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Early Childhood Education & Mental Health

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The Relationship Between Early Care and Education & Youth Mental Health and Resilience

Fostering positive mental health and resilience entails the same basic principles regardless of a child's age. Children of all ages need safe, secure, enriching environments and relationships where they have opportunities to share about their experiences and feelings, time to learn and play, receive encouragement and praise, and have fair and consistent expectations with clear consequences for poor behavior[i]. Within such environments and relationships, children can build capacities that enable them to respond adaptively to adversity and thrive (e.g. regulating behavior, planning for the future)[ii].

The environments in which children spend their earliest years dramatically influence their long-term success in school and in life. The majority of young children in the U.S. live in households with all parents working; 65% of children ages 0-4 receive care from other adults, often in settings outside of their homes. Care arrangements vary widely and can include family, friend and neighbor care, family child care homes, child care centers, faith-based care centers, and preschool programs. Regardless of setting, young children who experience positive, consistent, enriching day-to-day interactions with the adults caring for them are more likely to develop the cognitive, emotional, and behavioral skills that build the foundation for future success and well-being, including mental health [iii].

LINK BETWEEN EARLY CARE AND EDUCATION & POSITIVE SOCIAL-EMOTIONAL DEVELOPMENT

Early care and education (ECE) programs help children develop the foundational skills for reading, math, self-

control and positive relationships. Self-control and positive relationship are examples of socialemotional learning. In early childhood, socialemotional learning, or the process of "integrating thinking feeling and behaving to achieve important life tasks," involves learning to form close relationships, experience, regulate and express emotions, and explore and learn from one's environment[v]. Children in high-quality ECE show improved social-emotional development, stronger self-regulation, and reduced behavior problems[vi]. These are the types of skills that are the foundation of mental health and well-being, increase children's (and adults') ability to be resilient in the face of challenges, and lead children to be more successful in school, work, and relationships.

Resilience is the process and outcomes of successfully adapting to difficult or challenging life experiences, especially through mental, emotional, and behavioral flexibility and adjustment to external and internal demands. Resilience in children in developed through supportive relationships, adaptive skill building, and positive experiences [iv].

Mental health is a state of mind characterized by emotional well-being, good behavioral adjustment, relative freedom from anxiety and disabling symptoms, and a capacity to establish constructive relationships and cope with ordinary demands and stresses of life.

Definitions (from the American Psychological Association https://www.apa.org/topics)



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EARLY CARE AND EDUCATION AS A PROTECTIVE FACTOR

Research has identified that adverse childhood experiences impact health and well-being throughout the lifespan[xi]. Adverse experiences such as child maltreatment, inter-parental violence, family disruption, low socioeconomic status, and high parental stress during early childhood are predictive of behavior problems during adolescence[xii]. Furthermore, the accumulation of adverse experiences increases the risk of overwhelming children's ability to adapt, thereby leaving them at increased risk for mental health problems[xiii]. High-quality ECE, which fosters social-emotional learning, may provide a protective effect that can counteract young children's exposure to adverse experiences[xiv]. A recent study in ECE settings in Norway, where all children have access to government-funded ECE, showed that higher quality ECE reduced the effect of adverse childhood experiences on child mental health problems at age 5 (likewise, lower quality care increased the risk)[xv].

What Makes High-Quality ECE

Given evidence that high-quality ECE can support positive cognitive, emotional and behavioral development, which can have lasting impacts through adolescence and into adulthood, it is important to consider what makes high-quality ECE. Total quality scores, using ECERS or similar quality scores[vii], have been shown to be positively associated with child outcomes, even when individual measures are not, indicating that many components in combination make for high quality care[viii]. The two factors found to have the most positive impact on child mental health (at age 5) are relationship quality and staff quality. Warm, caring, highly competent teachers who provide support and engage in age-appropriate learning practices and activities and have low-turnover are associated with lower child mental health problems[ix]. The American Academy of Pediatrics' policy statement on Quality Early Education and Child Care from Birth to Kindergarten outlines indicators of high-quality ECE, including staff who have college degrees in ECE or a child development associate's credential, receive ongoing in-service training, provide consistent caregiving and have a low turnover rate [x].





Findings on the Impact of High-Quality Early Care and Education on Youth Mental Health and Resilience

There is a significant body of research showing that high-quality early care and education can improve social, cognitive, and academic development, particularly for children from families with low household incomes. While few studies that have followed children from their ECE experiences through adolescence include robust mental health measures[1], longitudinal studies do show a lasting positive impact of high-quality ECE in measures related to adolescent mental health and resilience. Meta-analyses of the impact of high-quality ECE on adolescent outcomes show significant and substantial decreases in special education placement and grade retention and increases in high school graduation rates across multiple high-quality ECE programs[xvi]. While these are not mental health measures, they likely reflect stronger socio-emotional skills such as self-regulation and classroom engagement. A number of individual program evaluations have shown lasting positive mental health outcomes.

Abecedarian Approach_[xvii]

Youth who received Abecedarian Approach care in the first three years of life had fewer risky behaviors and reported fewer symptoms of depression at age 18 than the randomly assigned control group[xviii].

Perry Preschool_[xx]

At age 19, children who attended Perry Preschool were more likely to have graduated high school, had committed fewer crimes, and had fewer teenage pregnancies.

Head Start

Head Start's emphasis on social, emotional, and behavioral development has been shown to have a lasting positive impact on adulthood measures of self-control, self-esteem, and positive parenting practices[xix].

NICHD* [xxi]

Higher quality care was related to fewer externalizing problems (e.g. poor impulse-control, including rule breaking, aggression, impulsivity, and inattention) at age 15[xxii].

*National Insitute of Child Health and Human Development Study of Early Child Care and Youth Development

A review of the literature shows a link between high quality ECE, positive social-emotional development and the development of protective factors in early childhood. Key studies further suggest that these benefits may extend beyond early childhood and yield longer-term advantages for individuals and society, including higher educational attainment and rates of employment, lower rates of crime, and positive impacts on adolescent and adult well-being and health.





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Footnotes

[1] A review of the literature supports the links between high quality early care and education and later mental health but these studies are limited in a number of ways including: most longitudinal studies were conducted in the 1960s and 70s old and may not adequately reflect the changing population level demographics of young children and their families in the U.S.; at the time of most of these studies, mental health and resilience were not a primary focus in research with children, so they provide only limited information about the impact of ECE on later mental health; most of these studies focused solely on center-based child care.

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