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CHILDREN'S MENTAL HEALTH AS A CHALLENGE FOR THE FUTURE OF SOCIAL WORK: PREPAREDNESS OF EXPERTS IN THE FIELD OF SOCIAL WORK AND EDUCATION

Abstract
The paper addresses the issue of children's mental health as one of the key challenges for contemporary social work and education. It draws on theoretical perspectives emphasizing the necessity of interdisciplinary collaboration and systematic professional support. The aim is to introduce the concept of professional preparedness among social workers and teachers, which encompasses not only knowledge and skills but also the formation of professional identity, empathy, ethical understanding, and the ability to cooperate. The study is based on a secondary qualitative analysis of interviews with professionals working in social services, education, and healthcare, supplemented by interviews with parents of children with mental health issues. The findings indicate that professional preparedness is a long-term process combining formal education, lifelong learning, practical experience, and supervision. Identified shortcomings in educational programs and practice highlight the need for a clearly defined competence framework, systematic support for professional development, and stronger collaboration among social workers, teachers, families, and the healthcare sector.

Keywords: Child Mental Health. Social Work. Professional Preparedness

Introduction

Children's mental health is increasingly recognized as a challenge for the future of social work, requiring both well-prepared professionals and the active involvement of parents and educators. In recent years, the issue of children's mental health has become one of the most pressing topics both in society at large and within professional discussions on the direction of social work and education. The growing prevalence of psychological difficulties among children and adolescents—manifested by an increase in anxiety, depression, behavioural disorders, or autism spectrum disorders—demands a systematic and interdisciplinary response. Children with mental health difficulties often face a double burden: not only their own illness but also a lack of understanding and support within the family, school, and society.

Social workers, educators, and other professionals thus find themselves in a situation where they are expected to possess knowledge, skills, and attitudes that extend beyond the framework of traditional education. Professional preparedness, understood as the ability to respond effectively to the specific needs of children and their families, therefore becomes a fundamental prerequisite for high-quality and sustainable support.

The aim of this study is to analyse how professionals perceive their preparedness to work with children with mental health difficulties, what factors they consider essential for their professional growth, and what obstacles they identify in the education and support system. At the same time, the study focuses on the experiences of parents, whose perspective reveals how the specific form of professional assistance affects the coping mechanisms of the entire family in a demanding situation. This links two key angles—professional and lay—which together provide a comprehensive picture of the possibilities and limitations of the current support system.

The significance of the research lies in showing that professional preparedness is not just a matter of formal qualification, but also of the quality of the relationship, empathy, and the capacity for collaborative communication. It also brings important insights into how parents perceive cooperation with professionals, drawing attention to factors that can either strengthen trust and coping or, conversely, deepen the crisis. The findings can serve as a basis for improving educational programs, systemic measures, and the interdisciplinary cooperation that is vital for the effective support of children's mental health.

Children's Mental Health as a Social and Professional Challenge

Mental health is an integral part of social functioning, and social work must actively respond to it. As Navrátil (2000) states, the connection between social work and the field of mental health within the therapeutic paradigm relies on understanding mental well-being as a key prerequisite for social inclusion and stability. However, the healthcare system itself is not sufficiently equipped to address the complex social determinants of mental health, especially in children and adolescents (OECD, 2021). The shift toward more effective support requires structural changes, as defined by the National Action Plan for Mental Health 2020–2030. This plan emphasizes strengthening interdisciplinary cooperation across departments as well as at the level of direct practice—primarily within community health and social teams (Ministry of Health, 2020). The importance of multidisciplinary in the care of children with mental health difficulties is also highlighted by Meier et al. (2023), whose research identified the benefits of interdisciplinary collaboration, particularly higher quality and availability of care, professional background, and enhanced personal support. At the same time, however, they point out the pitfalls of this form of cooperation, such as difficulties in communication and coordination between professions, professional competition, and systemic barriers, including insufficient institutional support. According to the authors, the context of the specific sector also plays a significant role—differences are evident, for example, between healthcare, education, and social services. As Mahrová (2008) states, the spectrum of people involved in the care of individuals with mental illness includes the patient's entire social world. In the case of children, this means that a significant role is played not only by professionals in the field of social work, child psychiatrists, or psychologists, but also by their immediate environment—family and school. Teachers, educators, and other pedagogical staff can represent the first stage of early detection of difficulties, as they spend a large part of the day with children and can notice changes in behaviour, academic

performance, or social relationships (Mareš, 2013). Similarly, social workers and school psychologists represent important actors in the process of risk identification and subsequent support. From the perspective of supporting and integrating children into everyday life, programs focused on strengthening family-school cooperation have proven successful. One example is the FAST (Families and Schools Together) program, which emphasizes improving communication, relationships, and a collaborative approach between parents, educators, and children. According to recent studies, this program appears to be an effective tool for the prevention and support of children's mental health (Kořínek et al., 2024; McDonald et al., 2017).

Preparedness of Experts

The term "professional preparedness" refers to the degree to which a professional can handle the specific demands of their profession. It includes not only a summary of the necessary knowledge, skills, and attitudes, but also the ability to adapt to changing working conditions and a willingness to develop further (Aggarwal et al., 2023). In the context of children's mental health care, this preparedness represents a complex capacity to provide safe, effective, sensitive, and evidence-based support. Thus, it is not just about what the worker "knows" and "can do," but also about how they feel in their role as an expert, whether they can act independently, reflectively, and responsibly within it—and whether they perceive their work as meaningful and sustainable. The preparedness of experts, especially in the field of child mental health care, is one of the essential prerequisites for providing quality and effective care. In the context of direct work with children and adolescents, professional preparedness is defined as a combination of knowledge, skills, attitudes, and behaviours necessary for the effective performance of the profession and for adaptation to the changing demands of practice (Johnson et al., 2023). It encompasses not only professional competence and the ability to professionally lead interventions, but also empathy, ethical understanding, and an established professional identity (Adams et al., 2006; Fitzgerald, 2020). Therefore, preparedness is not understood merely as the completion of formal education, but as a continuous process that includes pre-professional and lifelong learning, practical experience, and the ability to respond to new challenges in the field of child mental health care (Kavanaugh et al., 2021). Managing these challenges presupposes the ability to quickly recognize difficulties, adapt to changing conditions, and act accordingly (Tan et al., 2017). Professional preparedness is closely linked to the development of professional identity, which is formed within the context of a specific work environment and through interaction with the professional community. This development is dynamic, long-term, and involves cognitive, behavioural, and affective dimensions (Kellar et al., 2021). It is precisely the sense of belonging to a profession, the internalization of its values, and the ability to "think, feel, and act" as a member of the professional community that are necessary for long-term retention in the field and the quality of the services provided (Tan et al., 2017). At the same time, research shows that the preparedness of experts is not always sufficient. The most frequently cited areas of inadequate professional background are trauma-informed work (Sadusky et al., 2021), suicide risk assessment (Erps et al., 2020; O'Neill et al., 2020), responding to

pandemic situations (Vilaregut et al., 2022; Wilson et al., 2023), and interdisciplinary collaboration (Arora et al., 2019). The identified shortcomings in these areas point to the need for systematic education, support for professional growth, and a clear competence framework. Despite the growing importance of child mental health care, the concept of professional preparedness remains in some respects vaguely defined and insufficiently anchored in practice. This leads to differences in educational approaches as well as in practice itself, and thus to an uneven quality of care provided. Given the current challenges in the field of children's mental health, it is therefore essential to place greater emphasis on strengthening preparedness not only among social workers but also across the professions represented in multidisciplinary teams, particularly psychologists, psychotherapists, and child psychiatrists (Meier et al., 2023; Ward et al., 2021).

Research Methodology

The findings presented in this study are based on a secondary qualitative analysis conducted as part of a broader research project focused on the experiences of parents and experts with children with mental illness. The research was carried out according to the Health Experience methodology, originally developed at the University of Oxford (Herxheimer et al., 2000) and certified by the Ministry of Labor and Social Affairs of the Czech Republic for use in the field of social work (Tavel et al., 2015). This approach is used in applied research to convey personal experiences to both the professional and lay public (Gabova et al., 2024; Tótová et al., 2025). The results, adapted for the public and teachers, are available under the topic "For the Health of the Soul" on the website www.hovoryovzdelavani.cz. Participant recruitment was carried out through professional networks, schools, organizations focused on children's mental health, and online support groups. It was a purposive sample, with the main criterion being work experience with children with mental health difficulties. To ensure a diversity of perspectives, a maximum variation strategy was used (Coyne, 1997). Data collection took place between October 2022 and April 2023. For the purposes of this study, data relating to experts—specifically social workers and educators—were selected. The interviews consisted of two parts: the first was narrative, the second semi-structured. The script focused on the participants' professional experiences, their views on children's mental health, and their experience of working with children and collaborating with other professionals and parents. Audio recordings were transcribed verbatim and analysed using inductive thematic analysis (Braun & Clarke, 2006) in NVivo software. For this study, passages concerning professional preparedness and cooperation were examined in detail. The OSOP technique (Ziebland & McPherson, 2006) in the Coggle.it tool was used to organize and interpret codes.

Research Sample

The research sample consisted of 19 experts, including 12 women and 7 men (see Table 1). The experts operated in the fields of social services, education, or healthcare. In their practice, they encountered children with various types of mental illness, such as schizophrenia, mood disorders, personality disorders, anxiety disorders, behavioural and learning disorders, or autism spectrum disorders. They also had experience with children without a formally established diagnosis who, however, exhibited risky behaviour or had gone through a traumatizing life event. For the secondary analyses, we also included interviews with 14 parents, specifically 11 mothers and 3 fathers (see Table 2), who perceived mental health difficulties in their child (or children). In most cases, a diagnosis in the field of mental illness, behavioural disorders, or learning disorders had been established. In three cases, a diagnosis had not yet been determined.

Table 1: Demographic Data of Experts

Number	Region	Gender	Age	Profession	Sector	Length of Practice with Target
01	Pardubický	F	40–49	Special educator in education	Education	11 years
02	Královéhradecký	M	50–59	Director of an NGO, psychotherapist	Social work	20 years
03	Královéhradecký	M	30–39	Coordinator of an NGO	Social work	11 years
04	Prague	F	40–49	Social educator in education	Education	1 year
05	Liberecký	F	40–49	Director of an organization, chairwoman of an association	Social work	3 years
06	Jihomoravský	F	30–39	Psychologist in social service	Social work	3 years
07	Moravskoslezský	M	30–39	Clinical psychologist, psychotherapist	Healthcare	10 years

Number	Region	Gender	Age	Profession	Sector	Length of Practice with Target
08	Zlínský	M	30–39	Psychologist in healthcare	Healthcare	5 years
09	Olomoucký	M	40–49	Psychologist, supervisor, mediator	Social work	5 years
10	Olomoucký	F	40–49	Teaching assistant	Education	10 years
11	Prague	F	20–29	Special educator in an NGO	Social work	2 years
12	Zlínský	F	20–29	Nurse in a multidisciplinary team	Social work	1 year
13	Olomoucký	F	20–25	Psychologist in healthcare	Healthcare	9 months
14	Olomoucký	M	20–29	Psychologist in healthcare	Healthcare	2 years
15	Olomoucký	F	40–49	School principal and teacher	Education	3 years
16	Pardubický	F	30–39	Educator in a children's home with a school	Education	5 years
17	Liberecký	F	30–39	School psychologist	Education	3 months
18	Olomoucký	F	20–29	Social service worker	Social work	9 months
19	Olomoucký	M	30–39	Psychologist in healthcare	Healthcare	6 months

Source: Authors' own construction

Table 2: Demographic Data of Parents

Number	Region	Gender	Participant's Age	Child's Gender	Child's Age at Intervie	Child's Age at First
R01	Prague	F	40–49	Boy	13	4
R02	Zlínský	F	40–49	Boy	16	10
R03	Středočeský	F	40–49	Boy	16	14
R04	Prague	F	40–49	Boy	12	4
R05	Moravskoslezský	F	40–49	Boy	19	0
R06	Pardubický	F	40–49	Girl and boy	9, 7	2, 5
R07	Moravskoslezský	M	30–39	Boy	7	3
R08	Prague	M	40–49	Girl	14	12
R09	Olomoucký	M	40–49	Girl	10	2
R10	Pardubický	F	40–49	Boy	Not stated	Not stated
R11	Pardubický	F	50–59	Boy	17	17
R12	Not stated	F	Not stated	Boy	Not stated	Not stated
R13	Olomoucký	F	40–49	Girl	11	1
R14	Prague	F	40–49	Boy	8	3

Source: Authors' own construction

Research Findings

The analysis of the interviews with both professionals and parents of children with mental health difficulties shows that professional preparedness is not a one-time achieved state, but a dynamic and never-ending process formed by the interplay of education, practical experience, and support through supervision and collaboration. The results can be divided into four main thematic areas: the formation of professional identity, university

preparation, lifelong learning, and the role of supervision and collaboration. The findings are supplemented by the results of the analysis of parents' experiences with professional care.

Professional Competence and Identity Formation

Professionals across disciplines emphasized that their growth takes place not only within formal education but also through practical experience and encountering demanding situations. Some described turning points that fundamentally influenced their career path, while others spoke of a gradual but steady maturation. The common denominator is the conviction that professional development is a continuous process requiring an openness to learning. An individual approach and empathy emerge as pivotal elements—the ability to find a way to connect with the child, not to react personally to their behaviour, and to patiently set boundaries. Social workers emphasized that their role is supportive rather than evaluative, which facilitates establishing trust with families. At the same time, they drew attention to the risk of burnout and the need for psychological hygiene and supervision.

University Preparation and its Limits

University education was perceived ambivalently by the participants. While some appreciated the practical parts of the study in later years, the majority criticized the insufficient connection between theory and practice, the absence of specialized subjects on children's mental health, and minimal experience in direct work with the target group. The need for more intensive preparation in the field of child psychiatry, crisis intervention, or working with families was repeatedly mentioned. The experts agreed that they acquired a range of skills—such as working with impulsivity, aggression, or escalated behavioural manifestations—only through practice. They therefore supplemented their university preparation with courses, internships, experiential training, and other forms of education, which they considered crucial for handling everyday situations.

"Sure, university didn't prepare me for that. Even though we had psychiatry, we only visited a child psychiatric clinic once in the whole six years, so it was marginal... I feel like everyday life prepared me for it more, you know."

Lifelong Learning

Lifelong learning was perceived as an essential part of professional growth. Courses, training, or internships provided professionals with new methods and certainty in working with children and families. In this regard, international inspiration (e.g., Norwegian programs combining psychology, psychotherapy, and neuroscience) was positively reflected upon. Experiences showed that practice and real situations carry greater weight than theoretical knowledge. Professionals agreed that true preparedness arises only from a combination of education, practice, and continuous support.

"I definitely don't have enough experience to be able to say: 'Done, I don't need anything else.' And I think nobody in the world can say that, because I believe a person can always develop in something; the work is simply never completely routine..."

Supervision and Collaboration

Supervision and collaboration were described in the interviews as useful sources of professional and emotional support. Participants mentioned not only formal supervision, methodical consultations, and case seminars, but also informal peer consultations and intervision. The topic of supervision appeared mainly among social workers and members of multidisciplinary teams, where supervision was a regular part of the work.

"The multidisciplinary team works really well here, because when we, from different professions, are not fully familiar with a certain issue, we can study it ourselves to some extent, but it will never be as comprehensive as the knowledge that experts have..."

Multidisciplinary teams (psychologists, special educators, social workers, teachers, child psychiatrists, paediatricians) make it possible to view situations from different angles and react more effectively to the needs of children and families. Social workers acted here as "mappers" who connected the school, family, and non-profit organizations, while psychologists and psychiatrists complemented the team with diagnostic and therapeutic competencies.

"The moment one of us is unsure or runs into a more complex or demanding case—let's say diagnostically something that isn't completely clear or simple—we always try to support each other, help each other out, put our heads together, and find an answer we are looking for at that moment. We really try to do that at our workplace; so, we have these consultations, supportive, mutual meetings, you could say."

Parents' Experiences with Professionals

The interviews with parents revealed that the quality of cooperation with professionals fundamentally influenced whether families managed their situation with support or felt completely isolated. In terms of education, parents often pointed out a lack of understanding and sometimes even stigmatization. Some schools refused teaching assistants or did not respect the recommendations of counselling centres, leading to a sense of helplessness. One parent described being taken into the principal's office in front of other parents, which deepened mistrust toward the school. On the other hand, they positively evaluated schools with smaller classes and an individual approach, where teachers were willing to communicate and respect the specific needs of the child.

Regarding psychology and psychiatry, experiences varied. Some parents appreciated the helpfulness and empathy of psychologists who managed to build a relationship with the child and provided the family with concrete tools. Multidisciplinary care within early intervention or day centres was also positively evaluated. Conversely, experiences with psychiatrists had a negative impact, especially if the parent felt blamed for the child's problems, which led to feelings of guilt. One of the interviewed mothers perceived a significant lack of support from a female psychiatrist; she was frequently blamed, told that the child's problems were her fault, and family support was absent, particularly in the initial phase. Long waiting times were also a problem.

In social services, parents appreciated early intervention, social rehabilitation, and supportive programs (e.g., ABA) that brought concrete tools and support to the whole family. However, they criticized the lack of respite services, the limited capacity of day

centres, and the low availability of parental self-help groups. Coordination between schools, healthcare, and social services was often lacking; parents had to arrange it themselves. In the interviews with parents, it was repeatedly emphasized that it is vital for professionals to be willing to communicate, respect the family, and show empathy. Blaming parents or ignoring their experience deepens the crisis, whereas a partnership approach from experts represents crucial support.

The findings indicate that professional preparedness in working with children with mental health difficulties is the result of the intertwining of education, practical experience, continuous professional development, supervision, and collaboration. A significant addition is the experience of parents, which confirms that professional work has a real impact only if it is conducted with respect, empathy, and a willingness to engage in dialogue.

Conclusion

The findings show that the professional preparedness of experts in the fields of social work and education is a dynamic process that cannot be reduced to formal education. Real preparedness takes shape during lifelong learning, practical experience, support within supervisions, and collaboration in multidisciplinary teams. Of particular importance is the capacity for empathy, respect for the family, and a partnership approach, which in the eyes of parents prove to be the critical difference between a supportive and a stigmatizing experience.

The identified shortcomings—especially the low level of integration between theory and practice in university education, insufficient coverage of areas such as trauma-informed work, crisis intervention, or psychiatry, and the limited availability of coordinated care—suggest a need for systemic changes. These should include a clearly defined competence framework, greater institutional support for supervision, and more accessible educational programs focused on children's mental health. For the future of both social work and education, the crucial question remains whether it will be possible to connect professional capacities across sectors, create functional models of cooperation, and support the professional identity of workers so that they are able to face the complex challenges of caring for children's mental health. Only in this way can it be ensured that children and their families do not stand on the margins of the system but receive the sensitive, expert, and coordinated support they need.

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