

The **BlueDot**

ISSUE 16, 2022 | UNESCO MGIEP



D E S I G N I N G

A H E A L T H Y E C O S Y S T E M

T O P R O M O T E

Mental Health

TheBlueDot

ISSUE 16, 2022

THE BLUE DOT features articles showcasing UNESCO MGIEP's activities and areas of interest. The magazine's overarching theme is the relationship between education, peace, sustainable development and global citizenship. THE BLUE DOT's role is to engage with readers on these issues in a fun and interactive manner. The magazine is designed to address audiences across generations and walks of life, thereby taking the discourse on education for peace, sustainable development and global citizenship beyond academia, civil society organisations and governments, to the actual stakeholders.

THE BLUE DOT is published biannually.

SUBSCRIPTION

The BLUE DOT is available free of charge. The digital version of the magazine can be accessed here: <https://mgiep.unesco.org/the-bluedot>

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Published in 2022 by the United Nations Educational Scientific and Cultural Organization | Mahatma Gandhi Institute of Education for Peace and Sustainable Development, 35 Ferozshah Road, New Delhi 110001, India
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Graphic design: Prasun Mazumdar Design | www.pmdindia.in

Printed by: Colorcom

Printed in India

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Promoting mental health through social and emotional learning in early childhood education



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Promoting preventive and promotive features during early childhood and beyond using an “all young people” vs “at risk” narrative, especially focused on the early childhood 0-4 years.

Tin recent years, a growing number of studies have investigated the importance of children’s non-cognitive traits in predicting health and well-being in adulthood. Non-cognitive processes such as empathy, emotion regulation and self-control are predictors of behaviors in adulthood, such as the likelihood of committing crimes or substance use (Jones et al 2015). **Inadequate functioning on a social and emotional level can have significant consequences on the level of public health, even if the interaction between cognitive and non-cognitive characteristics in development must be considered. Scholastic success requires both intellectual skills and motivation and self-regulation Skills (ibidem).**

Another aspect to consider is that noncognitive skills are more malleable than cognitive ones and therefore lend themselves more to being a target for prevention actions (ibidem).

The social emotional competence of children is therefore of fundamental importance from the earliest stages of development. Many recent programs have emphasized the importance of socio-emotional learning. The CASEL (Collaborative for Academic, Social and Emotional Learning) framework identifies five key skills: self-awareness, self-management, social awareness, relationship skills, and responsible decision making (CASEL, 2020). CASEL has also contributed to developing resources at different levels: classrooms, schools, families and communities (see the website: <https://casel.org/>).

A meta-analysis by Durlak et al (2011) examined 213 school-based social and emotional learning (SEL) programs, involving 270,034 students from



The results showed a greater improvement in social and emotional skills, attitudes, behavior and academic performance in the SEL participants than in the control groups...

kindergarten through high school. The results showed a greater improvement in social and emotional skills, attitudes, behavior and academic performance in the SEL participants than in the control groups; with a gain of 11 percentile points in the results. As predicted, two variables moderated positive student outcomes: SAFE practices (sequenced, active, focused, and explicit) and implementation problems. SAFE practices involve the use of connected and coordinated training activities to achieve specific objectives (Sequenced), based on active learning (Active), aimed at achieving personal or social skills (Focused), and at developing specific SEL skills (Explicit). Implementation problems can occur, for example, when parts of the intervention are not carried out, or the occurrence of unexpected events determines an alteration of the intervention implemented.

Overall the results highlight the importance of adequate planning - both in the preparation of SAFE activities and by trying to prevent problems that could compromise an adequate implementation of the program.

Martinsone et al (2022) investigated the relationship between emotional social competence and emotional and behavioral problems in the learning outcomes of preschool children based on parental and teacher assessments. The sample consisted of 507 preschool children and their parents and teachers. The results show, through teacher assessments of learners, that higher levels of social emotional competence and lower levels of social, emotional and behavioral difficulties are associated with higher academic achievement.

As reported by Blewitt et al (2021), research has shown that SEL programs in Early Childhood Education and Care (ECEC) can have a significant positive impact on children's mental health. Most of the research has focused on the classroom level, with less attention to school and community levels. Blewitt et al (2021) emphasize the need to consider how individual, interpersonal, organizational and community factors work together in

promoting the socio-emotional functioning of children and helping to reduce the negative outcomes of mental illness and physical health. They propose considering SEL intervention in early childhood under a "public health model". As part of a public health model, proximal, distal and sociopolitical risk and protection factors must be examined, focusing on health at the population level. To this end, the use of a multi tier intervention system on three levels is proposed, which involves: a) universal prevention strategies (Tier 1), aimed at the entire population; b) targeted or selective strategies (Tier 2) aimed at groups at greatest risk; and c) intensive or indicated (Tier 3) strategies for groups that have been exposed to a health problem (Blewitt et al 2021).

Much research on the effectiveness of SEL programs in Early Childhood Education and Care (ECEC) has so far been based on interventions of a universal nature (tier 1). A systematic review by Blewitt et al (2019) of targeted interventions (tier 2) shows only partial confirmation of the efficacy of SEL programs. SEL targeted programs aimed at preschool children generally concern externalizing behaviors, while few studies investigated problems related to internalizing behaviors. The results of the studies examined do not allow to demonstrate the effectiveness of targeted interventions for emotional competence, and the authors note the importance of using longitudinal approaches and evaluating the differential impact of universal and targeted components using a variety of outcome measures.

In the face of so many studies that have shown how experiences made in the early years affect health in adulthood, there is still a lack of developmental and preventive orientation in mental health services. ***Mental health professionals are often only approached when problems are well established, and opportunities for change have diminished (Buka et al 2021). Instead, it would be important to work on building a system that provides support for the family from the early years of development.*** In this regard, Buka et al (2021) propose an integrated system of mental health services and social services in the context of pediatric primary care, providing for the use of telemedicine and emergency management strategies. In this context, primary prevention strategies should also be developed to reduce the impact of racial and socioeconomic inequalities on health.



An encouraging study on the possibility of successfully implementing SEL programs in Early Childhood Education (ECE) in the context of universal prevention (tier 1) was carried out by Moazami-Goodarzi et al (2021). This study is based on a SEL program called “Roundies”. The program was subjected to an experimental group and a control group of children of about 5 years. The results, based on the teachers’ feedback, showed satisfactory results, with an increase in prosocial behaviors and a reduction in difficulties, assessed with the SDQ questionnaire.

Decades of research have allowed us to demonstrate the impact that participation in early childhood education programs for example, Head Start (Deming, 2009) have on different dimensions of wellbeing; highlighting significant financial investment. On the other hand, SEL studies conducted so far in early childhood have involved small-scale interventions related to specific skills. In this sense, Mondì et al (2021) highlight the importance

of reflecting on strategies that allow SEL programs to be applied on a large scale. To do this, SEL must be defined and measured in a consistent, developmentally appropriate, and culturally sensitive manner. To do this, interdisciplinary collaboration involving a variety of stakeholders, such as parents, researchers and policymakers (ibidem), is required. Efforts must therefore be invested to support different ecological levels. Work at home and at school must be integrated with public policies that support the development of health (ibidem).

The conclusion we can draw from what has been said so far is that Intervention programs based on the SEL framework have a solid foundation of research that supports their effectiveness. Much remains to be done to promote their application in the early stages of development. Furthermore, the importance of giving more resources especially for the universal level of intervention (tier 1), the one that gives greater results and returns on investment for public health, should be emphasized.

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