

How can young children's mental health be promoted in the early years within the Early Years Foundation Stage?

Anita Soni
Educational Psychologist and Early Years Trainer

Introduction

This article examines how the Early Years Foundation Stage (2007) can be used as a vehicle for the promotion of good mental health by practitioners working with children aged birth to five years in England. Interest in mental health and well-being in young children has been on the increase over recent years, with increased pressure on specialised services such as Child and Adolescent Mental Health Services (CAMHS). There is also heightened media interest in children's mental health, as indicated by headlines such as:

'Children, five, suffer mental health crises' (The Guardian, 27th February, 2007)

The Guardian article reports an 'alarming decline' in the mental health of UK adolescents, with rates of depression and anxiety increasing by 70% in the last 25 years. It draws upon statistics showing that, at any one time in the UK, one in ten children under 16 years of age has a clinically diagnosed mental health disorder (British Medical Association (BMA 2006).

What is mental health?

It is important to understand the term 'mental health', and recognise the tendency to focus on problems rather than trying to promote mental health. Indeed, the term 'mental health problems' is used to describe a wide range of issues, from the worries and concerns of everyday life, to severe and debilitating disorders such as depression (BMA 2006).

The DfES (2001) *Guidance on Promotion of Mental Health within Early Years and Schools Settings* defines children who are mentally healthy as those who:

- develop psychologically, emotionally, intellectually and spiritually;
- initiate, develop and sustain mutually satisfying personal relationships;
- use and enjoy solitude;

- become aware of others and empathise with them;
- play and learn;
- develop a sense of right and wrong; and
- resolve (face) problems and setbacks and learn from them.

(DfES 2001: 1)

The DfES definition expands upon the NHS Health Advisory Service (1995) definition to include solitude, playing and learning and understanding right and wrong. This should illustrate a shared understanding of what good mental health means in both health and education. However education rarely seems openly to use the term mental health and OfSTED (2005) commented that mental health is a term used in health and social care, whereas education tends to use the term 'emotional health and well-being'. Indeed OfSTED has commented on the difficulties that result from this lack of shared understanding.

How is mental health conceptualised in the Early Years Foundation Stage (EYFS) ?

The *Early Years Foundation Stage* (EYFS) does not appear explicitly to address the promotion of good mental health. It builds on the earlier approaches in the *Curriculum Guidance for the Foundation Stage* (QCA/DfEE 2000) and in particular the *Birth to three Matters Framework* (Sure Start 2003). The EYFS implicitly addresses mental health definitions within its four principles, sixteen commitments and the area of learning and development; Personal, Social and Emotional Development (PSED).

This can be illustrated by examining one of the four principles of the EYFS which shows links to the DfES (2001) definition of mental health;

Positive relationships – children learn to be strong and independent from base of loving and secure relationships with parents and/or a key person' (DfES 2007: 5)

The four principles are each broken down into four commitments describing how the principles can be put into practice. Many of the sixteen commitments also make reference to the DfES (2001) definition of mental health such:

1.3 Keeping Safe;

1.4 Health and Well-Being;

2.4 Key Person.

Research links are available for the principles and commitments in the curriculum via the EYFS CD-Rom. This includes links to the EPPE Project (Sylva *et al.* 2003), DfES (2004) *Guidance on What Works in Promoting Children's Mental Health* and supporting documentation and guidance such as the *Social and Emotional Aspects of Learning* (SEAL) materials. Therefore, there are materials and resources included in the EYFS that can be used to promote good mental health in children.

The EYFS also addresses mental health promotion within the area of learning and development in Personal, Social and Emotional Development (PSED). The DfES (2004) *Review of What Works in Promoting Children's Mental Health* explicitly links promotion of good mental health to PSED by stating that the key *Sure Start* performance target for mental health promotion is:

an increase in the proportion of young children achieving normal levels of personal, social and emotional development' (DfES 2004: 1)

Why is mental health not directly referred to in the *Early Years Foundation Stage*?

Whilst there is no single explicit reference to mental health in the EYFS, there are principles and commitments that do reflect similarities to the definitions of mental health by the NHS Health Advisory Service (1995) and the DfES (2001). This can be interpreted in a number of ways:

- the promotion of good mental health was overlooked as a specific item;
- the promotion of good mental health is implicit in the EYFS documentation and as a result does not need to be explicitly included; or
- the promotion of good mental health is not an appropriate term to use in the curriculum.

The way the promotion of good mental health is conceptualised within the EYFS appears to reflect a view that mental health should not be explicitly linked to young children and their practitioners and, instead, is something that should be encouraged through the underpinning philosophical approach. Indeed the principles are there to

'guide the work of all early years practitioners' (EYFS Statutory Framework, p.8) and the commitments demonstrate how the principles can link to practice

How can practitioners promote good mental health in young children?

It is interesting to note that the *Early Learning Goals* (ELGs) for PSED have a direct overlap with the DfES (2001) definition of mental health promotion as shown in Table 1.

Table 1

Links between the aspects of PSED, Early Learning Goals of PSED and DfES (2001) definition of mental health

Aspect of PSED	Early Learning Goals	Links to DfES (2001) definition of mental health
Dispositions and attitudes	Be confident to try new activities, initiate ideas and speak in a familiar group. Maintain attention, concentrate, and sit quietly when appropriate	resolve (face) problems and setbacks and learn from them.
Self-confidence and self-esteem	Respond to significant experiences, showing a range of feelings when appropriate. Have a developing awareness of their own needs, views and feelings, and be sensitive to the needs, views and feelings of others. Have a developing respect for their own cultures and beliefs and those of other people.	develop psychologically, emotionally, intellectually and spiritually;
Making relationships	Form good relationships with adults and peers. Work as part of a class, taking turns and sharing fairly, understanding that there needs to be agreed values and codes of behaviour for groups of people, including adults and children, to work together harmoniously.	initiate, develop and sustain mutually satisfying personal relationships;
Behaviour and self-control	Understand what is right, what is wrong, and why. Consider the consequences of their words and actions for themselves and others	develop a sense of right and wrong become aware of others and empathise with them;
Self-care	Dress and undress independently and manage their own personal hygiene Select and use activities and resources independently	play and learn
Sense of community	Understand that people have different needs, views, cultures and beliefs, that need to be treated with respect. Understand that they can expect others to treat their needs, views, cultures and beliefs with respect.	become aware of others and empathise with them initiate, develop and sustain mutually satisfying personal relationships

The seven parts of the DfES (2001) definition are directly addressed by the PSED ELGs with the exception of 'using and enjoying solitude'. Therefore, if early years practitioners support children in working towards the *Early Learning Goals* in

Personal, Social and Emotional Development (PSED) they will be promoting good mental health in young children. In addition practitioners should also ensure that they address the sixteen commitments and in particular the following key commitments:

Young children are vulnerable. They develop resilience when their physical and psychological well-being is protected by adults. (in 1.3 Keeping Safe)

Children's health is an integral part of their emotional, mental, social, environmental and spiritual well-being and is supported by attention to these aspects. (1.4 Health and Well-being)

A key person has special responsibilities for working with a small number of children, giving them the reassurance to feel safe and cared for and building relationships with their parents. (2.4. Key Person)

Conclusion

This implicit guidance for practitioners on ways to promote good mental health in young children conflicts with the EPPE findings (Sylva *et al.* 2003) that practitioners in high quality settings need to have good knowledge of the curriculum and how children learn. A practitioner can have good knowledge of the curriculum but may be unaware, given the implicit nature of the message, that they can and do play a vital role in promoting good mental health in children.

The EYFS presents a golden opportunity for practitioners in England to link together information, from the media and the government, concerning the increased incidence of mental health problems and their important role in supporting children in this area. This opportunity is not altogether lost if organisations supporting the implementation of the EYFS recognise and reinforce this link. They need to support practitioners to understand the central importance of their role in promoting young children's mental health and actively promoting good mental health in children.

Have you experience of these issues? Do you agree with Anita about this 'golden opportunity'? How do you

promote good mental health in the children (and adults) with whom you work?

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