

Parenting and its Effect on the Development and Prevention of  
Early Childhood Mental Health Problems:  
A Critical Review of the Literature

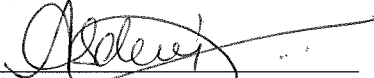
By

Nancy Melquist

A Research Paper  
Submitted in Partial Fulfillment of the  
Requirements for the  
Master of Science Degree  
in

Family Studies and Human Development

Approved: 2 Semester Credits

  
Sadguna Anasuri, Ph.D., CFLE

The Graduate School  
University of Wisconsin-Stout

July, 2009

**The Graduate School  
University of Wisconsin-Stout  
Menomonie, WI**

**Author:** Melquist, Nancy J.

**Title:** *Parenting and its Effect on the Development and Prevention of Early  
Childhood Mental Health Problems: A Critical Review of the Literature*

**Graduate Degree/Major:** MS Family Studies and Human Development

**Research Advisor:** Sadguna Anasuri, Ph.D., CFLE

**Month/Year:** July, 2009

**Number of Pages:** 38

**Style Manual Used:** American Psychological Association, 5<sup>th</sup> edition

ABSTRACT

Mental health is just as important to children, parents and families as physical health. All children deserve the same attention to their mental health development as is given to their physical development. Addressing children's mental health needs today can mean healthier children, families and communities tomorrow. Research suggests that emotional and behavioral problems in early childhood tend to continue into middle childhood and then into adolescence and may later predict social and academic problems or other difficulties such as substance abuse. Among others, research indicates that parenting and the parent-child relationship can affect a child's mental health development and help prevent mental health problems during early childhood.

The purpose of this paper is to review literature and research on parenting and its effect on the development and prevention of early childhood mental health problems. Specific areas

addressed in this paper include defining children's mental health, identification of risks to the development of children's mental health, defining the importance of the parent-child relationship as it relates to a child's mental health, and suggestions of activities (prevention) that can reduce children's mental health risks and build protective factors for children. An analysis of the literature, limitations of the available literature, and a summary detailing conclusions of the literature review and recommendations are also included in this paper.

## TABLE OF CONTENTS

	Page
.....	
ABSTRACT.....	ii
Chapter I: Introduction.....	1
<i>Statement of the Problem</i> .....	1
<i>Purpose of the Paper</i> .....	2
<i>Assumption and Layout</i> .....	3
<i>Definition of Terms</i> .....	3
Chapter II: Literature Review.....	6
<i>Children's Mental Health</i> .....	6
<i>Risks to the Development of Children's Mental Health</i> .....	11
<i>Parent-Child Relationships</i> .....	13
<i>Prevention Activities and Protective Factors</i> .....	18
Chapter III: Discussion.....	25
<i>Limitations of the Literature Review</i> .....	25
<i>Conclusions and Recommendations</i> .....	26
References.....	31

## Chapter I: Introduction

Parents are a child's first and most influential and important teachers. Children do not come with guidelines for raising and most people would agree that parenting is the most difficult, albeit enjoyable, job a person can have. Every child has the right to a healthy start in life. However, children are born into families with different strengths and challenges, which results in a variety of childhood experiences.

In this paper I will explore what impact parenting has on the development and prevention of children's mental health (social-emotional development) problems. Families are considered systems of interconnected and interdependent individuals, none of whom can be understood in isolation from the system. Most of the research in this area is based on the family systems theory, that believes that individuals cannot be understood in isolation from one another, but rather as a part of their family; and family in turn, as an emotional unit. Other researchers (Bayer, Sanson, & Hemphill, 2006) suggest that attachment theory and social learning theory are important for predicting and understanding how parenting might impact children's emotional development.

### *Statement of the problem*

Mental health is just as important to children, parents and families as physical health. All children deserve the same attention to their mental health development as is given their physical development. Addressing children's mental health needs today can mean healthier children, families and communities tomorrow. Behavioral problems affect up to 20% of children and have cumulative personal, societal, and economic ramifications (Hiscock et al., 2008). Research suggests that emotional and behavioral problems in early childhood tend to continue into middle childhood and adolescence and may later predict social and academic problems or other difficulties such as substance abuse.

Unfortunately, for some children there are obstacles for receiving the social-emotional support they need in order to thrive. Some of the obstacles include parents struggling with their own personal mental health issues, parental substance abuse issues, poverty, family violence, and gaps in resources and services to support child mental health.

Parenting is the process of raising and educating a child from birth to adulthood. Usually, parents provide for a child's physical needs, protect them from harm, and impart in them skills and cultural values until they reach adulthood. Parental duties include providing security and development in physical, intellectual, and emotional matters. Children need us more than ever during their vulnerable early childhood years, in order that their lives will become more functional, healthy, and productive. Parents need to help their young children achieve their maximum potential (the health and well-being) that they deserve and require (Brauner & Stephens, 2006).

#### *Purpose of the paper*

This literature review was prompted by my passion for parent education along with the desire to discover what I can do to provide parents with the necessary tools to help their children reach their potential in regard to their social-emotional development. Through the critical literature review, I acquired a broader knowledge base about the impact of parenting on children's mental health. I therefore believe to have the ability to plan and offer classes, workshops and in-services for parents on the topic of the importance of social-emotional development.

I have always had a keen interest in the subject of parenting and parent education. I initially became interested in pursuing a parent education license at the University of Minnesota because of my unique childhood and the manner in which I was raised. Another reason for my

interest in the area was due to my own parental role. I have witnessed first-hand the profound impact positive parenting can have on the successful development of my own children's social-emotional development.

### *Assumption and layout*

The basic assumption of the literature review is that many early childhood mental health problems can be prevented. Even non-preventable mental health disorders can be improved through early identification and intervention. My exploration of the topic of parenting and its effect on the development and prevention of children's mental health includes a summary of related literature as well a few personal observations from over twenty-four years of working experience in the field of parent and family education. My own reflections will be minimal and expressed with the understanding that they are my own beliefs and may not hold true for everyone reading this paper.

Areas addressed in this paper include:

1. Defining children's mental health
2. Identification of risks to the development of children's mental health
3. Defining the importance of the parent-child relationship as it relates to a child's mental health
4. Suggestions of activities (prevention) that can reduce children's mental health risks and build protective factors for children.

### *Definition of terms*

In order to understand this literature review, there are a few definitions with which one needs to become familiar.

Mental Health: A Report of the Surgeon General (2000) defines mental health, mental health problems and mental illness in the following way:

*Mental health* – a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and cope with adversity.

*Mental health problems* – signs and symptoms of insufficient intensity or duration to meet the criteria for any mental health disorder. Mental health problems may warrant active efforts in health promotion, prevention and treatment.

*Mental illness* – all diagnosable mental disorders, health conditions characterized by alterations in thinking, mood or behavior (or some combination thereof) associated with distress and/or impaired functioning.

The Minnesota Association for Children's Mental Health (2009) lists the following mental health disorders that children may exhibit:

1. Anxiety Disorders (generalized anxiety disorder, phobias, social phobias, panic disorder, and post-traumatic stress disorder)
2. Attention Deficit Hyperactivity Disorder (ADHD)
3. Bipolar Disorder (Manic-Depressive Illness)
4. Depression
5. Obsessive Compulsive Disorder (OCD)
6. Oppositional Defiant Disorder (ODD)
7. Reactive Attachment Disorder

The disorders listed above are common disorders but not an exhaustive list. I have not gone into detail defining the terms because the focus of this paper is not on the mental health disorders



themselves, but rather the impact of parenting and its effect on the development and prevention of the mental health disorders.

According to Bayer, Hiscock, Ukoumunne, Price and Wake (2008) mental health problems in children primarily consist of “externalizing” (aggression, oppositional defiance) and “internalizing” (anxiety, depression, withdrawal) behavior problems.

Another important term to define is *social-emotional development* (also referred to as *early childhood mental health*). According to Parlakian and Seibel (2002) early childhood mental health refers to the capacity of a child (from birth to 5) to:

- experience, regulate and express emotion
- form close and secure interpersonal relationships
- explore the environment and learn

all in the context of family, community and cultural expectation for young children.

The term *mental health* will be used in the paper with the understanding that it is synonymous with social-emotional development. The term *parents* will include key adults who play a central role in a child’s life, for example; grandparents, sibling, foster parents, and/or court appointed guardians.

## Chapter II: Literature Review

When conducting this literature review, it was assumed that there would be enough valuable research in the areas of children's mental health, identification of risks to the development of children's mental health, defining the importance of the parent-child relationship as it relates to a child's mental health, and suggestions of activities (prevention) that can reduce children's mental health risks and build protective factors for children.

This literature review was conducted on the assumption that previous research had been conducted on early childhood mental health, and to what degree parenting contributes to a child's mental health. Learning to parent is made up of learning from mistakes as well as from successes in parenting. Parenting is a process of trial and error – when something goes wrong, parent must revisit their parenting approach in order to remedy the situation.

### *Children's mental health*

What is meant by children's mental health? The word health in the term includes the critical skills children need to participate in learning activities and to thrive in all areas of life – including the regulation of emotions and behavior; the development of trust and empathy; the establishment of a healthy degree of autonomy; and the development of self-efficacy (Erickson & Watson, 2007). According to Erickson and Watson, these foundational strengths develop through the ongoing parent/caregiver interactions and child interactions. These strengths are shaped by factors those within the child, the parents (including parental mental health), family, neighborhood, and society. Erickson and Watson stated that all subsequent learning and development build on these foundations.

The National Scientific Council on the Developing Child (2007) indicates that childhood

mental health can be considered to be synonymous with social-emotional development. Social-emotional development includes the ability:

- To understand one's own feelings
- To accurately read and understand emotional states in others
- To manage strong emotions in a constructive manner
- To regulate one's own behavior
- To develop empathy for others
- To establish and sustain relationships with peers and adults

Children can develop emotional or mental health problems at any age. No single factor places young children at elevated risk for mental health problems. It is the accumulation and interaction of these factors that influences children's mental health (Breitenstein et al., 2007). According to Hiscock et al. (2008) if mental health problems in young children are left untreated, up to 50% of behavioral problems in preschool children develop later into serious conditions including depression, conduct disorder and oppositional defiant disorder.

Many people are surprised by the idea that young children (even infants) can possess mental health. It is also surprising that very young children can develop mental health problems that could contribute to major disorders in the future. In some cases, mental health problems in young children can result in serious consequences for early learning, social competence, and lifelong health (National Scientific Council on the Developing Child, 2008).

Development during early childhood illustrates that in some children, mental health problems may begin early and continue to adolescence and adulthood. Diagnosing young children with mental health problems is a challenge, yet many children show clear characteristics of anxiety disorders, attention deficit/hyperactivity disorder, conduct disorder, depression post-

traumatic stress disorder and other mental health problems at a very early age (National Scientific Council on the Developing Child, 2008).

Emotional disturbances can negatively affect many aspects of children's lives including family interactions, school success, chemical health and social connections. The term serious emotional disturbance refers to a diagnosed mental health problem that seriously disrupts a child's ability to function socially, academically, and emotionally (Brauner & Stephens, 2006). Research (Brauner & Stephens, 2006; Webster-Stratton & Reid, 2004) has indicated that children's emotional, social and behavioral adjustment is as important for school success as cognitive and academic preparedness. On a similar note, Breitenstein, et al. (2007) found that emotional and social difficulties in the first 5 years of life can have long-term consequences because they can affect learning, school achievement, and peer relationships in later childhood.

Research further highlights the importance of the first three years of life for school readiness, but also the important role that social-emotional health plays in preparing a child to complete cognitive tasks (Brauner & Stephens, 2006; Sanders, 2003). Sanders found that children are at greater risk for negative developmental outcomes, including behavioral problems, if they fail to acquire core language competencies and impulse control during the early childhood years. Brauner and Stephens suggest that emotions begin much earlier than thought and language. Emotion is the key factor occurring within the context of the earliest relationship that forms the basis for all future development. The United States Department of Health and Human Services (2000) recommends steps to ensure the emotional health of infants, not only to help with school readiness, but also to strengthen families and enable children receive maximum support from their teachers.

According to the Substance Abuse and Mental Health Services Administration (2007), the official definition of children who have serious emotional disturbance refers to persons from birth to age 18 who currently or at any time during the past year have had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within the *Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition (DSM-IV-R). Brauner and Stephens (2006) define children who have mental health issues as those who suffer from functional impairment which substantially interferes with or limits the child's role or functioning in family, school or community activities. An example of such emotional disturbance can be aggression during early childhood. The prevalence of aggressive behavior in preschool and early school-age children is about 10% and may be as high as 25% for children who are socio-economically disadvantaged (Webster-Stratton & Reid, 2004).

National statistics confirm the growing prevalence of mental health problems among children. According the United States Surgeon General, approximately 20% of children and adolescents in the United States experience symptoms of a mental health problem, and 7% have extreme functional impairment (Dodge & Tolan, 2005). Estimates of the number of children who have mental health disorders range from 7.7 million to 12.8 million. The prevalence of emotional/behavioral disturbance on children 0-5 years of age is in the range of 9.5% to 14.2% (Brauner & Stephens, 2006). Children with mental health concerns are at significantly greater risk for behavioral, social, familial, and academic difficulties.

Although many mental health disorders surface during the school and adolescent years, some children can have problems as early as their infant, toddler and preschool years. The behaviors and characteristics associated with mental health problems in the early childhood years

are often markedly different from those seen in older children and adults with psychological difficulties (National Scientific Council on the Developing Child, 2008).

Infant mental health is essential for the optimal growth and social-emotional, cognitive, and behavioral development of the child along with unfolding relationship between infant and parent (Center for Early Education and Development, 1998). The field of infant mental health is relatively new and there are few clinicians trained in relationship-based mental health promotion, prevention and intervention practices. There is a wide range of individual differences among young children that makes it difficult to distinguish from variations of typical behavior from persistent behavioral problems, or normal differences in maturation from developmental delays (National Scientific Council on the Developing Child, 2008).

The publication *From Neurons to Neighborhoods* (2000) suggests that young children are capable of deep and lasting sadness, grief and disorganization in response to trauma, loss, and early personal rejection (Shonkoff & Phillips, 2000). Young children respond to traumatic events and emotional experiences in ways that are different from adults (National Scientific Council on the Developing Child, 2008).

The human and financial cost of not addressing children's mental health is large. Child and adolescent mental health disorders, more so than any other illnesses, have long withstanding costs to society in the form of lost economic productivity and disrupted communities (Belfer, 2008). Child mental health problems often persist into adulthood, and most adult mental health disorders are preceded by child mental health problems. Up to 50% of all adult mental health disorders have their onset in adolescence (Belfer). Half of all lifetime cases of diagnosable mental illnesses begin by the age of 14 and three-fourths by age 24 (Brauner & Stephens, 2006).

Research has shown that the beginning of early onset emotional/behavioral problems in young children is related to a variety of health and behavioral problems in adolescence.

*Risks to the development of children's mental health*

Glenace Edwall, Director of the Children's Mental Health Division at the Minnesota Department of Human Services, suggests that the top two items that predict children's mental health issues are poverty and maternal depression (Edwall, 2007). Research shows that up to 36% of low income preschool children exhibit significant behavior problems (Breitenstein et al., 2007). Breitenstein et al. found that poverty, single parenthood, and living in conditions that are unsafe and under-resourced, make parenting more challenging and stressful which in-turn increase the risk for poorer emotional and social outcomes for young children.

As suggested by Edwall (2007), maternal depression can have a major impact on a child's mental health. Bayer et al. (2008) found that maternal stress and harsh discipline practices were consistent and cumulative factors of aggression and oppositional defiance problems over the first three years of life. Bayer et al. also found that key predictors of early childhood depression and anxiety appeared to be having no older siblings, maternal stress, anxiety, harsh discipline, parenting, and single parent or paternal conflict. Child abuse/neglect is another risk factor that can produce emotional/behavioral disorders in children (Brauner & Stephens, 2006).

It can be confusing for parents to sort out the difference between normal child behavior, phases, and signs of emotional or mental health problems. Child developmentalists underscore the preschool years as a time of tremendous brain development. Between the ages of 2 and 5, children learn to talk, develop hand and eye coordination, and learn how to interact with others. The number of connections between brain cells (synapses) and neurotransmitter receptors reach their peak at the age of 3, while the brain's metabolic rate peaks between ages 3 and 4 (Harvard

Mental Health Letter, 2008). Mental disorders adversely affect brain development. A Harvard study published in 2005 established that half of all mental health disorders that meet *Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition (DSM-IV-R) criteria start by age 4 (Harvard Mental Health Letter).

Studies (Sanders, 2003; Paterson & Sanson, 1999) indicate that family risk factors such as poor parenting, family conflict and marital discord are early predictors for the development and maintenance of behavioral and emotional problems in children and adolescents. Paterson and Sanson investigated the relation among a child's temperament, parenting, family functioning and "goodness of fit" in predicting problem behavior and social skills in young children. From the study results, it appears that high temperamental persistence, "good fit" between parent demands and child characteristics, and high parental warmth, are factors which increase a child's chances of developing skilled social behavior. Sanders discovered that parents generally receive very little preparation for parenting children, beyond the experience of having been raised by their own parents. Parents typically learn to parent on-the-job through trial and error. Family conflict and inadequate parenting are risk factors associated with a wide variety of adverse developmental outcomes in children.

Research suggests that many children's emotional problems are affected by parenting practices, so it is important to offer parent programs that aim to reduce the families' use of inconsistent and harsh parenting strategies (Webster-Stratton & Reid, 2004). Brenner and Fox (1998) studied a United States urban sample of 1,056 one to five year-olds and found that harsh discipline was most strongly associated with explaining 13% of the variability in early childhood externalizing problems, and over 24% of variability was explained by combined parenting and family factors. In a longitudinal study focusing on early childhood internalizing problems, Bayer,



Sanson, and Hemphill (2006) intensively studied an Australian community (N=112) of children ages 2-4 years. Bayer et al. discovered that the direct predictors of early internalizing difficulties were parenting practices (more over-involved/protective and less warm-engaged) and maternal anxiety/depression, explaining up to 22% variability. The consistent and cumulative predictors of early childhood externalizing and internalizing difficulties in the Australian study were parent distress and negative parenting practices (Bayer et al., 2008). Bayer et al. argue that prevention strategies which address early childhood mental health risk factors and commence early in childhood are urgently needed.

Sanders (2003) suggests that “children’s risk of developing severe behavioral and emotional problems is reduced by teaching parents to use naturally occurring daily interactions to teach children language, social skills and developmental competencies and problem solving skills in an emotionally supportive context” (p. 5). In addition to parenting behaviors, parent characteristics have been associated with children’s internalizing behaviors such as anxiety and depression. Bayer et al (2006) found that parenting practices also have the potential to mediate negative effects of life stress on children. In another longitudinal population study focused on total behavior problems (rather than on externalizing versus internalizing), Pike, Iervolino, Eley, Price and Plomen (2006) followed more than 5,000 children birth to four years. Pike et al. discovered that maternal depression and feelings, home chaos and discipline were the dominant predictors of behavior problems.

#### *Parent-child relationships*

Research has shown that parenting and family relationships play a key role in children’s development, including a child’s social-emotional development (The Shubert Center for Child Studies, 2009). The Center has stated that parent-child relationships and family process seem to

play an important part of the development of behavior and emotional problems in young children, as well as predicting behavioral and emotional disorders later in childhood and adolescence. On a similar note, Paterson and Sanson (1999) suggest that parental behavior is also an important contributor to children's social behavior. They argue that high levels of parental warmth, as reflected in displays of affection and feelings of closeness to the child, have an impact on a child's social competence if coupled with adequate parental control.

Describing parenting styles, Denham, Mitchell-Copeland, Strandberg, Auerbach and Blair (1997) proposed that parents may fit two types:

1. "Coaches" – they are aware of emotions (particularly negative ones), talk about their children in a differentiated manner, and assist their children in experiencing and regulating them.
2. "Dismissers" – they want to be helpful but ignore or deny their children's experience of emotions, distracting them from emotions which are "to be dealt with" (p. 68).

Denham et al. found that mothers who are coaches rather than dismissers have children who show greater emotional competence. Parents who were better coaches of their children's emotions had children who understood emotions better.

During the early 1960s, psychologist Diana Baumrind conducted a study on more than 100 preschool-age children (Baumrind, 1967). Using naturalistic observation, parental interviews and other research methods, Baumrind suggests that the majority of parents display one of three different three parenting styles; the permissive parent, the authoritarian parent and the authoritative parent. The permissive parent attempts to behave in a non-punitive, acceptant and affirmative manner towards the child's impulses, desires, and actions. Permissive parenting

produces children who have poor emotion regulation, are rebellious and defiant when desires are challenged, exhibit low persistence to challenging tasks, and display antisocial behaviors.

The authoritarian parent attempts to shape, control, and evaluate the behavior and attitudes of the child in accordance with a set standard of conduct. The authoritarian parent values obedience as a virtue and favors punitive forceful measures. Children raised with an authoritarian parenting style have an anxious, withdrawn, and unhappy disposition, poor reactions to frustration, do well in school, and are likely to engage in antisocial activities.

The authoritative parent attempts to direct the child's activities but in a rational manner. The parent encourages verbal give and take, and shares with the child the reasoning behind any redirection or discipline. Children, who have authoritative parents exhibit lively and happy dispositions, are self-confident about their ability to master tasks, have well developed emotion regulation and social skills, and are less rigid about gender-typed traits (Baumrind, 1967).

Continuing research on the subject, Maccoby and Martin (1983) added a fourth parenting style; neglectful. Neglectful parenting is also called uninvolved, detached, dismissive, or hands-off. Parents who are neglectful are focused on their own needs more the needs of their own children. Children of neglectful parents often have low self-esteem, are immature and tend to be socially incompetent.

Mental health of young children is strongly influenced by their relationships and the support or risks these relationships offer (National Scientific Council on the Developing Child, 2008). It was found that supportive, warm, caring, nurturing, emotional interactions with infants and young children help the central nervous system grow appropriately. Bayer et al. (2006) suggests that “positive” (warm-engaged, nurturing, receptive to children’s communications, and encouraging autonomy) parenting practices allow children to explore, reason and make their own

decisions. They further elaborated that such parenting practices coupled with children's emotional development encourage children's internal beliefs that they are valued and that caregivers are a secure base from which to explore and a safe haven in times of stress.

Conversely so, unpleasant interactions with parents may evoke emotional distress in children who learn that primary relationships do not provide support and a safe haven. Such parenting teaches children that the world includes many dangers and might prevent children from learning how to successfully cope with stress (Bayer et al.).

Typically, parents serve as their child's primary caregivers and have the responsibility to provide the necessary interactions with their young children in order for their children's emotional and behavioral development to thrive. "Parental modeling of expressive styles and emotional responsiveness to child emotions are important predictors of preschoolers' emotional competence and their overall social competence" (Denham et al, 1997, p. 65). Parental use of giving explanations to and reasoning with children (inductive reasoning) also models appropriate behavior and has been linked to reduced anti-social tendencies and pro-social behavior (Paterson et al., 1999)

Recent research studies (Brazelton & Greenspan, 2000; Hartman, Stage, & Webster-Stratton, 2003) have found that family patterns that undermine nurturing care can lead to compromise in both emotional and cognitive capacities. The most important learning that takes place in the early years is provided through human interaction. Relationships enable a child to learn and think. Because parents are heavily involved in young children's social environment and serve as their child's primary social agent, parenting practices are crucial components in shaping young children's behavior. Parents' appropriate responsiveness to children's positive affect and distress can be important contributors to optimal child functioning. Research on early childhood

anxiety, depression, peer withdrawal and insecure attachment reveal several common themes regarding links of behaviors to parenting (Bayer et al., 2006; Denham et al., 1997).

A large and growing body of research supports the importance of the parent-child relationships and its impact on the healthy growth and development of the child (Bayer et al., 2006; Brauner & Stephens, 2006; Denham et al., 1997; Parlakian & Seibel, 2002). Healthy early development depends on nurturing relationships and dependable relationships. Positive adult-child relationships allow children to view themselves as capable, use adults for comfort and support, make friends, and concentrate and attend to learning situations. In contrast, inconsistent, unreliable or unavailable adult-child relationships can lead to aggressive, non-compliant, distracted children who avoid contact with adults and have difficulty solving problems. Past and current research has proved that how children feel is as important as how they think, and how they are treated is as important as what they are taught.

Paying attention to and positively reinforcing a child's emotions by accepting them, acknowledging them and responding to meet the child's needs may pave the way for children to learn more about the emotions of themselves and others, thus increasing their social competence (Denham et al., 1997; Parlakian & Seible, 2002; Webster-Stratton & Reid, 2004). Denham et al. suggest a child's social-emotional skills drive a child to learn to communicate, connect with others, resolve conflict, and cope with challenges. They give a child the confidence he or she needs to reach goals, and the ability to persist in the face of difficulty. Parlakian & Seibel state that social competence enables children to experience, regulate and express emotions; form close and secure interpersonal relationships; and explore the environment and learn. Research by Webster-Stratton and Reid (2004) shows that children with lower emotional and social competencies are more frequently found in families where parents express greater hostile

parenting, engage in more conflict, and give more attention to children's negative behavior rather than the positive behavior.

Research found that the way in which parents respond emotionally to their children appears to have an impact on their children's emotional competence (Denham et al., 1997; Webster-Stratton & Reid, 2004). Webster-Stratton and Reid found that children whose parents are emotionally positive and attend to pro-social behaviors are more likely to be able to self-regulate and during conflict situation, they respond in nonaggressive ways. On a similar note, Denham et al., suggest that children with parents who were more negative appeared less socially competent in preschool, and children whose parents were more affectively positive tended to display more positive emotion with peers.

#### *Prevention activities and protective factors*

Founder of ecological systems theory, Uri Bronfenbrenner states, "every child needs one person who is crazy about him". The powerful influences of early relationships show how much the emotional well-being of young children is directly tied to the emotional functioning of their caregivers and the families in which they live (National Scientific Council on the Developing Child, 2008). Children can be protected through the early identification of their emotional needs and having access to nurturing relationships with supported and skilled caregivers as well as preventive mental health services.

Good childhood mental health care provides both prevention and intervention. Early identification and treatment of mental health problems can improve children's well-being and can help prevent more serious difficulties in later life. Emotional and behavioral problems in early childhood tend to predict problems in later childhood, adolescence and adulthood (The Shubert Center for Child Studies, 2009). Interventions aimed at families of young children held

potential for prevention. Appropriate, successful mental health intervention can mean better readiness for learning in school, which is a powerful prevention strategy for later social and behavioral problems. Focusing on promotion and prevention efforts for children and their parents increases the likelihood that mental health problems in children will be addressed early, before they can evolve into full-blown mental illnesses (U.S. Department of Health and Human Services, 2007).

The Senate Appropriations Subcommittee on Labor, Health and Human Services, and Education believes that research-based prevention and wellness promotion efforts that strengthen parenting and enhance child resilience in the face of adversity can have a significant impact on the mental health of children and youth. Promotion and prevention are key elements of a public health approach to mental health. The underlying premise of a public health approach is that it is inherently better to promote health and to prevent illness before an illness begins (U.S. Department of Health and Human Services, 2007).

Uncertain first-time parents and those struggling with their own mental health issues, substance abuse, or other problems, can benefit from such promotion and prevention resources. Parent education, parent support and parent counseling programs can help parents who often feel unprepared or uncertain about being a parent. Parent training programs have been the single most successful treatment approach to date in reducing behavior problems such as oppositional defiant disorder (ODD) and conduct disorder (CD) in young children (Webster-Stratton & Reid, 2004).

Evidence is found that effective mental health interventions help parents feel good about themselves while teaching them skills that support their children's well-being. The Chicago Parent Program is an example of an effective parenting program that helps parents foster a

healthy social-emotional development for their children. The Chicago Parent Program is a 12-session group-based parenting program created in collaboration with an advisory group of African American and Latino parents from economically diverse neighborhoods in Chicago (Breitenstein et al., 2007). Community-based parenting programs, such as the Chicago Parent Program, have shown to improve parenting and skills and decrease child behavior problems without stigmatizing families and their young children. Breitenstein et al. recognized that “The goal of parenting interventions such as the Chicago Parent Program is to build on parents’ strengths, promote greater parenting skill and confidence, improve communication, and ultimately, reduce mental health problems in young children.” (p. 318).

During preschool age, children are particularly dependent on parents; this makes parents important partners in care of their young children. It is hence important to understand that if parents need help in handling stress, learning productive and effective parenting techniques, or dealing with their own mental health issues, they should receive referrals to appropriate practitioners. Sometimes the best intervention strategy for young children with serious behavioral or emotional problems is to focus directly on the primary needs of their caregivers (National Scientific Council on the Developing Child, 2008).

Once we realize that children (even young children) can have mental health challenges and disorders, there is greater acceptance of screening for early risks and symptoms. Ages & Stages Questionnaires: Social-Emotional (ASQ-SE) is one of several tools designed to be used to screen young children. Accurate assessment of behavioral /emotional problems in preschool children is an important goal. It is important to establish the use of valid and reliable screening measures for emotional/behavioral disorders appropriate to preschool children. Although most parents of preschoolers with emotional/behavioral problems do seek help for their children,



screening whole communities and linking the children to preschool programs, or advertising statewide may increase participation in prevention and intervention programs for the future (Brauner & Stephens, 2006).

Seeking help to develop their own skills and understanding about being a parent are some of the most beneficial things parents can do to improve their child's confidence (Hartman et al., 2003; National Scientific Council on the Developing Child, 2008). Hartman et al. suggest that parent training is one of the most effective treatments for young children with conduct problems. Similarly, the National Scientific Council on the Developing Child explains that many early childhood mental health disorders can be prevented before they begin through developmentally appropriate, high-quality education and early-care systems of support that assist parents and caregivers in order to provide secure and warm relationships and detect emotional problems before they become more resistant to change.

Empirically supported parenting and family intervention strategies should be the centerpiece of public health efforts to prevent child mental health problems (Sanders, 2003). The challenge is to develop intervention strategies that can enhance the competence and confidence of parents in raising their children. If this were to be achieved, it is argued that there would be a decrease in the prevalence of behavioral and emotional problems in children (Sanders). More than 30 years of research has established that parenting behaviors influence the development of childhood conduct disorders, and behavioral family interventions which target specific parenting skills are the most effective way of preventing or reducing child behavior problems (Hutchings & Lane, 2005).

“For children, mental health is not seen as residing solely within the child, but within the web of interactions among the individual child; the family; the school,

health, and other child service systems; and the neighborhoods and communities in which the child lives” (U.S. Department of Health and Human Services, year, p. 5). Families and communities working together can help children with mental health disorders. More research and practical efforts must be done so that we can determine the most accurate prevalence of emotional/behavioral disorders in children ages 0-5. We must also develop best strategies for the delivery of mental health support and services to children birth to 5 years of age and their families.

The first step toward ensuring that children receive the mental health services they need and that the services are equal to all, is to perform more research that focuses on children while being sensitive to diverse cultural groups (Brauner & Stephens, 2006). In many communities, services for children with serious emotional disturbances are unavailable, unaffordable, or inappropriate. An estimated two-thirds of children in the United States who need mental health services are not receiving those (Brauner & Stephens).

Interventions that target parenting have had the most consistent success in addressing emotional and behavioral disorders. Studies (Hiscock et al., 2008; Sanders, 2003; The Shubert Center for Child Studies, 2009) suggest that parents of children with co-occurring emotional and behavioral disorders are responsive to focused interventions. There is considerable evidence to support the theory that teaching parents about positive parenting and consistent disciplinary skills can result in significant improvement in the majority of disruptive and oppositional behaviors in young children. Effective parenting programs share the goal of modifying parenting practices (i.e. reducing harsh or abusive parenting, increasing warm parenting and informing parental knowledge of normal development) that are known to contribute to early childhood mental health issues (Hiscock et al., 2008). Sander’s research found that supportive parent and family

relationships have shown to be a significant predictor of positive adjustment in childhood, and research evidence also suggests that supportive family and parent relationships are a protective factor for children's mental health problems.

Formed in 1993, the Putting Communities Together 4 Families (PACT 4) is a Children's Mental Health and Family Service Collaborative that works with four rural counties in west-central Minnesota. One of the primary goals of PACT 4 is to help in the early identification of issues that can affect a child's mental health and ability to be successful in school, home, and the community (Loseth et al., 2001). PACT 4 used the Preschool and Early Childhood Functional Assessment (PECFAS) scale to assist in the early identification of mental health concerns in preschool aged children. PACT 4 members recognized that predicting mental health concerns at an early age is not entirely possible, yet, there are indicators that a child may be at risk for more serious mental concerns. The results of the study indicated that only 3% to 8% of the children screened had a need for follow-up based on the initial criteria established for the scale (Loseth et al.).

In a study conducted by Hiscock et al. (2008) the researchers hypothesized that families receiving intervention consisting of a three-session parent education program would report fewer externalizing behavioral problems, less harsh discipline, more nurturing parenting, and more reasonable expectations of normal child development, and fewer symptoms of maternal depression or anxiety. The parent education sessions were co-led by a well-child provider and a parenting expert, covering normal child development and behavior strategies to increase desired behaviors and strategies to reduce unwanted behavior. The parent program intervention reduced harsh parental discipline and inappropriate developmental expectations, but it did not lead to more nurturing parenting. Hiscock et al. report that the outcomes of the study at two years are

insufficient to support widespread introduction of a very early universal program to prevent behavioral problems in toddlers. They propose that long-term follow-up is needed to determine effectiveness in preventing preschool behavioral problems.

### Chapter III: Discussion

This final chapter discusses the limitations of the literature review and the current research on parenting and its effect on the development and prevention of early childhood mental health problems. This chapter ends with conclusions from the literature review and recommendations and suggested strategies for promoting early childhood mental health.

#### *Limitations of the literature review*

Contrary to my presumption, there was not an abundance of literature on the subject of parental influence on early childhood mental health. Most literature on preventing mental health issues has focused on the school years, with less attention on early childhood. As Bayer et al. (2008) stated the current research is strong yet fragmented; there were separate studies focusing on externalizing versus internalizing behavioral outcomes, on parenting or family context as predictor, on cross-sectional not longitudinal analysis. There was a lack of comprehensive population studies that are longitudinal, explicitly studying both internalizing and externalizing points in the early childhood years, and containing well-validated measures of family, child and parenting risks (Bayer et al.).

A primary limitation of the literature review was not being able to find enough pertinent information in the areas of risks to the development of children's mental health, the importance of the parent-child relationship as it relates to a child's mental health, and early childhood prevention activities and protective factors. Since I began this process in August 2008, I noticed that there have been an increasing number of studies on the subject of early childhood mental health, parenting and its effects on the development, and prevention of early childhood mental health problems. Also, since January 2009, I have attended two conferences specifically on the topic of early childhood mental health. To me, this is an indication that this subject is beginning

to be at the forefront of important health issues. A few states, Wisconsin and Minnesota for example, have groups that are specifically working on early childhood mental health issues. Wisconsin has the Wisconsin Alliance for Infant Mental Health, and Minnesota has the University of Minnesota – Minnesota Infant Mental Health Project.

Another possible limitation of this exploration was determining what children's mental health problems are neurological or genetic in nature, and what mental health problems can be attributed to parenting. The age old question –are children the way they are due to their genetic make-up or due to their environment? Nature or nurture? And, how much each of these factors influence or cause early childhood mental health issues, is still inconclusive.

Finally, another probable limitation of the review was the validity of early childhood assessment tools. Young children are, of course, not able to fill out a paper and pencil questionnaire regarding their mental health, so mental health assessments must be completed by a child's primary caregiver. For example, the early childhood social-emotional assessment ASQ-SE uses parent reporting. The assessment could be considered biased because parents might not be truthful in reporting accurately their child's social-emotional development. One reason for the biased reporting is due to the social stigma related to having mental health issues. I have observed this as a professional that parents do not want to admit that their child has mental health issues because they consider it a reflection on their parenting ability. Because of the stigma associated with mental health problems, some parents also fear that their child will be labeled.

### *Conclusions and recommendations*

Investing in young children's mental health is one of the most important ways to promote school readiness and reduce educational disparities (Erickson & Watson, 2007; Webster-Stratton & Reid, 2004)). As professionals in the field, we need to address the common misperception that

children's mental health problems will just go away by themselves. Evidence from Webster-Stratton & Reid suggests that without early intervention, emotional, social, and behavioral problems (aggression and oppositional behavior in particular) in young children are risk factors or "red flags" that mark the beginning of academic problems, grade retention, school dropout, and anti-social behavior. Erickson & Watson believe the first years of a child's life are critical in the development of positive social and emotional skills as a solid base which with all other skills is built. For example, children can't focus on learning colors when they are experiencing emotional distress.

Fortunately, there is a growing recognition of the connection between a young child's early social-emotional development and mental health problems. The focus of all early childhood mental health work should be to support healthy relationships between young children and their primary caregivers (Erickson & Watson, 2007). It's all about relationships. The goal of early childhood mental health work is to provide opportunities for children to successfully interact with, learn from and connect with others. Health policies are beginning to focus on children because early childhood mental health problems often continue through childhood and adolescence and adulthood.

Mental health problems in early childhood can be difficult to detect and many young children can often go without any intervention. The accurate identification of serious mental health disorders during the first three to four years of life remains a challenging task. We need treatment strategies that are age-appropriate and support the development of healthy relationships, and are consistent with scientific knowledge about early childhood development (National Scientific Council on the Developing Child, 2008).

Adult diagnostic approaches can provide some guidance for understanding the kinds of

problems that younger children experience; however, also necessary are new approaches to assessment diagnosis based on the unique characteristics and developmental needs of young children (National Scientific Council on the Developing Child, 2008). Mental health professionals often have inadequate education in early childhood development and parent-infant relationships; therefore, there is a need to build the capacity of mental health professionals in order that they are able to adequately serve young children and their families (Erickson & Watson, 2007).

The subsequent implications of treating mental health problems (depression, conduct disorders, oppositional defiant disorders) in later childhood have social costs as well. These social costs include school drop-out and subsequent unemployment, family stress and breakdown, increased crime, and increased alcohol and drug misuse (Hiscock et al., 2008). It is hence essential to place child mental health in the overall framework of public health, focusing on education, prevention, diagnosis, intervention, planning of clinical and support services.

We need public policies that help to ameliorate physical, social and economic conditions that cause some families to struggle (National Scientific Council on the Developing Child, 2008). Erickson and Watson (2007) suggest that in order to support young children's mental health, families need easy access to a variety of services and support, from basic information on child development to interventions for families experiencing more serious issues.

Prevention is an essential first step and in a public health approach that would also include adequate treatment services. Cost-efficient and effective approaches to preventing mental health problems in childhood are urgently needed. There is a growing consensus that preventive measures and intervention in the first 5 years of life are the most cost-effective strategies for reducing children's future mental health problems (Breitenstein et al., 2007).



Programs are needed to support parents to reduce their stress and thereby eliminate negative parenting practices. However, according to Hiscock et al. (2008), no high quality evidence showing the effectiveness of universal prevention has been published. All families with young children can benefit from some form of guidance and support. Services should be available to all families with young children. Prevention programs for early childhood internalizing problems could be offered universally through health care services to all parents of young children (Bayer et al., 2006).

Support for families needs to be accompanied with expectations of parental responsibility. For example, parents should be made aware that exposure to adults' anxious and depressed emotions can have an impact on their children mental health. The adults' anxious and depressed emotions can be distressing for children and can lead to engaging in anxious intrusion on their child, and thereby causing short-tempered punishment and providing insufficient warmth (Bayer et al., 2006). It is therefore important for parents and caregivers to take care of themselves and reduce their own emotional distress. Programs for parents must educate and support parents in reducing personal stress as well as negative parenting practices (Bayer et al.).

Progress toward the development of child and mental health policy and services is moving at a slow pace. There is a need for a comprehensive mental health care system for children. The existing evidence shows that the rates of childhood mental health disorders are high, access to services is limited, and that there are gaps in resources available. Erickson and Watson (2007) believe that in order to succeed in promoting young children's mental health, we need to get serious about developing, disseminating, and sustaining evidence-based prevention, intervention, and treatment approaches.

Major gaps in resources for child mental health include economics, manpower, training, services, and policy (Belfer, 2008). Recent reports such as *The Surgeon General's 2000 Report on Children's Mental Health* and *From Neurons to Neighborhoods: The Science of Early Childhood Development* (Shonkoff & Phillips, 2000) have suggested the need for evidence-based practices that support young children's social and emotional competence and thereby prevent and decrease the occurrences of challenging behavior in early childhood.

All families with young children can benefit from some form of guidance and support. There remains work to be done to develop and implement interventions so that they can reach the largest number of families in need and have the broadest possible public health impact. Services should be available to all families with young children. Support for families needs to be accompanied by expectations of parental responsibility.

In order to help children thrive, parents should be encouraged to play with, show love and affection, and provide positive praise as part of their daily routine. Parents should also be taught how to interact with their young children in ways that develop coping skills in order to learn to deal with stressful situations. Parents could also be taught that exposing young children to a reasonable level of challenge that is not too overwhelming will help with the development of a child's stress management skills (Bayer et al., 2006).

In conclusion, the mental health of young children is crucial to all of us. Early childhood's mental as well as physical health is the foundation for a new generation. We need to embrace parents as the most important people in their children's lives. Finally, it's important to help parents understand that it is empirically proven that the relationship they have with their young child can affect their child's mental health development and thus can help prevent early childhood mental health problems.

## References

- Baumrind, D. (1967). Child care practices anteceding three patterns of preschool behavior. *Genetic Psychology Monographs*, 75(1), 43-88.
- Bayer, J. K., Hiscock, H., Ukoumunne, O. C., Price, A., & Wake, A. (2008). Early childhood aetiology of mental health problems: A longitudinal population-based study. *The Journal of Child Psychology and Psychiatry*, 49(11), 1166-1174.
- Bayer, J. K., Sanson, A.V., & Hemphill, S. A. (2006). Parent influences on early childhood internalizing difficulties. *Journal of Applied Developmental Psychology*, 27, 542-559.
- Belfer, M. (2008). Child and adolescent mental disorders: The magnitude of the problem across the globe. *The Journal of Child Psychology and Psychiatry*, 49 (3), 226-236.
- Brauner, C. B., & Stephens, C. B. (2006). Estimation the prevalence of early childhood serious emotional/behavioral disorders: Challenges and recommendations. *Public Health Reports*, 121, 303-310.
- Brazelton, T. B., & Greenspan, S. I. (2000). *The irreducible needs of children*. New York: Perseus.
- Breitenstein, S. M., Gross, D., Ordaz, I., Julion, W., Garvey, C., & Ride, A. (2007). Promoting mental health in early childhood programs serving families from low-income neighborhoods. *Journal of the American Psychiatric Nurses Association*, 13 (5), 313-320.
- Brenner, V., & Fox, R. A. (1998). Parental discipline and behaviour problems in young children. *Journal of Genetic Psychology*, 159, 251-256.
- Center for Early Childhood Education and Development (1998), *Minnesota Infant Mental Health Project*. Minneapolis, University of Minnesota. Retrieved on June 8, 2009, from <http://cehd.umn.edu/ceed/>

- Denham, S. A., Mitchell-Copeland, J., Strandberg, K., Auerbach, S., & Blair, K. (1997). Parental contributions to preschoolers' emotional competence: Direct and indirect effects. *Motivation and Emotion, 21* (1), 65-86.
- Dodge, K., & Tolan, P. (2005). Children's mental health as a primary care and concern. *American Psychologist, 60* (6), 601-614.
- Edwall, G. (2007). *Building an early childhood system of care: Minnesota's experience*. Early Childhood Mental Health Services Forum, Oakdale, Minnesota, May 21, 2007.
- Erickson, M. F., & Watson, C. L. N. (2007). Investing in young children's mental health: Promoting school- and life-readiness. *Center for Early Education and Development Early Report*. University of Minnesota, Minneapolis.
- Hartman, R., Stage, S., & Webster-Stratton, C. (2003). A growth curve analysis of parent training outcomes: Examining the influence of child risk factors (inattention, impulsivity, and hyperactivity problems), parental and family risk factors. *Journal of Child Psychology and Psychiatry, 44* (3), 388-398.
- Harvard Mental Health Letter. (2008, April). *Treating preschoolers with psychiatric disorders*. Retrieved August 18, 2008, from the Harvard Health Publications Web site:  
<http://www.swchp.com/mental.html>
- Hiscock, H., Bayer, J., Price, A., Ukoumunne O. C., Rogers, S., & Wake, S. (2008). *Universal parenting programme to prevent early childhood behavioral problems: Cluster randomized trial*. Retrieved June 8, 2009, from <http://bmj.com>
- Hutchings, J., & Lane, E. (2005). Parenting and the development and prevention of child mental health problems. *Current Opinion in Psychiatry, 18* (4), 386-391.

- Loseth, R., Carlson, S., Oicard, A., King, C., Schmid, C. O., & VanEngen, R. (2001). Collaborative screening program for preschoolers: Early identification of mental health problems. *13<sup>th</sup> Annual Conference Proceedings-A System of Care for Children's Mental Health Expanding the Research Base*, 199-202. Retrieved June 8, 2009, from ERIC database.
- Maccoby, E. E., & Martin, J. (1983). Socialization in the context of the family: Parent-child interaction. In P. H. Mussen (Series Ed.) & E. M. Hetherington (Vol. Ed.), *Handbook of child psychology Vol. 4: Socialization, personality, and social development* (4<sup>th</sup> ed., pp. 1-101). New York: Wiley.
- Minnesota Association for Children's Mental Health. (2009). *Early childhood mental health fact sheet*. Retrieved on August 18, 2008, from <http://www.macmh.org>
- National Scientific Council on the Developing Child. (2007). *The science of early childhood development: Closing the gap between what we know and what we do*. Retrieved June 8, 2009, from <http://www.developingchild.net>
- National Scientific Council on the Developing Child. (2008). *Mental health problems in early can impair learning and behavior for life: Working paper #6*. Retrieved June 8, 2009, from <http://www.developingchild.net>
- Parlakian, R., & Seible, N. L. (2002). *Building strong foundations: Practical guidance for promoting the social-emotional development of infants and toddlers*. Washington, DC: ZERO TO THREE.
- Paterson, G., & Sanson, A. (1999). *The association of behavioral adjustment to temperament, parenting, and family characteristics among 5-year-old children*. Oxford, UK: Blackwell.

- Pike, A., Iervolino, A. C., Eley, T. C., Price, T. S., & Plomin, R. (2006). Environmental risk and young children's cognitive and behavioural development. *International Journal of Behavioral Development, 30*, 55-66.
- Sanders, M. (2003). Triple P – positive parenting program: A population approach to promoting competent parenting. *Journal for the Advancement of Mental Health, 2* (3), 1-17.
- Shonkoff, J. P., & Phillips, D.A. (Eds.) (2000). *From neurons to neighborhoods: The science of early childhood development*. Washington DC: National Academy Press.
- The Shubert Center for Child Studies. (2009, February). *Effects on emotional and behavioral problems from early childhood through adolescence*. Retrieved June 8, 2009, from the Case Western Reserve University Web site [www.case.edu/artsci/schubert/](http://www.case.edu/artsci/schubert/)
- Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (2007). *Promotion and Prevention in Mental Health: Strengthening Parenting and Enhancing Resilience*. DHHS Publication No. CMHS-SVP-0175. Rockville, MD. Retrieved August 18, 2008, from <http://www.samhsa.gov>
- United States Department of Health and Human Services. (2007). *United States Public Health Service. Report of the Surgeon General's Conference on Children's Mental Health: A National Action Agenda*. Washington, DC: Department of Health and Human Services, 2000. Retrieved August 18, 2008, from <http://www.surgeongeneral.gov/cmh/childreport.htm>
- Webster-Stratton, C., & Reid, J. (2004). Strengthening social emotional competence in young children – the foundation for early school readiness and success. *Infants and Young Children, 17* (2), 96-113.