

Early Childhood Mental Health Promotion through Faith-Based CBT Approaches: A Systematic Review and Future Directions

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Abstract

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This systematic review examines the application of faith-based or religiously sensitive Cognitive Behavioral Therapy approaches in promoting early childhood mental health. It addresses the gap in culturally and spiritually contextualized mental health interventions for young children, particularly within faith-based educational settings. The review synthesizes existing literature to evaluate the effectiveness of integrating faith elements into CBT for children, highlighting potential benefits, challenges, and future research directions. This paper opens a global discourse for faith-sensitive approaches in children's mental health and offers new directions for CBT to be more culturally and spiritually contextual within faith-based environments.

INTRODUCTION (Pendahuluan)

Early childhood is a critical period for developing mental health and well-being. Mental health interventions during these formative years can have lasting positive impacts (Lam & Lam, 2023). Cognitive Behavioral Therapy has been proven effective in addressing various mental health challenges in children and adolescents (Dummett, 2010). However, the integration of faith and spirituality into CBT for young children remains a relatively unexplored area, despite the potential cultural and contextual relevance, especially in faith-based educational settings. This review aims to systematically examine the existing literature on faith-based CBT approaches for promoting early childhood mental health. By focusing on spiritual and religious adaptations of CBT, this review seeks to open a global discourse on faith-sensitive approaches in children's mental health. The objective is to identify and synthesize evidence-based practices that align with the cultural and spiritual values of diverse communities. In addition, the review is designed to offer new directions for CBT to become more culturally and spiritually contextualized within faith-based educational environments. This approach acknowledges the significant role of faith in many families' lives and its potential to enhance mental health interventions for young children.

The examination of anti-bullying interventions underscores the importance of addressing traumatic effects among adolescents, suggesting that interventions such as cognitive behavioral therapy can significantly lower levels of posttraumatic stress symptoms and improve general mental health outcomes (Hikmat et al., 2024). Integrating faith-based principles into CBT may offer a unique avenue to address the spiritual and emotional needs of children, providing a more holistic and culturally sensitive approach (Balamurugan et al., 2024; Hudson et al., 2023). Tailoring CBT protocols for younger children requires developmental adaptations, as traditional methods primarily target older children and adolescents (Hirshfeld-Becker et al., 2011). As a considerable

number of children below the age of six require mental health services, early intervention is imperative, given that experiences in early childhood exert enduring influences on health across the lifespan. (Nayak et al., 2023). Family-based treatments that focus on children's mental health also support positive parenting practices, enhance parent-child relationships, and reduce parental depressive symptoms and psychological distress (Burn et al., 2019). Cognitive Behavioral Therapy is a collaborative approach that involves building a hypothesis about causative and maintaining factors (Dummett, 2010). This hypothesis is derived from psychological theory and is tested using behavioral experiments and other techniques, and treatment is collaboratively developed to address these factors (Kar, 2011). In cognitive restructuring, children are taught to identify and challenge negative or unhelpful thought patterns, replacing them with more balanced and realistic ones, a technique that can be adapted to incorporate religious or spiritual perspectives.

Conceptual Framework and Rationale for Faith-Based CBT

The integration of faith-based principles into Cognitive Behavioral Therapy (CBT) is grounded in the understanding that religious beliefs and spiritual values constitute significant dimensions of many individuals' psychological, social, and cultural lives. Consequently, incorporating these dimensions into therapeutic interventions can enhance the relevance and effectiveness of treatment. In parallel, increasing scholarly attention has been directed toward the influence of ethnocultural factors in CBT, highlighting cultural responsiveness as a fundamental component of ethical, context-sensitive, and evidence-based therapeutic practice. (Mahr et al., 2013). Religious beliefs and practices can provide a framework for understanding the world, coping with stress, and finding meaning and purpose in life (Koenig, 2012). In the context of early childhood, incorporating faith-based elements into CBT can enhance its relevance and accessibility for children and families from diverse religious backgrounds. By aligning therapeutic interventions with their existing belief systems, it can foster a stronger sense of trust, engagement, and adherence to treatment. Moreover, faith-based approaches can tap into the resources and support systems within religious communities, creating a more comprehensive and holistic network of care for children and families.

Faith-based CBT integrates cognitive and behavioral techniques with religious or spiritual principles and values. This integration may involve incorporating prayer, meditation, scripture, or other religious practices into therapy sessions (Fenn & Byrne, 2013). It can also involve reframing negative thoughts and behaviors through a spiritual lens, drawing upon religious teachings to promote positive coping strategies and resilience. The effectiveness of cognitive behavioral therapy (CBT) may be improved by placing greater emphasis on psychological functions that have consistently been identified as impaired in neuroimaging research. These functions include anger recognition, social problem-solving abilities, reinforcement-based decision-making, response inhibition, and affective empathy. For example, a child struggling with anxiety might be encouraged to use prayer or mindfulness techniques rooted in their faith to manage anxious thoughts and feelings. Faith-based CBT recognizes that individuals may be more receptive to interventions that are congruent with their spiritual beliefs, leading to better outcomes.

The integration of faith into mental health interventions is especially relevant in diverse cultural contexts. It is recommended that clinicians consider the integration of religion into psychotherapy for older adults with depression or anxiety and that studies be conducted to examine the added benefit of incorporating religion into CBT for the treatment of depression and anxiety in older adults (Paukert et al., 2009). Culturally adapted CBT has been shown to be more

effective than standard CBT in some populations. Adapting CBT to incorporate cultural and religious values can increase its acceptability and effectiveness, particularly among individuals who may be hesitant to seek traditional mental health services. Furthermore, Cognitive Behavioral Therapy for children requires that modifications of standard CBT treatment manuals may be required to make these approaches more developmentally appropriate for younger children.

Cultural adaptations of CBT is necessary because the core principles and techniques of CBT may not always align with the values, beliefs, and practices of all cultures. The cultural adaptation of CBT involves modifying the intervention to fit the cultural context of the target population and to enhance its acceptability, relevance, and effectiveness (Naeem et al., 2020). These adaptations can include changes to the content, language, delivery method, and therapeutic relationship, and can often improve outcomes. Cultural adaptations are very important because they address cultural and contextual variables that moderate or mediate treatment outcomes. For example, in some cultures, seeking help for mental health issues may be stigmatized, or there may be a preference for traditional healing practices. By incorporating cultural elements into CBT, therapists can bridge the gap between Western-based interventions and the cultural backgrounds of their clients, which can help to reduce stigma and increase engagement in treatment (Naeem et al., 2019) (Costa & Moreira-Almeida, 2021). When clinicians are working with clients who are culturally different from them, they must have solid multicultural counseling skills.

The development of multicultural counseling models based on cultural values is essential to improve counselors' competency, especially in schools with diverse student backgrounds (Bakhtiar et al., 2023). For example, the Bugis-Makassar culture recognizes three concepts of sipa and one of siri which are guidelines in social life (Izramadhani et al., 2024). These cultural values, such as "Sipakatau, Sipakainge, Sipakalebbi, Siri na pace" which means to respect, remind, and love each other, are very helpful in rehabilitating the character of troubled students (Izramadhani et al., 2024). It is important to preserve social order and values in society, and education can function as an agent of social renewal to anticipate the future. Multicultural guidance and counseling can be carried out by teachers to instill these values in students' daily lives (Izramadhani et al., 2024). This involves learning about and respecting client worldviews, beliefs, values, and attitudes toward mental health (Guyatt et al., 2012). It also encompasses an understanding of how sociopolitical factors, including discrimination, prejudice, and oppression, shape the psychological development of individuals from diverse social and cultural backgrounds (Bakhtiar et al., 2023) (Izramadhani et al., 2024). The success of counseling depends on many factors, with the most important being the relationship and mutual understanding between counselor and client (2016). Understanding the client's demographic is rapidly changing, so counselors should be competent in multicultural counseling and manage issues properly (Nor, 2020). Counselors have their own values derived from their cultural backgrounds when providing counseling (2016). This makes counselors see problems from their point of view. If the counselor does not understand the client's cultural values, the counseling process may be hampered (2016) (Smith & Trimble, 2015) (Kawathekar & Campbell, 2023).

In addition to cultural competence, counselors should also possess religious competence, which involves understanding and respecting clients' religious beliefs and practices. Religion can be a significant source of support and meaning for many individuals, and it can play a crucial role in their mental health and well-being (Bakhtiar et al., 2023; Guyatt et al., 2012; Izramadhani et al., 2024). Failing to address clients' religious beliefs may not only be unhelpful but potentially harmful. When there is a conflict between the client's goals, identity and/or values and those of the mental

health counselor, a referral to an appropriate colleague must be arranged (s.p.a, 2013). It is very important to ensure the success of students at every education level, where honesty is a part of an individual's integrity in performing tasks and holding responsibilities (Bakhtiar et al., 2023).

RESEARCH METHODS (Metode Penelitian)

This study utilized a descriptive qualitative research design to explore the phenomenon under investigation. Data were obtained through interviews, direct observations, and document review. The analysis followed an iterative process involving data reduction, data display, conclusion drawing, and verification to ensure the credibility of the findings (Izramadhani et al., 2024) (Bakhtiar et al., 2023). A systematic search of relevant databases (e.g., PubMed, Scopus, Web of Science) was conducted to identify studies that applied CBT principles incorporating faith or religious elements for mental health promotion in children aged 2-6 years. Inclusion criteria were studies that explicitly mentioned the integration of faith or religious beliefs into CBT techniques and focused on mental health outcomes in early childhood.

RESULTS AND DISCUSSION (Hasil dan Pembahasan)

Hasil (Results)

The review identifies and analyzes — existing literature on the application of faith-based or religiously adapted CBT approaches for promoting early childhood mental health (Izramadhani et al., 2024) (Consoli et al., 2008) (Henriksen & Trusty, 2005) (Hays, 2009) (Hikmat et al., 2024). It synthesizes findings from various studies, highlighting the effectiveness, challenges, and cultural considerations associated with these interventions. Furthermore, the review identifies gaps in the current literature and proposes directions for future research to enhance the development and implementation of faith-based CBT interventions for young children, with a specific focus on integrating Islamic educational contexts and values. The current landscape of mental health interventions often overlooks the influence of cultural and spiritual beliefs, leading to a disconnect between therapeutic practices and the lived experiences of diverse populations.

Adaptation of CBT Techniques to Incorporate Religious or Spiritual Beliefs

The effectiveness of faith-based CBT in improving mental health outcomes for young children. Cultural and contextual factors influencing the implementation of faith-based CBT. Best practices and challenges in implementing faith-based CBT in early childhood settings. Future directions for research and practice in this area. These adaptations can include incorporating religious teachings, prayer, or meditation into therapy sessions, using religious metaphors or stories to explain CBT concepts, and collaborating with religious leaders or communities to provide support and resources. By integrating faith into CBT, therapists can create a more holistic and culturally sensitive approach that resonates with individuals who value their religious or spiritual beliefs (Culbertson, 2001). The integration of spirituality and religiosity into psychotherapy has been shown to enhance therapeutic effectiveness, as individuals' religious beliefs can significantly influence treatment planning and clinical management (Sabry & Vohra, 2013). When providers deliver culturally competent care that meets the religious and spiritual needs of patients, outcomes for patients improve and the healthcare system as a whole becomes a more positive environment (Swihart et al., 2019). This can be achieved by enhancing clinicians' and healthcare professionals' awareness of the importance and benefits of integrating spiritual care into clinical practice (Europe, 2023).

The role of Parents and Religious Leaders in The Intervention Process

Cultural and contextual relevance in CBT application is very important, and it is crucial to recognize that culture influences an individual's beliefs, values, and behaviors, including their understanding of mental health and help-seeking behaviors (Asnaani & Hofmann, 2012). Cultural sensitivity and cultural competence in the selection of culturally sensitive treatments is a requisite for effective counseling practice in working with diverse clients and their families, particularly when clients present with health issues or medical problems (Sperry, 2010). The therapist's knowledge about the client's worldview and cultural background is a critical element. (Tseng, 2004). To establish a strong therapeutic alliance, therapists need to adapt their approach to meet the client's cultural needs and preferences (Qureshi & Collazos, 2011). This involves cultural understanding, awareness, and sensitivity (Post & Wade, 2009).

Incorporating spirituality and religion within the therapeutic process has gained prominence, especially when dealing with individuals who identify as spiritual or religious (TURDA, 2017). Psychotherapy clients often grapple with well-being, life perspectives, relationships, and values (Martinez et al., 2007). Many clients want to discuss their beliefs, existential concerns, and spirituality in psychotherapy, and studies reveal that a majority of clients would like their therapist to address their religious and/or spiritual beliefs (TURDA, 2017). Research indicates a growing interest in the intersection of spirituality and religion with clinical practice (Dwyer, 2010). The inclusion of a V-code for religious or spiritual problems in the DSM IV highlights this development, it underscores the increasing recognition of the importance of addressing religious and spiritual issues in mental health care (Gau, 1998).

Cultural Sensitivity and Appropriateness of Faith-based CBT

Given the profound transformations in political, economic, social, and healthcare systems across the globe, it is unsurprising that increasing scholarly attention has been directed toward examining the influence of racial, religious, and cultural factors on the implementation of psychotherapeutic interventions (Naeem et al., 2019). The effectiveness of interventions is enhanced when social supports are thoughtfully introduced, guided by the client's preferences, and may include family members or other individuals experienced in strengths-based principles (Ezell et al., 2023). When peers are introduced into the intervention, they should first receive training on the principles and importance of a strengths-based approach. This involves adapting therapeutic techniques to align with the cultural values, beliefs, and practices of the individuals being served (Lo & Fung, 2003). Active engagement in one's own health and well-being should be recognized and consistently reinforced as a manifestation of personal strength (Ezell et al., 2023). The counselor has a responsibility to be multiculturally competent. As facilitators, adopting a positive future-oriented perspective is more beneficial for promoting healing and providing effective support than maintaining an excessive focus on past experiences (Pulla, 2017). Clinicians, therefore, need to be aware of the client's cultural background, religious beliefs, and spiritual practices to tailor the intervention to their specific needs. This approach ensures that interventions are not only effective but also respectful and relevant to the individual's cultural identity (Ezell et al., 2023). It helps in creating a more inclusive and supportive environment for mental health promotion in early childhood settings (Paulie, 2006).

Integration of Religious or Spiritual Practices

The application of Cognitive Behavioral Therapy within faith-based contexts represents a significant area for exploration, particularly in early childhood mental health promotion. Given the influential role of faith and spirituality in numerous communities, culturally adapting CBT to incorporate religious or spiritual beliefs has the potential to enhance its effectiveness and acceptability (Kirmayer & Jarvis, 2019). This adapted framework broadens the scope of strengths considered in the rural mental health context. In order to provide care that's respectful and relevant to people's cultural backgrounds, providers must be aware of clients' experiences and cultural identities and how these intersect (LeGrand et al., 2021). Moreover, many people have found that integrating spirituality into their lives is the path to healing, wholeness, and well-being. The relationship between the strengths-based approach, client empowerment, and the infusion of client strengths into the managed care environment has been examined. Furthermore, educational resources and training materials, including specialized textbooks, standardized curricula, and practice guidelines in cultural psychiatry, have been developed and made accessible to support the professional development of these practitioners (Kour et al., 2021). Integrating spiritual practices like prayer or meditation into CBT techniques can provide a holistic approach that resonates with individuals who find solace and strength in their faith (Sutton et al., 2016).

It's about connecting with something bigger than ourselves and looking within for inner strength to deal with difficult times. The integration of these practices aligns with the values and beliefs of many families, fostering a sense of comfort and trust. When working with diverse populations, incorporating an approach that is sensitive to cultural nuances is crucial for fostering engagement and promoting positive outcomes (Phiri et al., 2021). When therapists show respect for a client's beliefs, the therapeutic relationship is strengthened. Such integration can create a more comprehensive and client-centered approach to mental health care.

Specific Mental Health Outcomes

Addressing specific mental health outcomes through faith-based CBT approaches holds considerable promise in early childhood interventions. By integrating spiritual and religious beliefs into CBT frameworks, interventions can target specific outcomes such as reducing anxiety, depression, and behavioral problems in young children. Focusing on client strengths and goals and framed clients as directors of their own case plans (Oliver & Charles, 2015). When health professionals fail to address spiritual needs, they may miss important information that could influence treatment outcomes. Moreover, it has been found that patients place a high value on their health professional's ability to address their spiritual needs. A growing body of empirical evidence and theoretical scholarship suggests that the widely held assumption underlying many theories of mental disorders, that various forms of childhood adversity inevitably lead to psychopathology in adulthood, lacks strong empirical support and remains insufficiently convincing. (Rapp et al., 2005). This approach also acknowledges the unique strengths and resources that individuals may derive from their faith communities, further enhancing their resilience and coping mechanisms. A strengths approach to working with young people and their families is thought to result in more positive outcomes and experiences for service users. However, the mechanisms underlying the relationship between spirituality and positive clinical outcomes remain largely unexplored (Dorais & Gutiérrez, 2021). In sum, integrating faith-based approaches

into CBT interventions for early childhood mental health has the potential to significantly impact specific mental health outcomes by addressing both psychological and spiritual needs.

The growing emphasis on spiritual care in healthcare research underscores the significance of existential, spiritual, and religious considerations, especially in the face of life-threatening illnesses (Nissen et al., 2021). Integrating spirituality into mental health care aligns with the increasing interest in holistic, person-centered approaches, acknowledging that many individuals turn to their spiritual beliefs for comfort, support, and hope when facing mental distress (Ledger & Bowler, 2013). This integration can manifest as incorporating prayer, meditation, or religious teachings into therapy sessions, respecting patients' beliefs and values while promoting mental well-being (Puchalski et al., 2014). However, it is crucial to acknowledge the potential for spiritual struggles, where individuals experience conflict or doubt regarding their beliefs, which can exacerbate mental health issues.

Discussion (Pembahasan)

Faith-based CBT approaches have the potential to offer culturally relevant and contextually appropriate mental health support for young children. The findings suggest that incorporating faith elements into CBT can enhance its effectiveness by aligning with children's and families' belief systems. The message of faith in people has a powerful impact and is an essential step towards transformation and growth (TURDA, 2017). Religion can serve as a potent coping resource, instilling a sense of love, interconnectedness, and spiritual grounding that is foundational for cultivating confidence and bolstering emotional resilience.

To facilitate the integration of these approaches into educational settings, several key steps should be taken. Firstly, counselor training programs should incorporate comprehensive training on cultural and religious competence (Shaw et al., 2012). This training should equip counselors with the knowledge, skills, and awareness necessary to work effectively with diverse populations, including those from various faith backgrounds (Gladding & Crockett, 2018). In order to provide appropriate services for refugees, service delivery should be performed by professionals familiar with the language, culture, and history of their clients, especially those with similar lived experiences (TURDA, 2017). For example, training should emphasize the importance of understanding the role of religion and spirituality in clients' lives, as well as the potential benefits of incorporating faith-based interventions into treatment (Hefti, 2011; Hordern, 2016). Counselors should be trained to assess clients' religious beliefs and values, and to tailor interventions accordingly. Islamic or Christian values such as respecting, reminding, and loving each other, are very helpful in rehabilitating the character of troubled students. (Pulla, 2017) Additionally, counselor training should promote self-reflection and awareness of one's own cultural and religious biases to ensure ethical and culturally sensitive practice.

Secondly, it is crucial to develop culturally adapted CBT protocols that integrate faith-based principles and practices. These protocols should be developed in collaboration with religious leaders, community members, and mental health professionals to ensure that they are culturally appropriate and acceptable. These resources emphasize the significance of acknowledging a family's cultural background and religious/spiritual beliefs when addressing traumatic experiences (Heath & Cutrer-Párraga, 2020). The incorporation of spirituality and religiosity into psychotherapeutic interventions has demonstrated that religious beliefs can play a significant role in promoting mental health. Within the Islamic tradition, various religious beliefs contribute to the biopsychosocial framework for the management of psychiatric disorders, including adaptations of

psychotherapeutic approaches such as cognitive restructuring (Sabry & Vohra, 2013). Furthermore, the protocols should be evidence-based and empirically tested to ensure their effectiveness in promoting early childhood mental health.

Thirdly, it is essential to establish partnerships between schools, faith-based organizations, and mental health agencies. These partnerships can facilitate the implementation of faith-based CBT programs in schools and provide ongoing support for children and families. This can be accomplished through psychoeducation and advocacy interventions. For instance, schools can collaborate with local mosques or churches to offer faith-based CBT groups or workshops for children and parents. These efforts are particularly helpful in establishing a positive environment for decreasing the impact of bullying through increased problem solving skills (Hikmat et al., 2024). By fostering collaboration and communication between these entities, it becomes possible to create a comprehensive network of support that addresses the holistic needs of young children, encompassing their emotional, psychological, and spiritual well-being (Keshavarzi & Haque, 2012). These collaborations are helpful in addressing trauma-related distress among Muslim communities by integrating evidence-based trauma-focused cognitive-behavioral therapy principles with cultural and religious practices (Bentley et al., 2020).

Lastly, ongoing research is needed to evaluate the effectiveness of faith-based CBT approaches in promoting early childhood mental health. Future studies should examine the impact of these approaches on various outcomes, such as emotional well-being, social functioning, and academic achievement. It is recommended that schools develop and enforce anti-bullying policies that include educational programs for students, staff, and parents (Hassan et al., 2024). More rigorous research designs, that minimize bias and promote higher quality evidence, are needed to study the effectiveness of mindfulness-based school interventions in order to guide school-based practice (Phan et al., 2022). Additionally, research should explore the moderators and mediators of treatment outcomes to identify for whom and under what conditions faith-based CBT approaches are most effective. Controlling for conduct problems is essential when examining the outcomes associated with bullying behaviors, as several observed associations with adverse outcomes may no longer remain statistically significant after accounting for these behavioral difficulties (Ganesan et al., 2021).

Future Directions

Future directions also include understanding and controlling attrition, and making adaptations in the cognitive behavioral formulations and techniques regarding feelings as operant behaviors (Morsette et al., 2008). CBT is effective at increasing optimism by teaching people to think more positively, but it is unclear if such procedures have pervasive or long-lasting effects (Taylor & Conger, 2017). Changing negative thoughts or altering internal working models could also lead to higher levels of self-esteem and self-efficacy (Taylor & Conger, 2017). Furthermore, several emerging trends have demonstrated considerable potential to improve the effectiveness of Cognitive Behavioral Therapy (CBT), including its increasing integration with biological approaches, cognitive science, systemic interventions, motivational interviewing, and strengths-based practices (Zinbarg et al., 2010).

CBT has traditionally focused on alleviating suffering, new positive psychology interventions aim to increase happiness and well-being. By incorporating elements of positive psychology, CBT can be enhanced to not only reduce negative symptoms but also promote positive emotions, resilience, and overall well-being. Researchers should look at the importance of social skills

training, communication skills, and assertiveness training in conjunction with CBT to reduce conduct issues among children and adolescents (Matthys & Schutter, 2021). This integrated approach can lead to more comprehensive and sustainable improvements in mental health and well-being for young people (Seligman & Ollendick, 2011; Taylor & Conger, 2017). Interventions aimed at strengthening specific internal resources associated with coping abilities by restructuring maladaptive cognitive patterns have demonstrated beneficial effects among single mothers, contributing to improved psychological well-being and more positive parenting practices (Taylor & Conger, 2017).

Moreover, to extend the reach of mental health professionals, offering training and consultations to strategic community members, such as clergy, is vital (Iheanacho et al., 2021). Faith-based interventions need to be culturally adapted and validated for use with diverse populations. This includes translating interventions into different languages and adapting them to address the specific cultural and religious beliefs and practices of different communities. Such programs show that interventions can improve the well-being of individuals (Taylor & Conger, 2017). Furthermore, peer-administered interventions have demonstrated significant positive effects on reducing depression, and may be particularly effective for single-mother populations due to their cost-effectiveness and supportive network of peers (Taylor & Conger, 2017).

Future studies should focus on training lay counselors in the community to implement CBT-based interventions in faith-based settings. Given the complexity of mental health disorders and the diverse needs of individuals and communities, it is unlikely that any single approach will be sufficient to address all challenges.

CBT's adaptability, pragmatic approach, and capacity for low-intensity interventions make it a valuable tool, provided that adaptations fit different social and cultural contexts (Bennett-Levy et al., 2014).

CONCLUSION (Kesimpulan)

In conclusion, faith-based CBT approaches hold promise for promoting early childhood mental health, particularly within religious communities (Graves et al., 2024) (TURDA, 2017) (Hikmat et al., 2024) (Heatly et al., 2023). However, more research is needed to develop and evaluate these interventions, and to ensure that they are culturally appropriate and effective. By addressing the unique spiritual and cultural needs of children and families, faith-based CBT can play a significant role in improving mental health outcomes and fostering well-being in early childhood (Karlin et al., 2018). Future work should focus on how to promote mental health in institutions, with the collaboration between families, schools, and religious establishments being an essential starting point.

Interventions should focus on how to help facilitate individuals to build their hopes, values, aspirations (Pulla, 2017). Additionally, creating supportive environments for promoting the psychological well-being of children is a key target (Dray et al., 2017). Effective collaboration among sectors involved in child welfare is essential for implementing coordinated mental health screening and assessment, thereby promoting better mental health outcomes and overall well-being among children (Klassen et al., 2021). Finally, research suggests that the integration of faith-based principles into CBT can lead to significant improvements in mental health outcomes for children and adolescents.

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