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Case Report

Mindfulness Therapy for Children: Enhancing Mental Health and Self-Esteem

Dr Abram Harsha Vardhan *

***Correspondence to:** Dr Abram Harsha Vardhan, Manipal hospitals Bangalore, India.

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Introduction

Over the past two decades, significant advancements have been made in understanding childhood mental health issues, leading to increased awareness globally, including in Australia. Studies suggest that approximately 13.4% of children worldwide and 14% of Australian children experience mental health disorders, highlighting the urgent need for effective interventions. Mental health challenges, particularly anxiety and depression, often begin in childhood and can persist into adulthood if left untreated. Therefore, addressing these concerns early is crucial for improving public mental health outcomes.

Prevalence and Challenges of Childhood Mental Health Issues

Anxiety and mood disorders are among the most common mental health challenges affecting children. Research shows that anxiety disorders have a median prevalence of 6-8%, while mood disorders are less prevalent but equally concerning. Rates of depressive symptoms, for instance, escalate from 7% during preschool to nearly 40% in adolescence. Compounding the issue is the fact that fewer than half of affected children receive appropriate treatment before the age of 16.

Self-esteem, while not classified as a mental health disorder, plays a significant role in children's psychological well-being. Low self-esteem has been linked to higher instances of anxiety and depression. Studies indicate a reciprocal and causal relationship between low self-esteem and these conditions, making it a critical area to address in therapeutic interventions.

Cognitive Behavioral Therapy: Current Limitations

Cognitive Behavioral Therapy (CBT) remains a widely recognized treatment for anxiety and depression. By addressing unhelpful thought patterns and behaviors, CBT has demonstrated effectiveness in managing emotional regulation. However, its limitations include inconsistent outcomes for children from disadvantaged backgrounds and limited impact on improving self-esteem. These gaps highlight the need for alternative or supplementary approaches tailored to diverse groups of children.

Emergence of Mindfulness-Based Interventions

Mindfulness-based interventions (MBIs) have gained traction as a complementary therapeutic approach. Rooted in Eastern meditation practices, mindfulness encourages non-judgmental awareness of the present moment. Programs such as Mindfulness-Based Stress Reduction (MBSR) and Mindfulness-Based Cognitive Therapy (MBCT) have shown promise in improving mental health outcomes for adults and are increasingly

being adapted for children.

Unlike traditional CBT, MBIs emphasize experiential learning and non-verbal activities, making them particularly suitable for children, especially those from disadvantaged backgrounds. Such interventions have demonstrated potential for addressing low self-esteem and emotional challenges by helping children detach from fixed self-beliefs and view thoughts as transient rather than definitive truths.

Benefits for Disadvantaged Children

Children from disadvantaged backgrounds often face unique barriers to accessing mental health care, including language challenges, financial constraints, and stigma. MBIs, delivered within school settings, overcome many of these barriers by providing a supportive and culturally sensitive environment. Additionally, the experiential nature of mindfulness activities aligns well with the learning preferences of children from diverse socioeconomic backgrounds.

Research Evidence and Methodology

Research into the effectiveness of MBIs for children, while still emerging, is promising. Studies have reported small to moderate improvements in anxiety, depression, and self-esteem. A pilot study conducted in Bangalore, India, demonstrated significant improvements in self-esteem and reductions in anxiety and depression among primary school children who participated in a modified MBCT program.

The current study aimed to expand on this research by evaluating the effectiveness of an adapted MBI program for children aged 8-12 years in a socioeconomically disadvantaged region. Participants were divided into three groups: an MBI group, a relaxation training (RT) group, and an active control (AC) group. Over an eight-week period, the MBI program incorporated child-friendly mindfulness practices such as balloon tapping, bubble meditation, and yoga, alongside parent and teacher support sessions.

Key Findings

The results revealed significant improvements in self-esteem, anxiety, and depression for children in the MBI group compared to the AC group. Improvements in self-esteem were particularly noteworthy, with large effect sizes observed. While RT also showed moderate effectiveness in reducing anxiety and depression, it did not yield the same impact on self-esteem as the MBI program.

Teachers and parents reported improvements in children's emotional regulation, though discrepancies were noted in the perception of symptom severity. This variation underscores the complex interplay of context and observer perspectives in evaluating child mental health.

Results

Attendance and Attrition

All 76 children completed the study, with consistent attendance across groups. More than 75% of the participants in the Mindfulness-Based Intervention (MBI) and Relaxation Training (RT) groups attended six or more sessions, with a comparable attendance rate in the Active Control (AC) group. Parental attendance at associated sessions was slightly lower, with 27% attending all meetings, but over 80% attending two or more.

Self-Report Outcomes

Children in the MBI group reported significant improvements in self-esteem, anxiety, and depression compared to the AC group, with large effect sizes. Improvements in the RT group were moderate and focused on reducing anxiety and depression, but gains in self-esteem were not significant.

The largest effect sizes for self-esteem were observed in the MBI group (d = 0.91), while anxiety and depression improvements also showed large effects (d = 1.15 and d = 1.05, respectively).

Parent and Teacher Reports

Parents and teachers observed reductions in anxiety and depressive symptoms, particularly within the MBI and RT groups. While teacher-reported anxiety reductions in the MBI group were significant, parent-reported improvements were less pronounced, likely due to lower initial clinical levels in the parent-reported measures.

Teacher-reported internalizing symptoms also improved significantly in the MBI group compared to the AC group, with a medium effect size (d = 0.77).

Table 1: Pre- and Post-Test Mean Scores and Effect Sizes for Self-Report Data

Measure	Group	Pre-Test Mean (SD)	Post-Test Mean (SD)	Effect Size (d)
Self-Esteem	MBI	42.54 (8.90)	49.85 (7.65)	0.91
	RT	43.48 (9.23)	45.20 (9.12)	0.19
	AC	42.60 (8.07)	41.16 (8.34)	0.17
Anxiety	MBI	57.31 (10.76)	46.88 (7.54)	1.15

Measure	Group	Pre-Test Mean (SD)	Post-Test Mean (SD)	Effect Size (d)
	RT	55.36 (10.10)	48.56 (10.02)	0.69
	AC	57.84 (7.08)	55.72 (9.52)	0.26
Depression	MBI	60.69 (13.09)	49.27 (8.70)	1.05
	RT	55.80 (14.14)	48.72 (10.13)	0.59
	AC	55.36 (10.96)	53.72 (9.59)	0.16

Table 2: Percentage of Children in Clinical Ranges Pre- and Post-Intervention

Measure	Group	Pre-Test Clinical (%)	Post-Test Clinical (%)
Self-Esteem	MBI	57.7	15.4
	RT	56.0	56.0
	AC	64.0	56.0
Anxiety	MBI	57.7	15.4
	RT	52.0	28.0
	AC	68.0	52.0
Depression	MBI	65.4	26.9
	RT	52.0	28.0
	AC	52.0	48.0

Table 3: Parent and Teacher Reported Outcomes

Measure	Informant	Group	Pre-Test Mean (SD)	Post-Test Mean (SD)	Effect Size (d)
Anxiety	Parent	MBI	56.41 (7.51)	53.91 (5.60)	0.38
		RT	56.40 (7.21)	52.60 (4.17)	0.67
		AC	56.56 (7.33)	55.33 (8.90)	0.16
	Teacher	MBI	62.44 (7.59)	56.67 (6.42)	0.85
		RT	57.41 (8.25)	54.00 (6.18)	0.48
		AC	56.94 (8.56)	58.06 (9.44)	0.13

Implications and Future Directions

The findings suggest that MBIs offer a viable and potentially superior alternative to traditional treatments like CBT, particularly for disadvantaged children. The ability of MBIs to improve self-esteem highlights their unique value in addressing underlying psychological constructs that contribute to anxiety and depression.

Future research should focus on long-term outcomes and direct comparisons between MBIs and other established therapies. Incorporating follow-up assessments at six and twelve months could provide deeper insights into the sustained benefits of mindfulness interventions.

Conclusion

Mindfulness-based interventions represent an innovative and effective approach to supporting the mental health and self-esteem of children, particularly those from disadvantaged backgrounds. By fostering present-moment awareness and non-judgmental self-reflection, MBIs empower children to navigate their thoughts and emotions more effectively, laying the foundation for healthier psychological development.

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