ISSN: 2584-0142
PSYCHOPEDIA JOURNALS
International Journal of Interdisciplinary Approaches in Psychology (IJIAP)

The Impact of Parental Involvement and Emotional Support on Mental Health of Children with Learning Disability

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Abstract: This study examines the impact of parental involvement and emotional support on the mental health of children with learning disabilities. There were 100 participants in total for this dissertation topic, split into two groups: parents (50) and children (50). Using Pearson correlation analysis, the study found a perfect positive correlation (r = 1.000) between parental involvement and children's mental health that was statistically significant (p <.001). Furthermore, a strong positive correlation was found between emotional support and parental involvement. A linear regression model showed that parental involvement significantly predicted children's mental health outcomes (R2 ≈ 1). The findings demonstrate the importance of parental involvement and emotional support in promoting the mental health of children with learning disabilities. Despite the study's cross-sectional design and small sample size, the results highlight the need for interventions aimed at increasing parental involvement in order to improve children's emotional well-being. Future research is encouraged to use larger sample sizes and look into causal relationships.

Keywords: *Children, Mental Health, Emotional Support, Learning Disabilities, Parental Involvement, Pearson Correlation, And Academic Outcomes*

1. Introduction

Children with learning disabilities often experience a range of emotional, social, and academic difficulties that can affect their daily functioning and mental health. These challenges include low self-esteem, frustration, social isolation, anxiety, and even depression. In these situations, the role of parents becomes especially crucial. Parental involvement has been shown to enhance children's emotional stability and academic achievement. Participating in school functions, helping with homework, and maintaining consistent communication with teachers are a few examples of this. Similarly, a child's sense of safety and worth is greatly influenced by parental emotional support, which includes empathy, encouragement, and continuous reassurance.

Research indicates that when children with learning disabilities believe their parents understand and support them, they are better equipped to manage stress, adapt to obstacles, and engage fully in their educational experiences. However, a lack of involvement or emotional neglect can increase a person's vulnerability to mental health issues. By investigating the impact of parental involvement and emotional support on the psychological well-being of children with learning disabilities, this study emphasizes the importance of a responsive and nurturing family environment in promoting resilience and mental health.

Research indicates that children whose parents are more involved in school activities, including volunteering, attending parent-teacher conferences, and joining parent-teacher organizations, perform better academically than those whose parents are less engaged (Stevenson & Baker, 1987; Rudney, 2005; Blacher & Hatton, 2007). Additionally, other studies (Steinberg, 2009; Rudney, 2005) indicate that children's academic success, self-worth, social relationships, and reduced behavioural issues are associated with parental involvement, encouragement, and positive reinforcement. Research indicates that parental involvement in children's education enhances performance and cultivates an engaging learning environment, essential for improving educational outcomes for students with intellectual disabilities. Research indicates that parental involvement in children's education enhances performance and cultivates an engaging learning environment, essential for improving educational outcomes for students with intellectual disabilities.

Research indicates that parental involvement enhances relationships between parents and educators, thereby creating a more conducive learning environment for children (Hornby & Lafaele, 2011). Parental involvement serves as a crucial factor in children's education, enhancing the learning process and contributing to improved educational outcomes (Moroni et al., 2015). A growing body of research (Banerjee, Harrell, & Johnson, 2011; Fantuzzo et

al., 2004; Powell, 2010; Oranga, Obuba, & Nyakundi, 2020) indicates that parental involvement positively influences preschoolers' literacy skills, including receptive and expressive vocabulary, auditory processing, rhyming word identification, word segmentation, print knowledge, and pre-writing abilities. Furthermore, research indicates that parental advocacy improves children's academic performance (Henderson et al., 2007). Parental involvement in school events enhanced communication between parents and teachers, facilitating collaboration and resulting in improved educational outcomes.

1.2 *Parental Involvement*

Children often seek guidance and support from their parents when facing life obstacles, and parents play a crucial role in promoting and maintaining their children's mental well-being. The development of children is influenced by parental involvement, with the methods of parenting and support having lasting implications for their mental health. Parents can facilitate their children's development by establishing a safe and secure environment, encouraging healthy habits, and modelling positive behaviour. Parents can provide their children with essential skills for achieving happiness and health by effectively offering emotional support, cultivating a sense of belonging, and promoting healthy lifestyle choices.

Research indicates that a primary factor affecting the academic success of children and adolescents is their family environment. Coleman et al. (1966) conducted a seminal study examining the impact of families and schools on student achievement and educational opportunities. The findings indicate that family background is the predominant factor influencing these outcomes, with minimal differences attributable to school variations, irrespective of family background factors. Several discussions and methodological critiques of the study have been conducted (Goldsmith 2011; Hanushek 2016; Lucas 2016). Measures of family background, such as parents' income, education, and family structure, have consistently been identified as significant factors explaining achievement differences in nearly all subsequent analyses (Hanushek, 2016; Rumberger, 1995). Most research on family background has focused on the structural components of families, such as parental income, employment status, and educational attainment. Research indicates that socioeconomic status, typically assessed through parental income and educational attainment, significantly predicts academic success and the rates of dropout in upper secondary schools . This study conducted in Norway reveals a significant correlation between parents' educational attainment and the likelihood of their children completing upper secondary education. Only 57.6% of children whose parents possess a lower secondary education attain upper secondary education, in

contrast to 90.8% of students whose parents have completed more than four years of higher education (Statistics Norway, 2020a).

Studies indicate that early departure from upper secondary school is influenced by factors including parents' employment status and whether adolescents resided with both parents at age 15 (Markussen et al. 2011). Parental involvement in children's education may significantly influence student achievement. Studies indicate that parental social and economic resources significantly influence the level of involvement and participation (Crosnoe and Ressler, 2019; Harris and Goodall, 2008).

1.3 ***Mental Health of children***

Many mental illnesses may originate during infancy. The conditions encompass eating disorders, post-traumatic stress disorder (PTSD), depression and other mood disorders, anxiety disorders, and attention-deficit/hyperactivity disorder (ADHD). Early treatment in children enhances their ability to manage symptoms and supports their social and emotional well-being. Numerous individuals reflect on the influence of mental illnesses during their formative years and express regret for not seeking treatment earlier. Children frequently encounter emotions such as sadness, anxiety, irritability, or aggression, and many exhibit difficulties in maintaining focus, remaining quiet, or interacting with peers. These typically represent standard phases of development. Such actions may indicate a more substantial issue in certain children.

The mental health of children is a vital aspect of their overall health, intricately linked to their physical well-being and their ability to succeed in social, educational, and occupational environments. The interplay between our physical and mental well-being significantly influences our internal and external thoughts, feelings, and behaviors. Mental health is essential from prenatal stages through to adulthood. A young boy with obesity who experiences ridicule regarding his weight may encounter social isolation, sadness, and reluctance to engage in play or exercise, which can exacerbate both his physical and mental health conditions. These issues impact societal health, education, employment, and criminal justice systems, along with children's ability to achieve their full potential over time.

Learning disabilities: In India, existing disability legislation does not adequately recognize specific learning disabilities (SPLD). The Indian disability movements achieved a notable milestone with the enactment of the Persons with Disabilities (Equal Opportunities, Production of Rights and Full Participation) Act in 1995, commonly referred to as the Persons with Disability Act. The Act aims to safeguard and promote the social and economic rights of individuals with disabilities. The statute covers seven disabilities: blindness, low

vision, leprosy-cured, hearing impairment, locomotor disability, mental retardation, and mental illness.

The most significant disability act fails to address the category of specific learning disabilities. Specific learning disabilities, akin to their concealed impairments, are entirely overlooked in the Persons with Disabilities Act (PWD Act). In 2011, the Indian government initiated steps to incorporate various hidden disabilities and mental disorders into the draft disability bill, which aims to replace the Persons with Disability Act of 1995. Specific Learning Disabilities (SpLD) encompass a range of neurodevelopmental disorders characterized by enduring challenges in acquiring efficient reading skills (Dyslexia), writing abilities (Dysgraphia), or mathematical computation (Dyscalculia). These difficulties occur despite the presence of average intelligence, standard educational experiences, normal auditory and visual capabilities, sufficient motivation, and appropriate socio-cultural opportunities (Lagae, 2008). The study indicates that insufficient awareness of disability leads to prejudice against individuals with disabilities (Saravana Bhavan and Saravana Bhavan, 2001). To effectively support the learning of children with disabilities, it is essential that all individuals in India, especially parents and educators, receive adequate training on the issues and rights of disabled individuals.

1.4 *Emotional Support by Parents*

Emotional development is a key aspect of human growth, regarded by some as the most significant factor influencing an individual's behaviour, personality, dreams, and aspirations. Psychologists have been considered. Adolescence is characterized by a complex interplay of physiological and psychological factors, resulting in a tumultuous and transformative period marked by heightened emotional experiences. The focus on emotional processes and coping mechanisms in life. To facilitate healthy psychological growth in adolescents and individuals overall, the provision of emotional support is essential for fostering positive human contact and intimate personal relationships. For instance, familial relationships, friendships, or emotional connections Burleson (2003). Cobb (1976) illustrates that emotional support encompasses the knowledge that individuals have someone who loves and cares for them, as well as the recognition that they are valued by others. They perceive themselves as members of a social network that fosters a sense of shared accountability. The family serves as the initial institution encountered during the socialization process, thereby holding considerable significance for the child. The relationships among family members and their impact on different developmental stages have been extensively examined in the literature. The material indicates a consensus regarding the impact of the family environment

on a child's social and emotional development. Nonetheless, limited research exists regarding the influence of parental traits on the emotional and behavioural functioning of their children in adulthood (Lee and Gotlib 1991; Lum and Phares 2005). Studies primarily concentrate on early-period interactions or family functions, especially regarding the influence of families within an adult sample in Turkey. Research on culturally-specific family models (İmamoğlu 2003, 1998; Kağıtçıbaşı 2000; Karadayı 1998) indicates that a culture of relationality and reliance sustains emotional connections among family members. Research demonstrates that parental support for children persists into adulthood, even in Western nations that emphasize autonomy and individuality (Millward 1998; Vassallo et al. 2009; Veevers and Mitchell 1998).

1.5 *Ways in which parents can offer emotional support*

a) Parents can provide emotional support by being present, actively listening to their children, and modelling appropriate behaviors. Parents have the ability to:

b) Parental involvement in children's lives provides essential emotional support during times of need.

c) Parents can provide emotional support by actively listening to their children and allowing them to express their emotions and concerns.

d) Parents can provide emotional support by exemplifying the importance of mental health and helping their children recognize its value.

2. Methodology

The study encompasses the variables examined, the methods employed for data collection, the tools utilized, and the relevant statistical techniques applied. This study examines the impact of parental involvement on the mental health of children with learning disabilities and the emotional support provided by parents.

2.1 *Aim*

This study aims to examine the influence of parental involvement on the mental health of children with learning disabilities and the emotional support provided by parents. The researcher aimed to investigate the differences in psychological well-being between male and female participants.

2.2 *Research Objectives of the study*

a) To analyse the relationship between “The impact of parental involvement on the mental health of children with learning disabilities and emotional support by parents.”

b) To interpret how parental involvement affects the children with learning disabilities.

2.3 ***Hypotheses***

1) There will be significant relationship between the parental involvement and mental health of children.
2) There will be significant relationship between parental involvement and emotional support by parents on children.
3) There will be significant impact of the parental involvement on mental health of children.

2.4 ***Variables***

Independent variable: Parental Involvement.

Dependent variable: Mental Health, Emotional Support.

2.5 ***Sample distribution***

Inclusion criteria

a) Both Parents (20-50 years) and children (10-18 years) participants ranging age have been selected for the study
b) Children who have major mental or physical illness has participated.

Exclusive criteria

a) Both Parents (20-50years) and children (10-18 years) participants ranging below or above of age have not been included in the study.
b) Children who do not have any major mental or physical illness has not participated

2.6 ***Sampling technique***

A sample of 100 participants is selected for the study, comprising parents aged 20-50 years and children aged 10-18 years. All respondents are provided with informed consent before proceeding to answer the questionnaire. A combination of probability and non-probability techniques, including simple random sampling and convenience sampling, is employed to access the sample. A convenience sample comprises individuals who are readily accessible to the researcher. Simple random sampling ensures that each participant has an equal chance of being selected, as the researcher chooses a specific group of participants from the entire sample for the research objectives. This technique is utilized due to its perceived lack of bias.

2.7 ***Ethical considerations***

a) To obtain informed consent, the participants were to be made fully aware about the nature and purpose of the study so that they participate willingly.
b) Confidentiality was maintained by the help of data coding, disposal, sharing and archiving.

c) Only relevant components for the research were assessed. It is important to keep evaluations as simple as possible and to remain focused towards only those components that are relevant to the research being conducted.

d) Participants were free to withdraw from their participation at any time in case they feel the slightest bit of distress and discomfort.

e) No harm to the participants (unintended or otherwise) was caused.

2.8 ***Measures***

a) *Information schedule*: the participants were asked to fill the information schedule which asks them about their age, educational qualification, type of family, and other details.

b) *Parental Involvement Questionnaire* by Jelo Anievas**,** the parental involvement by parents will be evaluated using the jelo's parental involvement questionnaire (2020). The 10 items scale measures the statements address beliefs about parental involvement, attendance at parent-teacher conferences and school meetings, visiting the classroom and school, volunteering, attending extracurricular activities, knowing the child's friends, contact with teachers, willingness to find tutoring, and helping with homework.

c) *Emotional support by parents* by Janssen Pascual : The emotional support by parents will be evaluated using the Janssen's parental support questionnaire (2018).This scale consist of 30 items scale which measure three different aspects of parental support for children.

d) *Learning disabilities questionnaire* by Imron Muzakki: The learning disabilities of children will be evaluated using the Imron's learning disability self-screening tool (2016). The 13 items scale measures children various skills and behaviours related to learning.

2.9 ***Statistical analysis***

The data is analysed using the software IBM SPSS version 24

a) Descriptive statistics: Descriptive statistics is used to find the mean and standard deviation of the sample

b) Inferential statistics: Pearson's correlation was used to understand the relationship among the variables, & the independent sample t-test will use to compare the mean and analyze if there is any significant difference among the independent variables.

2.10 ***Description of the Tool Employed***

Name	Author	Items Loaded	Reliability and Validity
Parental Involvement Questionnaire Parents (PIQP).	Jelo Anievas	10 Items	0.89

Scoring

The PIQP (Parent Involvement and Quality of Parenting) comprises a series of questions aimed at assessing various aspects of parenting, such as child engagement, consistency, emotional support, and responsiveness. Each question can elicit one of two responses: "0," indicating less involvement or lower quality, and "1," signifying more involvement or higher quality. Scores are aggregated after the participant has answered all questions. A higher total score indicates greater involvement and improved parenting quality. A higher score reflects enhanced parental involvement and care quality, while a lower score identifies areas requiring improvement in parental practices.

Name	Author	Items Loaded	Reliability and Validity
Parental Support Questionnaire (PSQ).	Janssen Pascual	30 Items	

Scoring

The 30 items in ***Janssen Pascual's Parental Support Questionnaire (PSQ)*** aim to assess the extent of support perceived to be provided by parents. A 5-point Likert scale rates each item, typically ranging from 1 (strongly disagree) to 5 (strongly agree). The total score is calculated by summing the responses to all 30 items, yielding a range from 30 to 150. Higher scores indicate greater perceived parental support, while lower scores suggest less support. Responses indicate levels of parental support categorized as low (30–59), moderate (60–104), or high (105–150) according to the total score. Prior to calculating the final score, it is essential to reverse-score any negatively worded items on the questionnaire.

Name	Author	Items Loaded	Reliability and Validity
Learning Disability self–Screening (LDSS).	Imron Muzakki	13 Items	Estimated reliability: ~75–80% (self-report); Validity: Screening-level only (not diagnostic)

Scoring

The self-screening tool for learning disabilities comprises 13 questions aimed at identifying potential learning challenges in students. Items are evaluated using a 3-point scale: always (3), sometimes (2), and never (1). The total score is derived from the sum of individual responses, with a score of 21 or higher indicating a potential requirement for additional evaluation or academic assistance. While not a formal diagnostic instrument, it functions as an effective preliminary screening tool, exhibiting an estimated reliability of 75–80% and a face validity of approximately 85%.

2.11 ***Procedure***

The research was performed exclusively through Google Forms in an online format. A total of 100 participants, comprising 50 parents and 50 children, were selected using purposive sampling. Participants were provided with a link to a Google Form that included three questionnaires: the Parental Involvement Questionnaire-Parents (PIQP), the Parental Support Questionnaire (PSQ), and the Learning Disabilities Self Screening (LDSS). The study's purpose was explicitly stated at the outset of the form, and informed consent was secured from participants prior to their participation in the survey. Upon submission of responses by participants, the data were systematically recorded and organized within a Microsoft Excel spreadsheet. This facilitated efficient data cleaning, sorting, and preparation for analysis. The Excel file was imported into SPSS (Statistical Package for the Social Sciences) for statistical analysis. The data in SPSS were assessed for accuracy, missing values, and outliers. The pertinent variables were coded, and reliability assessments, such as Cronbach’s alpha, were performed for the utilized scales. Descriptive statistics summarized the data, while Pearson’s correlation examined the relationships among mental health, moral identity, and life satisfaction. Independent samples t-tests were performed to compare the scores of monks and nuns. Statistical tests were performed at a significance level of 0.05.

2.12 ***Statistical Analysis***

To test the study’s hypotheses, Pearson’s correlation and regression analyses were used in SPSS. These methods helped examine the relationships and impact of key variables:

1) The relationship between parental involvement and the mental health of children.
2) The relationship between parental involvement and emotional support provided by parents.
3) The impact of parental involvement on the mental health of children.

The goal was to determine whether higher parental involvement is significantly associated with better mental health and emotional support for children. SPSS was used to

calculate correlation values, significance levels, and regression coefficients, allowing for an accurate understanding of whether the patterns observed were statistically meaningful.

3. Results

Table 4.1 *Correlation between PIQP and LDSS*

Correlations			
		PIQP	**LDSS**
PIQP	Pearson Correlation	1	1.000**
	Sig. (2-tailed)		<.001
	N	100	100
LDSS	Pearson Correlation	1.000**	1
	Sig. (2-tailed)	<.001	
	N	100	100

The Pearson correlation analysis showed a perfect positive correlation between parental involvement PIQP and children's mental health LDSS, with a correlation coefficient of r = 1.000, which is statistically significant at the 0.01 level (p < .001). This result indicates a very strong and significant relationship between parental involvement and the mental health of children. The analysis was conducted on a sample size of 100.

Table 4.2 *Correlation between PIQP and PSQ.*

Correlations			
		PIQP	**PSQ**
PIQP	Pearson Correlation	1	1.000**
	Sig. (2-tailed)		<.001
	N	100	100
PSQ	Pearson Correlation	1.000**	1
	Sig. (2-tailed)	<.001	
	N	100	100

The Pearson correlation analysis showed a perfect positive correlation between parental involvement PIQP and emotional support PSQ, with a correlation coefficient of r = 1.000. This correlation is statistically significant at the 0.01 level (p < .001), based on a sample size of 100. This indicates a very strong and significant relationship between parental involvement and emotional support provided by parents.

Table 4.3 *Regression between PIQP and LDSS.*

Model Summary				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	1.000[a]	.999	.999	.51256

Anova						
Model		**Sum of Squares**	**df**	**Mean Square**	**F**	**Sig.**
1	Regression	31556.300	1	31556.300	120114.689	<.001[b]
	Residual	25.746	98	.263		
	Total	31582.046	99			

Coefficients						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	-.010	.052		-.182	.856
	PIQP	.578	.002	1.000	346.576	<.001

A simple linear regression was also carried out to see if PIQP could significantly predict LDSS scores. The regression model was statistically significant ($F(1, 98) = 120114.689$, $p < .001$), and it explained almost all the variance in LDSS ($R^2 \approx 1$). The unstandardized coefficient for PIQP was B = 0.578, which means for every one-unit increase in PIQP, LDSS increases by 0.578 units. The model had a perfect standardized beta of 1.000, showing a very strong effect.

4. Discussion

This study aimed to investigate the relationships between children's mental health, emotional support, and parental involvement. The study's findings provide strong evidence supporting the theories that parental involvement significantly influences children's mental health and the emotional support provided by parents. I recruited 100 participants, divided into two groups. Fifty parents and fifty children. The Pearson correlation analysis revealed a perfect positive correlation between parental involvement (PIQP) and children's mental health (LDSS), with a correlation coefficient of r = 1.000, which is statistically significant at

the 0.01 level ($p < .001$). This study indicates a positive correlation between parental involvement and children's mental health outcomes. This study's findings align with previous research highlighting the protective role of parental involvement in child development, particularly concerning psychological health (Baker & Jones, 2006; Pomerantz et al., 2007). Parental involvement contributes to children's sense of security, which may reduce anxiety and enhance emotional resilience—both critical components of mental wellness.

The analysis revealed a perfect positive correlation between emotional support (PSQ) and parental involvement (PIQP), indicated by a correlation coefficient of $r = 1.000$. This research indicates that parents who engage more actively in their children's lives tend to provide enhanced emotional support. Emotional support is crucial for children's development, particularly for those with learning disabilities (Sheeber et al., 2009). To safeguard children from the adverse impacts of stress and challenges, particularly those associated with learning disabilities, parental emotional support—encompassing validation, encouragement, and emotional availability—is crucial. A linear regression analysis indicated that children's mental health (LDSS) scores are significantly predicted by parental involvement (PIQP). The regression model accounted for almost all variance in mental health outcomes ($R2 \approx 1$) and demonstrated high statistical significance ($F(1, 98) = 120114.689$, $p < .001$). The unstandardised coefficient indicates that children's mental health scores increase by 0.578 units for each unit increase in parental involvement ($B = 0.578$). $\beta = 1.000$ represents the ideal standardized beta. emphasizes the significance of this effect further. The findings support the notion that parental involvement is a significant predictor of children's mental health, as well as being correlated with it. This finding aligns with family systems theory, which posits that a child's emotional and psychological development is greatly affected by their family environment (Minuchin, 1974).

The study's conclusions emphasize the importance of parental involvement in promoting children's mental health, particularly for those with learning disabilities. Programs aimed at enhancing parental involvement, through either instruction or support services, may substantially improve the mental health of children. The findings indicate that fostering emotional support within the family is equally significant for enhancing children's emotional well-being. It is essential to acknowledge the limitations of the study. While the sample size ($N = 100$) is adequate, it may not fully represent all populations, particularly those with varying socioeconomic or cultural backgrounds. The cross-sectional design of the study complicates the establishment of causation. Qualitative studies investigating the intricate relationships between parental support and children's mental health, along with longitudinal

designs tracking the impact of parental involvement over time, would be advantageous for future research.

The findings of this study provide substantial evidence regarding the positive effects of emotional support and parental involvement on the mental health of children with learning disabilities. The findings emphasize the necessity of enhancing parental engagement in fostering children's mental and emotional development, with significant implications for educational and psychological interventions.

5.1 ***Limitation***

The study's sample size of 100 participants, while sufficient for statistical analysis, may not accurately represent the broader population of children with learning disabilities. An expanded and diverse sample, including children from different socioeconomic, cultural, and geographic backgrounds, would enhance the generalizability of the findings. The findings may not be generalizable to children without learning disabilities or those from varying educational or familial backgrounds, as the study specifically targeted children with learning disabilities. The reliance on self-report measures to assess parental involvement and emotional support presents a notable limitation. Social desirability bias may lead parents to overstate their emotional support or involvement, thereby influencing the accuracy of self-reported data. This may lead to inflated correlations and undermine the accuracy of the observed relationships. To enhance the accuracy of assessments regarding parental involvement and emotional support, future research should consider employing multiple informants, including teachers or clinicians.

The cross-sectional design of the study limits the ability to infer causal relationships. While significant associations exist between children's mental health, parental involvement, and emotional support, determining the directionality of these relationships remains unfeasible. Longitudinal studies would enhance the understanding of the impact of parental involvement and emotional support on mental health outcomes over time.

The study found very high correlation values, with some approaching a perfect positive relationship ($r = 1.000$). While this indicates a significant correlation, psychological research seldom identifies such perfect correlations. This prompts inquiries regarding potential issues with the data, including response biases or measurement inaccuracies. Future research should implement rigorous data collection protocols and consider incorporating additional variables that could provide a more nuanced understanding of the factors influencing children's mental health.

5.2 *Recommendation*

- **a.** Using subsequent research, use a bigger and more varied sample.
- **b.** For more in-depth understanding, incorporate qualitative techniques like interviews.
- **c.** Conduct long-term studies to track changes over time.
- **d.** Enhance data collection instruments to prevent inaccuracies or excessive values.
- **e.** Implement awareness campaigns in monasteries to promote mental and moral health.

6. Conclusion

This study underscores the significance of parental involvement and emotional support for the mental health of children with learning disabilities. The findings demonstrate a significant correlation between enhanced mental health outcomes in these children and the levels of active parental involvement and emotional availability. These findings highlight the importance of fostering positive parent-child relationships as a protective factor against emotional and psychological challenges. To enhance the wellbeing of children with learning disabilities, it is essential for educational and clinical settings to prioritize interventions that foster parental involvement and emotional support, due to the significant influence of these elements.

Reference

Baker, A. J., & Jones, S. (2006). The relationship between parent involvement and student academic success. *Journal of Educational Research, 99*(4), 202-210. https://doi.org/10.1080/00220670609597548

Baker, P. H., & Ridgway, M. (2005). Parental involvement in the education of children with learning disabilities: Implications for practice and policy. *Journal of Learning Disabilities, 38*(1), 27-38. https://doi.org/10.1177/00222194050380010201

Banerjee, R., Harrell, A., & Johnson, R. (2011). Parental involvement and its impact on preschoolers' literacy development. *Early Childhood Education Journal, 38*(1), 35-41. https://doi.org/10.1007/s10643-010-0394-1

Blacher, J., & Hatton, D. (2007). Parental involvement in the education of children with disabilities: A national survey. *Journal of Special Education, 40*(3), 177-189. https://doi.org/10.1177/00224669070400030501

Blair, C., & Razza, R. P. (2007). Relating effortful control, executive function, and false belief understanding to children's social adjustment. *Child Development, 78*(2), 647-663. https://doi.org/10.1111/j.1467-8624.2007.01019.x

Cole, M., & Griffin, D. (2008). The role of family emotional support in children's academic performance and mental health. *Journal of Family Psychology, 22*(4), 568-575. https://doi.org/10.1037/a0012677

Fantuzzo, J. W., & McWayne, C. M. (2009). The influence of parental involvement on school readiness in children from low-income families. *Journal of Educational Psychology, 101*(1), 11-25. https://doi.org/10.1037/a0014250

Fantuzzo, J. W., Tighe, E. M., & Childs, S. (2004). Family involvement in early childhood education and the academic achievement of low-income children. *School Psychology Review, 33*(4), 442-459.

Grolnick, W. S., & Slowiaczek, M. L. (1994). Parents' involvement in children's schooling: A multidimensional conceptualization and motivational model. *Child Development, 65*(1), 237-252. https://doi.org/10.2307/1131378

Henderson, A. T., Mapp, K. L., Johnson, V. R., & Davies, D. (2007). Beyond the bake sale: The essential guide to family-school partnerships. The New Press.

Hoover-Dempsey, K. V., & Sandler, H. M. (1995). Parental involvement in children's education: Why does it make a difference?. Teachers College Record, 97(2), 310-331. https://doi.org/10.1177/003465431311600310

Hornby, G., & Lafaele, R. (2011). Barriers to parental involvement in education: An update. *Educational Review, 63*(3), 277-298. https://doi.org/10.1080/00131911.2010.488049

Lamb-Parker, F., Pestronk, R. L., & Furrer, C. (2011). The role of emotional support in enhancing the learning experience of students with learning disabilities. *Journal of Special Education, 45*(3), 182-189. https://doi.org/10.1177/0022466910388017

Miller, R. E., & Hearst, M. T. (2006). The influence of parenting style on academic performance and mental health in children with disabilities. *Journal of Applied Developmental Psychology, 27*(2), 140-150. https://doi.org/10.1016/j.appdev.2005.12.003

Minuchin, S. (1974). Families and family therapy. Harvard University Press.

Moroni, S. P., Pons, M., & Ferri, S. (2015). The role of parents in supporting their children's learning. *Educational Psychology, 35*(2), 229-245. https://doi.org/10.1080/01443410.2013.844214

Morrow, L. M., & Paratore, J. R. (2011). Family involvement and its role in improving academic outcomes for children with learning disabilities. *Learning Disabilities Research & Practice, 26*(1), 44-52. https://doi.org/10.1111/j.1540-5826.2011.00321.x

Oranga, D., Obuba, P., & Nyakundi, F. (2020). Effects of parental involvement on the academic performance of children with learning disabilities in Kenya. *Journal of Education and Practice, 11*(14), 51-60.

Parker, J. G., & Asher, S. R. (1987). Peer relations and later personal adjustment: Are low-accepted children at risk?. *Psychological Bulletin, 102*(3), 345-360. https://doi.org/10.1037/0033-2909.102.3.345

Pomerantz, E. M., Grolnick, W. S., & Price, C. E. (2007). The role of parenting in children's academic competence: A closer look at the parental involvement construct. *Educational Psychology Review, 19*(3), 289-310. https://doi.org/10.1007/s10648-007-9044-7

Powell, D. R. (2010). Parent involvement in early childhood education and its effects on children's learning. *Early Childhood Research Quarterly, 25*(3), 392-406. https://doi.org/10.1016/j.ecresq.2010.01.003

Powell, D. R., & Diamond, K. E. (2001). Improving children's academic outcomes through parental involvement: The impact of family engagement in school. *Early Childhood Research Quarterly, 16*(2), 152-171. https://doi.org/10.1016/S0885-2006(01)00057-2

Rosenberg, M. S., & Zhang, D. (2006). The role of emotional support in promoting positive mental health for children with special needs. *Journal of Applied Developmental Psychology, 27*(1), 62-71. https://doi.org/10.1016/j.appdev.2005.12.002

Rudney, G. L. (2005). Building partnerships with parents: Lessons from research. *Educational Leadership, 63*(7), 54-58.

Schoon, I., & Parsons, S. (2003). Learning disabilities and their impact on educational outcomes and emotional well-being. *Educational Psychology Review, 15*(2), 115-130. https://doi.org/10.1023/A:1023597122744

Sheeber, L. B., Hops, H., & Davis, B. (2009). Family influences on adolescent depression. *Journal of Clinical Child Psychology, 28*(1), 90-98. https://doi.org/10.1207/s15374424jccp2801_11

Steinberg, L. (2009). The influence of parenting on adolescent academic performance. *Educational Psychologist, 44*(1), 2-13. https://doi.org/10.1080/00461520802549899

Stevenson, D. L., & Baker, D. P. (1987). The family-school relationship and academic achievement. *Child Development, 58*(5), 1348-1357. https://doi.org/10.2307/1130682

Stewart, D. W., & Thomas, R. D. (2010). Parental involvement and academic achievement in children with learning disabilities. *Journal of Learning Disabilities, 43*(4), 315-330. https://doi.org/10.1177/0022219409357994