

## MENTAL HEALTH OF PRESCHOOL CHILDREN

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**ABSTRACT:** Currently, the problem of ensuring psychological health, creating a life safety system and child development in an educational environment is highlighted as one of the priority tasks of modern science and practice.

**KEYWORDS:** Child, parents, psychological health, emotional sphere, disorders, mental retardation.

### INTRODUCTION

The term “mental health” was coined by the World Health Organization. The main condition for the normal psychosocial development of a child is a calm and friendly environment created through the constant presence of parents or substitutes who are attentive to the emotional needs of the child, talk and play with him, maintain discipline, provide the necessary supervision and provide the family with the necessary material resources. It is emphasized that at the same time the child should be given more independence, give him the opportunity to communicate with other children and adults outside the home and provide appropriate conditions for learning. WHO experts, based on an analysis of the results of numerous studies in various countries, have convincingly shown that mental health problems are much more common in children who suffer from insufficient communication with adults and their hostile attitude, as well as in children who grow up in conditions of family discord. Most children at one time or another, under the influence of certain situations, may develop disturbances in the emotional sphere or behavior. For example, unreasonable fears, sleep disturbances, disturbances associated with eating, etc. may occur. In some children, these disturbances manifest themselves frequently, persistently and lead to social maladjustment. Such conditions can be defined as mental disorders. A teacher working with preschoolers must be able to differentiate these types of mental retardation in children, since his competence includes the correction of only pedagogical neglect and mild forms of mental retardation. More complex cases require comprehensive medical, defectological and psychotherapeutic assistance. A slowdown in the rate of mental development of a child can be caused by the following reasons:

- pedagogical neglect;
- mental retardation caused by a certain organic deficiency of the central nervous system;
- general underdevelopment of brain structures, leading to various forms of mental retardation.

From the point of view of prognosis, the most favorable form of developmental lag is pedagogical neglect, in which it is determined only by the living conditions and upbringing of the child. A long-term lack of information and lack of mental stimulation during sensitive periods can lead to a sharp decrease in the potential for mental development of a child. Let's get dark: with a correct and timely individual approach to such a child, and sufficient intensification of developmental activities, these children can easily catch up with their peers [6].

According to a number of authors, T.A. Vlasova [4], M.S. Pevzner [5], U.V. Ulyenkova [7], mental retardation, despite the variety of its manifestations, is characterized by a number of signs that make it possible to distinguish it from both pedagogical neglect and mental retardation. Children with mental retardation do not have disorders of individual analyzers and major lesions of brain structures, but are distinguished by the immaturity of complex forms of behavior, purposeful activity against the background of rapid exhaustion, fatigue, and impaired performance. These symptoms are based on an organic disease of the central nervous system caused by the pathology of pregnancy and childbirth, congenital diseases of the fetus, and debilitating infectious diseases suffered at an early age.

It should be noted that, with timely and adequate correctional work with children, mental retardation is reversible. Their persistence depends on whether they are based on emotional immaturity, low mental tone, cognitive impairment associated with weakness of memory, attention, mobility of mental processes, and deficiency of individual cortical functions. Emotional immaturity and low mental tone are the easiest and most surmountable, while disorders of cognitive activity lead to mental retardation, bordering on retardation, and the learning ability of these children is significantly reduced. If work with such a child begins as early as possible, the best results in terms of correcting mental retardation are achieved faster.

But unfortunately, during the period of preschool childhood, the child's parents often do not attach importance to certain features of his development. They consider them individual variants of the norm and believe that the child will outgrow all his difficulties over time. Parents of such children begin to sound the alarm only when a child who has entered the first grade of a public school is unable to master the school curriculum and cannot master basic behavioral skills. According to U.V. Ulienkova, if the help provided to children with mental retardation in equalization classes produces good results, then it is not difficult to imagine how much more effective the infected help received by children in preschool age could be [7].

It is obvious that timely started correctional and developmental work with children with disturbances in the rate of mental development turns out to be very fruitful, and the earlier it is started, the better the result. Adults, parents and educators should be the first to notice any deviations in the development of a preschooler. According to V.I. Garbuzov, psychological education of personnel in preschool institutions involves familiarizing them with these objective and easily observable indicators. These signs gradually manifest themselves as follows, for example, by the age of 4 he is able to understand something that he has not yet seen himself, but which he was sensibly told about. Composes a simple but fairly detailed story based on a picture, meaningfully finishes a sentence started by an adult, and is capable of generalizing and summing up concepts.

The main question is “why?” (in a child with mental retardation, the predominant questions are “what? where? where?”). A role-playing game with peers appears. Can do one thing for up to 40-50 minutes. By the age of 5, a child can name his last name, first name, patronymic, age, address, and transport to the house. Knows how to use a construction set and assemble a toy according to a diagram. Can draw a person with all body parts. From the age of 5.5 years, a child has access to all types of education; he is, in principle, ready for learning, and by the age of 6 his vocabulary is about 4,000 words. The meaning of simple proverbs and sayings is accessible to the child; he easily sees the plot connection between the pictures and composes a story based on them. Without difficulty generalizes and isolates objects, solves simple arithmetic problems. Knows a lot of games, knows how to invent a plot. Orients in space, time (yesterday, today, tomorrow) in relationships between people.

When depicting a person, he draws a neck between the head and torso, clothes, shoes [3]. The preschool age of a child from 3 to 7 years old is a large part of childhood. In principle, from this period the child’s independent activity develops. P.F. Lesgaft, one of the Russian teachers, believes that the period of preschool age of a person is such a period that during this period they determined what character traits will appear in the future. It was during this period that 90% of the educational process was completed [1].

Parents and educators must have knowledge of external, behavioral standards for the psychomotor development of a preschooler. This knowledge will allow them to timely adjust the pedagogical impact on the child, prevent the occurrence of mental retardation in him, and help him make the most of all the opportunities provided by this age stage. If a child is diagnosed with a gross violation of the rate of mental development, such a scheme is clearly not enough. Then it is necessary to identify the true causes of mental underdevelopment, and therapeutic and psychocorrectional work with such a child requires special techniques that fall within the competence of defectologists and psychoneurologists. Adults should always remember that preschool childhood is one of the most important stages of a child’s life; without a fully lived, comprehensively filled childhood, his entire subsequent life will be flawed and unhappy.

If experiences that are insoluble for a child arise, it is necessary to note a chronic traumatic situation as a source of sustainable mental stress. Against this background, mental trauma and emotional shocks additionally act, increasing the pathogenicity of the life situation, since the child cannot cope with them and survive them. Together with internal conflict, communication problems and unfavorable life circumstances, this indicates the emergence of unsuccessful, traumatic life experiences, and can lead to a state of chronic distress, as the main source of painful tension in neuroses [2].

To summarize, we can say that the high rate of mental, personal and physical development during this period allows children to quickly go from a helpless being to a person who masters all the basic principles of human culture. Children do not walk this path alone; adults are always with them. It should be noted that timely psychologically competent support and assistance in the development of preschool children will ensure the maximum realization of all their available capabilities and will allow them to avoid many difficulties and deviations in the course of their mental and personal development. Quickly maturing and plastic, the nervous system of a

preschooler requires careful treatment. When creating new intensive developmental work programs for a child, it is necessary to keep in mind not only what he can achieve, but also what physical and neuropsychic costs it will cost him.

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