try to open our volunteers up to understand the problems of the world they live in and the difficulties faced by people their age. Children are generally used to others deciding for themselves. It is necessary for them to learn how to make a decision, how to seek a solution to a problem, how to assume responsibility for completing a decision. Volunteer children have experiences of being actively involved, getting to know each other and discovering their resources. Ex.Association "Build your world!" <https://www.youtube.com/channel/UCuWfngSm0oTwymgs5OaOrjg> Ex. Voluntary associations in Romania <https://www.copilul.ro/Organizatii-fundatii-si-asociatii-umanitare-u137/>

3.Conclusions

Mental health is the greatest challenge of the century we live in. In Romania social networks and NGOs working for the vulnerable groups have also been developed in nowadays. The social work network is in a process of transformation and modernization as the society itself expands and develops. In terms of mental health, the issue can be approached prophylactically. People should be taught how to get rid of problems using easy psychological techniques: relaxation which is suitable for releasing some of the problems. The bases of mental health are set during the first years of an individual`s life. This strategy with preventive character aims to reduce the risks and frequency of mental health issues and disorders with children and teenagers. With those already at risk or suffering from a mental condition, the strategy focuses on the development and implementation of educational intervention plans addressed to children with mental health disorders in kindergartens, schools etc. The population`s awareness of the incidence of mental

disorders, knowledge of them, as well as preventive and curative intervention measures are the task of mental health education conducted in schools. Thus, mental health is promoted among teenagers in educational units with focus on:

- availability of fast intervention mechanisms all over the educational system;
- programmes that would strengthen parental abilities;
- promoting the training of professionals involved in health, education, youth organizations and other relevant sectors in the field of mental health and well-being;
- promoting socio-emotional aspects through curricular and extra-curricular activities in school and preschool culture;
- programmes to prevent abuse, intimidation and violence against teenagers as well as actions to prevent their social exclusion;
- promoting teenage attendance at education, culture sport and labour.

Emphasis is placed on national level on health education conducted in schools. School is the most appropriate institution to conduct education on all important layers of the individual's life, including health. Health education should develop round a curriculum that contains knowledge of health issues and aims to develop skills and appropriate sanitary behaviour.

The development of attitudes and skills that are required by a responsible and healthy behaviour is one of the main objectives of Education for society. Health education is a compulsory subject matter in schools, beginning with kindergarten to the end of the compulsory cycle through age-appropriate programmes and teaching materials.

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