

# Issues Paper: The Importance of the Early Childhood Years

This position statement is a collaboration between the Hunter Institute of Mental Health, the Australian Psychological Society and Early Childhood Australia.

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# The importance of the early childhood years

## Experiences in early childhood shape lifelong outcomes

Research has consistently demonstrated that our future physical health, mental health and wellbeing are strongly influenced by the experiences and relationships we have as a child, and the environments in which we live and grow (Center on the Developing Child, 2010). As we continue to learn more about the brain, and how it develops in early childhood, we begin to understand just how important these years are in achieving positive long-term outcomes for individuals and the community.

## Brain development, relationships and the environment

Babies are born ready to learn and engage with the world, and their first teachers are the people who care for them (Winter, 2010). While babies have most of their brain cells at birth, neural connections or pathways are made between the cells based on the information they receive about their environment and their relationships with others. As children interact with their caregivers and surroundings, these connections become more complex and established, and allow them to develop the skills they need to function well in their particular family and environment (Moore, 2014).

If a child grows and develops in an environment that is inclusive and supportive, with relationships that are warm, nurturing and responsive, brain connections will form in an optimal way (Center on the Developing Child, 2010). Children will learn the social and emotional skills they need to experience positive relationships as adults; develop the concentration and motivation they need to succeed in school and at work; and are more likely to experience good physical and mental health throughout their lifetime (Center on the Developing Child, 2010).



If a child lives in an environment where there is a high level of long-lasting stress and their physical and emotional needs are not being met by caregivers, their neural connections will develop differently (Center on the Developing Child, 2014). For example, children who are born into chronic violence develop more connections in the part of their brain dedicated to fear, anxiety and impulsive actions. This makes them hypervigilant and wary – very useful characteristics for survival in their particular situation (Moore, 2014). However they may also develop fewer brain connections in areas responsible for reasoning, planning and behaviour control (Center on the Developing Child, 2014). This in turn is associated with difficulty concentrating at school, controlling emotions and making friends (Moore, 2014).

Mental health difficulties in childhood not only arise in environments of chronic violence and fear, but in a range of scenarios where a unique combination of genes, environments and early life experiences influence wellbeing (Center on the Developing Child, 2014). If mental health difficulties are identified and managed at their earliest stages, the long-term impact of these difficulties can be minimal. However if these issues are not addressed early in life, then the child may go on to experience the same or more pronounced difficulties as an adolescent and adult (Shonkoff, Boyce & McEwen, 2009).

## The burden of mental health difficulties

The burden of mental health difficulties amongst children is significant, even amongst very young children:

- An estimated 14% of children and adolescents aged 4–17 (i.e. 560,000 children) have clinically significant mental health difficulties (Lawrence et al., 2015) and 7% experience difficulties that are long-term (ABS National Health Survey, 2006);
- Mental health difficulties are present in even very young children and have implications for their future wellbeing. The Australian Temperament Project found that behavioural difficulties in children aged 3-4 years were associated with a 5 times greater risk of difficulties at age 11-12 years (Prior et al., 2000);
- Nearly half of all mental health disorders start by the age of 14 (Kessler et al., 2005); and
- Only half (56%) of children and adolescents with emotional and behavioural problems access services (Lawrence et al., 2015).

Mental health difficulties in childhood have been associated with a number of poor outcomes in adolescence and adulthood. Poor mental health in childhood has been linked with:

- ***Educational problems***

Mental health difficulties have been associated with a reduced ability to learn, and higher rates of school dropout and failure to complete school (President's New Freedom Commission on Mental Health, 2003; Flaspohler, Paternite, Evans, Harpine & Weist, 2005).



- ***Long-term behavioural problems***

Longitudinal studies have found that children presenting with externalising and internalising problems at a young age were more likely to show evidence of mental health difficulties in late adolescence and adulthood, with higher levels of anti-social behaviour and involvement in criminality (Honkinen et al., 2009; Simonoff et al., 2004; Sourander et al., 2007).

- ***Poor mental health in later life***

Mental health difficulties in childhood, if left untreated, have the potential to set the scene for a lifetime of challenges, including ongoing mental health difficulties. For example, Newman and colleagues (1996) found that 73.8% of adults with a mental health disorder had a developmental history of mental health difficulties. Onset of depression in childhood, compared to later in life, has also been associated with an increase in number of episodes of depression in adulthood, higher co-morbidity with other mental health conditions, increased suicidality, and poorer psychosocial functioning (Bhardwaj & Goodyer, 2009; Meyer et al., 2009). In general, the earlier the onset of mental illness, the more severe, complex and chronic the disorder is likely to become (Leavey, Flexhaug & Ehmann, 2008).

- ***Economic impacts for individuals, families and communities***

Future prospects for children with mental health difficulties are jeopardised; the stress experienced by their family is chronic, and there are ramifications at every level of society from the burden of suffering, including future economic impacts in lost workforce productivity and greater use of welfare and public health systems. For example, Access Economics (2009) estimated that, in 2009, the financial cost of mental illness in people aged 12-25 was \$10.6 billion, including \$7.5 billion in lost productivity and \$1.4 billion in direct health system expenditure. In per capita terms, this amounts to a financial cost of \$10,544 per person with mental illness aged 12-25 per year. Additionally, the value of lost wellbeing (disability and premature death) was estimated at a further \$20.5 billion. Including the value of lost wellbeing (disability and premature death), this cost increases to \$31,014 per person with mental illness per year.

Supporting children's emotional wellbeing or mental health to prevent illness is the most effective, efficient and cost-effective way of reducing future rates of mental illness, physical illness, crime and unemployment (Moore, 2014; Center on the Developing Child, 2014). Intervention and treatment early in life and in the course of a child's experience of mental health difficulties is also vital. Early intervention can mean that mental health issues are resolved before they become worse or entrenched, improving the quality of life for children and their families (Durlak, 1998).

Given the important influence childhood experiences have upon a person's long-term health and wellbeing, it is critical that adults caring for children be supported to provide environments and experiences that enable children to develop in optimal ways. By creating families, early childhood and school environments, communities and societies that foster positive early childhood development and provide children with the best start possible, individuals are not only supported to thrive in childhood, but to achieve lifelong learning, health and wellbeing.

## The role of early childhood services and primary schools

While children's primary caregivers and the family environment have the most significant impact on children's early development, children learn within the context of all their relationships and environments.

It is estimated that over 1.8 million children aged 0-12 years attended some form of early childhood education and care in Australia in 2014 (Australian Bureau of Statistics, 2015). Some children only attend these services for a couple of hours a week, while others are in the care of teachers and educators for up to 10 hours each day. Over two million children (or 98%) attended primary school in 2011 (Australian Bureau of Statistics, 2012). Given the amount of time children spend in early childhood and primary school settings, staff within these settings, and the experiences and relationships they provide for children, greatly influence children's development and wellbeing.

Children experience significant relationships with their early childhood educators and primary school teachers, and educators can build the "social and emotional capacities of infants and children by supporting predictably available, adequately sensitive and responsive care giving" (Australian Association for Infant Mental Health and Australian Research Alliance for Children & Youth, 2013, p. 3).

Educators who are consistently engaged with children and families can also assist in preventing or mitigating the consequences of mental health difficulties by buffering young children from serious threats to their wellbeing (Center on the Developing Child, 2014).

Primary schools and early childhood services can make a significant difference to children's mental health and wellbeing, as demonstrated by the evaluations of the KidsMatter Primary and KidsMatter Early Childhood mental health initiatives. Implementing KidsMatter has been associated with: improved child mental health and wellbeing (for example, optimism and coping skills); reduced mental health difficulties such as emotional symptoms, hyperactivity, conduct and peer problems; improved primary student school work; improved educator capacity to identify students experiencing mental health difficulties; improved teacher knowledge of how to improve students' social and emotional skills; increased parent and carer capacity to help children with social and emotional issues; the placement of mental health as an issue on schools' agendas; and the provision of a common language to address mental health and wellbeing issues (Slee et al., 2009; Slee et al., 2012).





### Support and training for teachers and educators

Ensuring educators are well-trained and supported to implement effective practice is key to creating early childhood and school environments that support children's development and wellbeing. However, a recent study into teacher and educator preparation and professional development found:

- Many graduates of universities and vocational education and training are not being prepared adequately to respond to children experiencing mental health difficulties; and
- There are multiple barriers to accessing ongoing professional development, including cost, accessibility, release from work, and potential loss of work hours and income (Hunter Institute of Mental Health, 2012).

Two national Australian initiatives that do currently provide training and support to students, teachers and educators about children's mental health and wellbeing include: Response Ability, and the KidsMatter Primary and KidsMatter Early Childhood mental health initiatives (Cavanagh, Cole, Kynaston, Gilson & Hazel, 2014; Graetz et al., 2008). These initiatives currently receive funding by the Australian Government Department of Health.

#### ***Response Ability:***

[www.responseability.org](http://www.responseability.org)

#### ***KidsMatter mental health initiative:***

[www.kidsmatter.edu.au](http://www.kidsmatter.edu.au)



## Future considerations

In summary, the early childhood years are a critical period for learning and development. The experiences children have during these years shape brain development and future physical, social and cognitive development and mental health and wellbeing.

Continued and expanded investment in high quality early childhood services and primary schools is therefore required. Investment and policies should:

- Recognise and reaffirm the importance of addressing children's mental health within early childhood services and schools;
- Encourage universities and vocational education and training organisations to embed mental health related content within pre-service training for teachers and educators;
- Encourage services and schools to implement practices, initiatives and programs that foster warm and responsive relationships between educators, children and their families; promote safe, supportive and inclusive environments; support the teaching of social and emotional skills; and support staff to recognise and respond effectively to children experiencing mental health difficulties;
- Provide access to ongoing professional development for staff; and
- Enable services and schools to work effectively with other services supporting children and families in the community.

*The Hunter Institute of Mental Health is a leading national organisation dedicated to reducing mental illness and suicide and improving wellbeing for all Australians. For more than 20 years we have been delivering successful, evidence-based mental health and suicide prevention programs. For more information, visit [www.himh.org.au](http://www.himh.org.au)*

*The Australian Psychological Society (APS) is the leading organisation for psychologists in Australia, representing over 22,000 members. The APS strongly advocates for the discipline and profession of psychology, supports high standards for the profession, and promotes psychological knowledge to enhance community wellbeing. For more information, visit [www.psychology.org.au](http://www.psychology.org.au)*

*Early Childhood Australia (ECA) has been a voice for young children since 1938. We are the peak early childhood advocacy organisation, acting in the interests of young children, their families and those in the early childhood field. ECA advocates to ensure quality, social justice and equity in all issues relating to the education and care of children aged birth to eight years. Our vision is Every young child is thriving and learning and our role in achieving this vision is to be an effective advocate for young children and a champion for quality outcomes in early childhood education and care. For more information, visit [www.earlychildhoodaustralia.com.au](http://www.earlychildhoodaustralia.com.au)*



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