Beyond building blocks: 
Investing in the lifelong mental health of Ontario’s 3-6 year olds

Chaya Kulkarni (EdD), Nisreen Khambati (MSc), 
Purnima Sundar (PhD), Laura Kelly (DPE, MPH), 
Kathy Short (PhD, C.Psych) & Nicole Summers (MA)

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Agenda

• Introductions
• Why are we here?
• What we did
• What we know
• What we found
• Now, what do you think?
About the Centre

We drive change in Ontario’s child and youth mental health sector by working with partners to ensure high quality, evidence-informed mental health services for children, youth and families.
Strategic direction 2018-2021

**SET STANDARDS**
The Centre will develop and publish standards for child and youth mental health services in Ontario.

**INTEGRATE DATA**
The Centre will collaborate with partners to build an integrated data strategy for child and youth mental health.

**GROW EVIDENCE**
The Centre will close knowledge gaps by supporting practical innovation and evaluation.

**DRIVE CHANGE**
The Centre will use evidence and data to inform forthright conversations about organizational and system performance.
Strategic direction

The Centre will close knowledge gaps by supporting practical innovation and evaluation.

GROW EVIDENCE
Policy-ready papers

• 18 policy ready papers since 2008 (http://www.excellenceforchildandyouth.ca/resource-hub/policy-ready-papers)

• Develop with respected experts with content knowledge in key areas

• Bring together the latest evidence on a topic of relevance for policy development in child and youth mental health
Why are we here?

• 3-6 year olds can experience challenges with self-regulation, behavioural and/or mental health concerns—without support, these can interfere with a child’s optimal development and learning

• These challenges can surface in early learning settings and kindergarten classrooms

• Community-based agencies, together with educators, early child care providers and families can work together to intervene early when challenges arise
Full day kindergarten is NOT THE CAUSE of socio-emotional challenges in Ontario’s 3-6 year olds...
...but given where the issues are surfacing, there is a great opportunity to collaborate across sectors to support these young children.
What we know

• Early intervention is critical
• Presently, teachers, social workers, OTs and practitioners are working with parents to support kids in the classroom
• There are good practices to draw on across jurisdictions
But the challenge for us is that...

Within Ontario, we have a limited understanding of these concerns
What we did

• Brought together a small group of interested stakeholders to discuss the challenge
• Agreed to develop a policy-ready paper
• Established a core team to do the work
• Brought together an advisory group to provide overall guidance and advice
• Created a draft of the policy-ready paper
Advisory committee

- 24 members from across Ontario from a range of sectors including:
  - CYMH agencies
  - Early learning experts
  - School boards
  - CAS
  - College of ECEs
  - Ministry of Education
  - Ministry of Child and Youth Services
  - Parents for Children’s Mental Health
Scope

• Specific focus on the mental health and social emotional development of children between three and six-years old
• Promotion, early identification and intervention (not treatment)
• Target audience is policy advisors and decision makers
Research questions

• Why is early years’ mental health so important?
• What does optimal mental health and development look like in the early years?
• What are the key factors that influence early mental health?
• What are the current concerns and opportunities regarding social emotional development for three to six-year-old children within early care and formal education settings?
• What are best practices in mental health promotion and early identification of social emotional vulnerability?
• What are the best practices for responding to social emotional challenges exhibited by young children?
## Methods

| Literature review | • Searched key databases  
|                   | • Identified “grey” literature that may not have appeared in data base search  
|                   | • Established inclusion/exclusion criteria |
| Key informant interviews | • n = 24  
|                        | • Education/early learning & care  
|                        | • Health & allied health  
|                        | • Parents/caregivers  
|                        | • Policy-makers |
| Online surveys | • Education/early learning & care (n = 553)  
|                  | • Health & allied health (n = 422)  
|                  | • Parents/caregivers (n = 209)  
|                  | • Policy-makers (n = 7) |
Infant and early childhood mental health, sometimes referred to as social and emotional development, is the developing capacity of the child from birth to five years of age to:

- Form close and secure adult and peer relationships
- Experience, manage and express a full range of emotions
- Explore the environment and learn – all in the context of family, community, and culture

(Cohen, Oser & Quigley, 2012, pg. 1)
The context for early mental health

- mental health disorders can occur among young children (as young as infancy), and rates are comparable to those of older children
- the concept of mental disorders in the early years is largely invisible--it’s not recognized in the systems and policies that provide support to this age group, nor in the pre-service training of many within those systems

Early experiences matter: The experiences a child has before starting school will influence their development and success once in school.

What we found: Early mental health and optimal development

Cumulative Growth of Social and Emotional Competence from 0 - 6

- **Self Control**
  3 - 6 years

- **Emotional Competence**
  3 - 4 years

- **Autonomy & Self Awareness**
  1 - 3 years

- **Attachment**
  Birth - 1 year

**Increased Emotional Competence and Beginnings of Conscience:**
Child gains increasing emotional control over anger and aggression, albeit, need reassurance from caregivers to cope with fear and worry. Child has capacity to follow rules and standards of behaviour, contain negative emotions, and feel successful and good about him/herself. Child also shows increasing capacity for warm/reciprocal relationships and prosocial behaviour.

**Sense of Self and Sociability Strengthens:**
Child enjoys other people and becomes capable of cooperative and joint play as a result of a number of developmental gains.

**Autonomy and Self Development:**
Time of great confusion for child and caregiver as a result of a constant “push and pull” between a child’s wish for independence and security from caregiver.

**Attachment:**
Secure attachment relationship with caregiver enables the child to explore surroundings with confidence.

Graphic Courtesy of Infant Mental Health Promotion, 2018
Key influences on social emotional development and early mental health

Risk and Protective Factors

Social Determinants of Health

Child-level
Parent/Caregiver-level
Relational
Social emotional development and behaviour

Early learning and care staff, health and allied health professionals, and parents/caregivers all reported that difficulty controlling impulsive desires, difficulty expressing feelings using language, aggressive behaviours and attention regulation were the top challenging behaviours observed among children.

<table>
<thead>
<tr>
<th>Internalizing behaviours</th>
<th>Externalizing behaviours</th>
</tr>
</thead>
<tbody>
<tr>
<td>anxiousness</td>
<td>inattention</td>
</tr>
<tr>
<td>shyness</td>
<td>hyperactivity</td>
</tr>
<tr>
<td>perfectionism</td>
<td>impulsivity</td>
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<tr>
<td>sadness</td>
<td>aggression</td>
</tr>
<tr>
<td>fatigue or low energy</td>
<td>emotional fluctuations</td>
</tr>
<tr>
<td>social withdrawal</td>
<td>low frustration tolerance</td>
</tr>
<tr>
<td>irritability</td>
<td>oppositional behaviour</td>
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Social emotional development of 3-6 year olds in formal care/education settings

The Early Development Instrument (2014/2015)
• 10.7% of children considered *vulnerable with regard to social competence*
• 12.3% considered *vulnerable with regard to emotional maturity*
• 14% considered *at-risk for social emotional vulnerabilities*
Structural factors that can influence mental health and success:

- child-to-adult ratio
- class size
- staff training & experience
- staff compensation
- access to support
- funding

“Our class sizes are too big...for some of these little ones, there’s too much noise and too many children in the room. The number of adults that children have to interact with on a daily basis is also high...so forming those relationships can be challenging for the child.” – Early Years Coordinator, Elementary Education
Current responses to challenging behaviours in early learning and care and education settings

• Lack of provincial data

• Our early learning and care provider survey (n=553)
  • 54% had *never or rarely modified participation* of a child in their education program/setting as response to manage difficult behaviours while 46% have done so with some frequency
• suspensions and expulsions are rare

• strategies used include:
  • slower integration into a program
    • modified start date
    • modified times for attending
  • specific classroom strategies
    • promoting self-regulation
    • exercising flexibility around program expectations
    • promoting increased parental/caregiver involvement
    • having increased 1:1 support for the child, using child-specific plans

Of the parents/caregivers in our survey who had experienced modifications to their child’s school day, 56% said they were provided with limited to no support/advice to cope with the situation.
Supporting positive social emotional development from the beginning
Mental health promotion and prevention

- home visiting, parenting groups, play groups, parent education events
- educators can regularly model healthy relationships and behaviours, and create and facilitate mentally healthy classrooms that are language-rich, predictable, well-managed, and engaging

To support the creation of mentally healthy classroom environments here in Ontario, SMH ASSIST has created a professional learning series and related resources for educators: https://smh-assist.ca/blog/creating-and-sustaining-mentally-healthy-classrooms/
Early recognition and assessment

- observations
- discussions with parents/caregivers
- involve entire circle of care (including primary care and allied health providers)
- standardized screening and assessment (e.g. Nipissing District Developmental Screen, Ages and Stages Questionnaire)

47% of early learning and care providers referred children to family physicians and pediatricians when there were concerns about social emotional development.
Early intervention programs

• no single program, approach or solution exists to resolve these issues BUT all programs that have been successful reflect two key program elements:
  • enhancing knowledge and skills
  • promoting quality relationships

We found a lack of consistency in the use of evidence-informed approaches and programs. Data from surveys and interviews show that 1) many different programs are being used across Ontario, and 2) in many cases, agencies are developing their own programs.
Enhancing knowledge and skills

• everyone working with children 3-6 years old
  • Pre-service and ongoing training

• parents and caregivers
  • Group parenting programs to improve and maintain children’s developmental outcomes
  • Awareness about their own mental health

• children
  • Mindfulness, strategies to support self-regulation

“(Direct service providers) need to be informed about early development. Anyone working with young children, even in universal programs, needs this.” – Researcher
Promoting quality relationships

• parent/caregiver-child
  • Parent-Child Interaction Therapy (PCIT)

• provider-provider
  • Early Childhood Mental Health Consultation (ECMHC) model

• early learning and care provider – child

While teacher-child relationships are seen as a key strategy to promoting positive mental health, only 18% of health and allied health professionals currently use teacher-child relationship training as a practice or strategy to improve child outcomes.
Limitations in this work

- lack of Ontario-based data
  - no systematic data collection on social emotional vulnerabilities/challenges among 3-6 year olds, nor on modified school participation
- biased sampling
- programs and related outcome data is largely based in the US
Recommendations
Recommendations

- 8 draft recommendations
- Workshop with group to strengthen
Recommendation 1:

• Ensure the availability of high quality preservice training and ongoing professional development on how to support social emotional development in three to six-year olds.

• Target audience: early learning and care practitioners, teachers, primary care, public health nurses, etc.

• Knowledge shared should be based on the best available, most up-to-date evidence on social emotional development and mental health in the early years.
Recommendation 2:

• Provide resources and trainings to support parents and caregivers in optimizing the social emotional development of their three- to six-year olds

• Ensure a co-developed process so that content and modality are tailored to parent/caregiver knowledge needs and preferences
Recommendation 3:

Strengthen and enhance partnerships across sectors to ensure effective communication, efficient service pathways and accountability for the provision of early mental health services.
Recommendation 4:

• Create a common policy and practice framework for the province to align efforts around infant and early mental health.

• Programs/initiatives should be evidence-informed and integrated using a planned implementation approach.
Recommendation 5:

Identify and implement standardized tools to collect data on children three to six-years-old across sectors to inform treatment planning, shape supports and provide a provincial snapshot of how our youngest Ontarians are doing.
Recommendation 6:

Provide adequate funding for the implementation, research, and ongoing evaluation of evidence-informed early mental health promotion, prevention and intervention programs.
Recommendation 7:

Ensure that children known to be vulnerable and at risk for poor social emotional development are identified early and receive regular screening and targeted support.
Recommendation 8:

- Ensure *all* children and families have access to high quality mental health services that are tailored to children from birth to six years of age.
- Embed meaningful family engagement at all levels of the organization to ensure relevance and appropriateness of services delivered.
Group discussion

• Initial thoughts or questions on content or recommendations?
• What is working in your community? What is not working so well?
• Which recommendation speaks to you and your work most strongly?
• How can we work together to action these recommendations?
Next steps

• Incorporate feedback
• Finalize and translate paper
• Launch January 2019
Thank you!

For more information, contact Purnima Sundar at psundar@cheo.on.ca