

Supporting Early Childhood Mental Health Sets Georgia's Kids Up for Success

A strong foundation is key for healthy brain development and long-term public safety & national security



Acknowledgements

Council for a Strong America is a national, bipartisan nonprofit that unites membership organizations, including law enforcement leaders, retired admirals and generals, and business executives, that promote solutions ensuring that our next generation of Americans will be successful, productive members of society.

Fight Crime: Invest in Kids

Thousands of police chiefs, sheriffs, prosecutors and violence survivors protecting public safety by promoting solutions that steer kids away from crime

Mission: Readiness

Retired admirals and generals strengthening national security by ensuring kids stay in school, stay fit, and stay out of trouble

Supported by tax-deductible contributions from foundations, individuals, and corporations.

Major funder: The John and Polly Sparks Foundation

Authors:

Sandra Bishop, Ph.D., Chief Research Officer

Megan Adamczewski, Deputy Director, Mission: Readiness

Contributors:

Graham Younger, Georgia State Director

Josh Spaulding, National Director, Fight Crime: Invest in Kids

Nancy Fishman, National Director, ReadyNation

Barry Ford, J.D., President & CEO

Tom Garrett, Director, Communications

Mariana Galloway, Art Director

June 2022

©2022 Council For A Strong America. All Rights Reserved.



9.5 to 14%
of young children
have emotional,
behavioral, or
relationship
disturbances

Early childhood mental health (ECMH) is the developing ability of young children (birth to age 5) to form relationships with adults and peers; experience, express, and manage a range of emotions; and explore the environment and learn. Warm, responsive interactions with caregivers are necessary for children's brain development and ECMH.

However, some families face challenges (e.g., substance abuse, mental illness, violence) that children endure as Adverse Childhood Experiences (ACEs). ACEs can derail early childhood development and lead to ECMH challenges. More than one-fifth of American infants and toddlers experience ACEs, and 9.5 to 14 percent of very young children have ECMH challenges (e.g., extreme sleeping difficulties, inconsolable crying, excessive hitting or biting, out-of-control tantrums, abnormal fearfulness).

ECMH challenges can have both short-term consequences (e.g., child care expulsion) and long-term consequences (e.g., decreased high school graduation, behavior problems, crime). These consequences can negatively impact community safety and national security in the long run.

Georgia policymakers must support interventions designed to prevent and treat ECMH challenges, including: home visiting programs; training for early childhood professionals; access to parent and early childhood mental health services; and developing an ECMH workforce.

What is Early Childhood Mental Health (ECMH)?

Early childhood mental health (ECMH) refers to the developing ability of young children (birth to 5) to form relationships with adults and peers; experience, express, and

manage a range of emotions; and explore the environment and learn.¹

The first few years of life are a period of rapid brain development in which one million new neural connections form every second.² This “wiring” becomes the foundation on which all later learning and development are built.

Young children’s brain development occurs in the context of warm and responsive relationships with caregivers (parents, other family members, early care and education teachers).³ For example, caregivers help shape children’s brains through “serve and return.”⁴ When the infant behaves in a certain way (e.g., gesturing) and the adult responds appropriately (e.g., eye contact, talking), it builds neural connections in the child’s brain that help him/her develop communication and social skills. When the infant experiences distress and cries, and the adult responds by comforting the infant, s/he learns, over time, how to manage his or her emotions.

ECMH Challenges

When parents or other caregivers are not able to appropriately respond to and care for young children, it can negatively impact children’s brain development. For example,

parental substance abuse or mental illness, or extreme levels of stress, may render caregivers unable to participate in the responsive relationships with their young children necessary for typical brain development. These parental challenges are experienced by the child as ACEs. ACEs cause children to experience “toxic stress,” or a prolonged or excessive activation of the body’s stress response system that can interfere with development.⁵

Unfortunately, ACEs are not rare, with 21 percent of American infants and toddlers having experienced at least one ACE.⁶ Rates of ACEs are even higher among young children of color (26 percent for Black children and 25 percent for Hispanic children, compared to 18 percent for White children) and for children from families with low incomes (31 percent, compared to 14 percent for children from higher-income families).

Related, researchers have found that approximately 9.5 to 14 percent of young children have emotional, behavioral, or relationship disturbances.⁷ These problems manifest at home and in early care and education (ECE) settings, and include behaviors such as: extreme sleeping or eating difficulties, inconsolable irritability or crying, inability to establish relationships

Early Childhood Mental Health Challenges

- extreme sleeping or eating difficulties
- inconsolable irritability or crying
- inability to establish relationships
- excessive hitting or biting
- out-of-control tantrums
- impulsive behavior
- lack of emotion
- social withdrawal
- abnormal fearfulness
- inability to adapt to new situations

with adults or peers, excessive hitting or biting, lack of emotion, out-of-control tantrums, impulsive behavior, social withdrawal, abnormal fearfulness, inability to adapt to new situations.⁸

ECMH challenges impact children's participation in ECE programs, with a shocking number of children suspended or expelled from these settings. Children in public preschool programs are more than three times as likely to be expelled as those in kindergarten through 12th grade.⁹ Children in community, faith-based, or other private ECE programs are even more likely to be expelled; researchers estimate that the risk of expulsion in child care programs is up to 13 times higher than in public K-12 schools.¹⁰

ECMH Challenges Can Have Long-term Consequences

Many children with ECMH challenges experience later difficulties. Toxic stress can have lifelong consequences, from mental health issues, to substance abuse, disease, and even early death.¹¹ ACEs can impact later parenting behavior as well: many parents who are unable to appropriately respond to and care for their young children experienced ACEs themselves.

ACEs and toxic stress can negatively impact children's school performance and decrease the likelihood of high school graduation.¹² ACEs are also a substantial risk factor for behavior problems and later involvement in crime.¹³

ECMH challenges can persist into later childhood, adolescence, and even adulthood, if young children having these challenges do not receive appropriate interventions.¹⁴ For example, a 19-year study found that children who were very



aggressive in preschool had high delinquency rates at age 23.¹⁵ In another investigation, high levels of defiance, destruction of property, deceitfulness, and peer problems in preschoolers predicted later conduct disorder,¹⁶ which is often associated with criminality in adulthood.¹⁷

ECMH Challenges Have Implications for Community Safety and National Security

The research cited above illustrates the importance of early childhood mental health for both community safety and national security. ACEs are associated with lower rates of high school graduation, which, in turn, are associated with an increased risk of criminal involvement.¹⁸ There is also a direct connection between ECMH challenges and both juvenile and adult criminal behavior. With regard to national security, a lack of a high school diploma and criminal behavior are both disqualifiers for

military service. Educational deficits, substance abuse, crime, and obesity currently prevent 73 percent of Georgia youth from qualifying for service.¹⁹

Solutions for ECMH Challenges: Prevention, Identification, and Treatment

Solutions for ECMH challenges can focus on prevention, early identification, and/or treatment. With regard to prevention, interventions to prevent or treat parental substance abuse, mental illness, extreme stress, or child abuse/neglect can prevent these conditions from impacting the young child and becoming an ACE. Interventions that support parents as responsive caregivers of their children, such as home visiting, can also help prevent ECMH challenges.

Early childhood professionals, including home visitors and ECE teachers, can be trained in ECMH to help them identify and address ECMH challenges. Training can occur in both pre-service and in-service professional development sessions.

There are also interventions specifically designed to treat ECMH challenges. ECMH consultation (ECMHC) is an evidence-based intervention in which highly-trained ECMH professionals are placed in ECE settings to work with teachers and parents to address existing ECMH issues, prevent further difficulties, and support children's mental

health.²⁰ Research demonstrates that ECMHC programs can provide benefits to both children (e. g., decreased behavior problems, fewer children expelled, improved social skills, better learning environment for all children in the class) and early childhood education staff (e. g., reduced stress, enhanced teaching skills, increased involvement with parents).

For example, a rigorous study of the Early Childhood Consultation Partnership (ECCP) in Connecticut found that, compared to teachers who did not participate, teachers who received ECCP services for three months reported a significant decrease in children's acting-out behavior in class.²¹ ECCP is also cost-effective, costing approximately \$2,000 per child, compared to \$12,000 per child for placement in a special education class.

It is also critical that young children and their parents can access mental health services, either through ECE programs or elsewhere. These services can improve mental health and provide early identification and treatment for kids struggling with trauma or challenges in early development. Services must be covered by public and private insurance, to ensure that cost is not a barrier to access. Further, to meet the demand for ECMH services, states must invest in developing an ECMH workforce.

Conclusion

By preventing, identifying, and treating ECMH challenges, we can prevent the negative short- and long-term outcomes associated with these challenges, as well as enhance community safety and bolster national security in the long run.

Endnotes

- 1** Zero to Three (2017). The basics of infant and early childhood mental health: A briefing paper. <https://www.zerotothree.org/resources/1951-the-basics-of-infant-and-early-childhood-mental-health-a-briefing-paper>
- 2** Center on the Developing Child, Harvard University (n. d.). InBrief: The science of early childhood development. <https://developingchild.harvard.edu/resources/inbrief-science-of-eecd/>
- 3** CDC (n.d.) Essentials for childhood. <https://www.cdc.gov/violenceprevention/childabuseandneglect/essentials/index.html>
- 4** Harvard Center on the Developing Child (n.d.). Serve and return. <https://developingchild.harvard.edu/science/key-concepts/serve-and-return/>
- 5** Harvard Center on the Developing Child (n.d.). Toxic stress. <https://developingchild.harvard.edu/science/key-concepts/toxic-stress/>
- 6** Zero to Three (2021). State of babies yearbook. <https://stateofbabies.org/national/2021/>
- 7** Brauner, C. B., & Stephens, C. B. (2006). Estimating the prevalence of early childhood serious emotional/behavioral disorders: Challenges and recommendations. Public Health Reports, www.ncbi.nlm.nih.gov/pmc/articles/PMC1525276/
- 8** NCSL (2019, October 9). Social and emotional development in early learning settings. <https://www.ncsl.org/research/human-services/social-and-emotional-development-in-early-learning-settings.aspx> ; Zero to Three (2017). The basics of infant and early childhood mental health: A briefing paper. <https://www.zerotothree.org/resources/1951-the-basics-of-infant-and-early-childhood-mental-health-a-briefing-paper>
- 9** Gilliam, W. S. (2005). Pre-kindergartners left behind: Expulsion rates in state pre-kindergarten programs. <https://www.fcd-us.org/prekindergartners-left-behind-expulsion-rates-in-state-prekindergarten-programs/>
- 10** Meek, S. E. & Gilliam, W. S. (2016). Expulsion and suspension in early education as matters of social justice and health equity. <https://nam.edu/expulsion-and-suspension-in-early-education-as-matters-of-social-justice-and-health-equity/>
- 11** Centers for Disease Control and Prevention (n.d.). About the CDC-Kaiser ACE Study: Major findings. <https://www.cdc.gov/violenceprevention/aces/about.html> ACEs are defined as: Abuse (emotional, physical, sexual); neglect (emotional, physical); household challenges (mother treated violently, substance abuse, mental illness, separation /divorce, incarceration); Wiss, D. A., & Brewerton, T. D. (2020). Adverse childhood experiences and adult obesity: A systematic review of plausible mechanisms and meta-analysis of cross-sectional studies. *Physiology & Behavior*. DOI: 10.1016/j.physbeh.2020.112964
- 12** E.g., Giovenelli, A., Reynolds, A. J., Mondì, C. F., & Ou, S. (2016). Adverse Childhood Experiences and adult well-being in a low-income, urban cohort. *Pediatrics*, 137 (4). <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4991352/>
- 13** E.g., Giovenelli, A., Reynolds, A. J., Mondì, C. F., & Ou, S. (2016). Adverse Childhood Experiences and adult well-being in a low-income, urban cohort. *Pediatrics*, 137 (4). <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4991352/> ; Zero to Three (2016). Planting seeds in fertile ground: Actions every policymaker should take to advance infant and early childhood mental health. <https://www.zerotothree.org/resources/1221-planting-seeds-in-fertile-ground-steps-every-policymaker-should-take-to-advance-infant-and-early-childhood-mental-health>
- 14** Center on the Developing Child (2013). Early Childhood Mental Health. <https://developingchild.harvard.edu/resources/inbrief-early-childhood-mental-health/>
- 15** Asendorpf, J. B., Denissen, J. J., van Aken, M. A. (2008). Inhibited and aggressive preschool children at 23 years of age: Personality and social transitions into adulthood. *Developmental Psychology*. <https://doi.apa.org/doiLanding?doi=10.1037%2F0012-1649.44.4.997>
- 16** Hong, J. S., Tillman, R., & Luby, J. L. (2015). Disruptive behavior in preschool children: Distinguishing normal misbehavior from markers of current and later conduct disorder. *Pediatrics*. [https://www.jpeds.com/article/S0022-3476\(14\)01116-0/fulltext](https://www.jpeds.com/article/S0022-3476(14)01116-0/fulltext)
- 17** Young, S., Taylor, E., & Gudjonsson, G. (2016). Childhood predictors of criminal offending: Results from a 19-year longitudinal epidemiological study of boys. *Journal of Attention Disorders*. <https://pubmed.ncbi.nlm.nih.gov/23204061/>
- 18** Ewert, S. and Wildhagen, T. (2011, April). Educational Characteristics of Prisoners: Data from the ACES Working Paper. U.S. Census Bureau. <https://www.census.gov/content/dam/Census/library/working-papers/2011/demo/ewert-wildhagen-prisoner-education-4-6-11.pdf>
- 19** Department of Defense. (2017, November). Qualified Military Available (QMA). Data acquired from the Office of the Under Secretary of Defense for Personnel and Readiness. Also see Jordan, M. (2014, June). Recruits' ineligibility tests the military. *Wall Street Journal*. <https://www.wsj.com/articles/recruits-ineligibility-tests-the-military-1403909945>
- 20** Zero to Three (2017). Early childhood mental health consultation Policies and practices to foster the social-emotional development of young children. <https://www.zerotothree.org/resources/1694-early-childhood-mental-health-consultation-policies-and-practices-to-foster-the-social-emotional-development-of-young-children>
- 21** Gilliam, W. S., Maupin, A. N., & Reyes, C. R. (2016). Early childhood mental health consultation: Results of a statewide random-controlled evaluation. *Journal of the American Academy of Child and Adolescent Psychiatry*, 55, 754-761. <https://pubmed.ncbi.nlm.nih.gov/27566116/>

Council for a Strong America is a national, bipartisan nonprofit that unites membership organizations, including law enforcement leaders, retired admirals and generals, and business executives, that promote solutions ensuring that our next generation of Americans will be successful, productive members of society.

1025 Connecticut Avenue NW / Suite 1100 / Washington, DC 20036 / 202.464.7005

