

KEY PROGRAM ELEMENTS:

mental health consultation

4



strengthening families

THROUGH EARLY CARE & EDUCATION

The graph below shows the program strategies used by exemplary programs to build the protective factors known to reduce child abuse and neglect.

how early childhood programs help prevent child abuse and neglect

Excellent early care and education programs use common program strategies to build the protective factors known to reduce child abuse and neglect.

QUALITY EARLY CARE AND EDUCATION

Program strategies that:

- Facilitate friendships and mutual support
- Strengthen parenting
- Respond to family crises
- Link families to services and opportunities
- Facilitate children's social and emotional development
- Observe and respond to early warning signs of child abuse or neglect
- Value and support parents

PROTECTIVE FACTORS

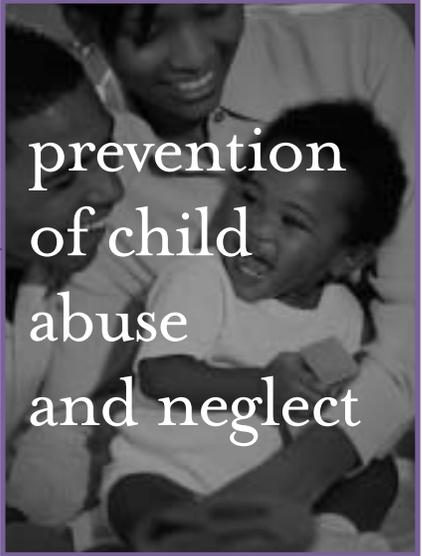
Parental resilience

Social connections

Knowledge of parenting and child development

Concrete support in times of need

Social and emotional competence of children



prevention
of child
abuse
and neglect

mental health consultation

To most people, the image of mental health professionals working with small, preschool children seems incongruous. Therefore, the idea of mental health consultation being a standard component of early childhood education may appear unnecessary. There are, however, at least two important reasons why mental health consultants were present at the exemplary early childhood centers studied in this project:

- 1) Children’s mental health is critical to their ability to get ready for school. When there are problems, early intervention can head off more serious, long-term consequences.
- 2) Mental health consultants at these programs did a lot more to advance overall quality in the early childhood program than provide therapy to children and their families.

PROVIDING HELP WITH CHILDREN’S CHALLENGING BEHAVIORS

The importance of children’s mental health in early development has long been documented, and many advocates have made impassioned pleas for additional resources for both children and their parents during the early years.¹ Mental health consultation has been part of the Head Start model from the earliest days. It is becoming increasingly important for all childcare centers, because the number of children exhibiting challenging behavior has been increasing. Growing numbers of children are being expelled from childcare settings because their behavior

is too difficult for teachers to handle. In site visits, project staff talked to a number of program providers who said that they were taking—and keeping—children who had already been unsuccessful in as many as four or five childcare settings. Caring for difficult children is stressful for both educators and parents. Parents of children whose behavior is extremely challenging may find it harder to get respite from family, friends, or even paid providers. Moreover, parents may internalize the messages being sent to them from other adults that their child is bad or somehow unlovable.

Mental health consultation is becoming increasingly important for all childcare centers, because the number of children exhibiting challenging behavior has been increasing.

Most of the exemplary programs studied do not exclude children because of “bad behavior”; they work carefully with parents and professionals to keep children in the program and to help them find appropriate, needed services. Mental health services offered within the childcare setting are an essential resource for:

- Helping staff in the programs work with both challenging children and their parents
- Helping parents nurture their children
- Helping staff and parents work together to help children move beyond their problems and to develop appropriately

“Confidence in the consultant grows as the teacher learns that the consultant understands both the child’s and teacher’s experiences and feelings.... Without the key element of trust, even the most brilliant advice feels burdensome to an overwhelmed, distraught teacher.”

—FROM THE EARLY CHILDHOOD MENTAL HEALTH PROJECT, SAN FRANCISCO, CALIF.

MULTIPLE ROLES OF MENTAL HEALTH CONSULTANTS

In the programs profiled in this study, mental health services are provided by a mental health specialist who function as an integrated part of the staff, or by one or more part-time consultants who work with children, families, and staff on a regular basis. The role of these mental health specialists is quite different from the traditional role of the therapist who operates autonomously and entirely confidentially, providing one-on-one therapy to troubled children and families.

In fact, the most important aspect of such mental health consultation is that mental health specialists do not simply serve as outside experts who are brought in to address specific problems. Rather, they are fully engaged in staff capacity building and maintain ongoing relationships with both staff and families in the program. Any work that the mental health consultant does with a par-

ticular child is always part of a larger effort to improve a center’s standard of care and to build the staff team. Consultants develop “learning alliances” with childcare staff—“relieving the teachers’ anxiety and self-doubt, and providing well-timed didactic information.”² The key to the effectiveness of mental health consultants is developing trusting relationships with both staff and families.

Mental health consultants in exemplary early childhood programs:

- Provide information, education, and support for teachers and administrators on how to identify and work more effectively with children with difficult behaviors or developmental delays
- Consult with teachers or a case management team around solving specific problems with an individual child or family
- Coach parents to help them address and respond to their children more effectively at home

- Provide direct therapeutic intervention with children through play therapy and other developmentally appropriate therapeutic activities
- Help families and staff better understand the importance of mental health issues for healthy child development and family functioning
- Help families access and use diagnostic and therapeutic mental health services outside the program

In several programs, mental health staff also:

- Provide family or individual counseling to parents or staff members as needed
- Provide structured opportunities to work on intra-staff dynamics, team building, and communication among staff



HOW DO MENTAL HEALTH SERVICES BENEFIT CHILDREN AND FAMILIES AND REDUCE THE LIKELIHOOD OF CHILD ABUSE AND NEGLECT?

- **They help maintain childcare continuity for children with challenging behaviors.** Research shows that children with behavior problems are 20 times more likely to be asked to leave childcare settings than other children.³ By giving staff and parents tools and skills to work with children with challenging behaviors, mental health consultants help to make sure children stay in care, thus reducing stress on parents—and providing important emotional stability for children who need it.
- **They enhance relationships between adults (both parents and staff members/teachers) and children.** Caring for a challenging child can be difficult. In focus groups with parents, those whose children displayed the most problematic behaviors described that seeing a staff

member being genuinely loving and welcoming to their children had been crucial for maintaining their own patience and the confidence that their children were lovable. By giving staff new skills and tools, mental health consultants help them to better understand children with challenging behaviors and be more consistently loving and nurturing toward them.

- **They enhance relationships between staff members and parents.** The burdens on early care and education teachers are high. In addition to teaching preschool, they often need to serve as informal counselors to parents who are anxious about their children—or may be dealing with their own stressful issues. When a staff member is anxious about a child or concerned about what may be going on at home, he or she may struggle with how to approach parents in a supportive and honest way. The assistance and advice of a mental health professional regarding language

and modes of communicating with families can be vital for staff.

- **They help families access mental health services.** Current estimates of unmet mental health needs are huge: one in five children is estimated to have a mental health problem that impairs functioning, while less than half of all children and one-third of adults with a diagnosable mental disorder receive any kind of services.⁴ While limited financial resources may be a practical barrier to accessing mental health services, another is that mental health services traditionally have been stigmatized as being “only for crazy people.” This is particularly true in low-income communities and communities of color where there is less of a tradition of seeking individual therapy. Integrating mental health services into early care and education settings provides an opportunity to reduce this stigma and help families value mental health services.

“For the first six months, no one came and talked with me. So I started going into the classroom and playing with the kids. After a while of seeing my face all the time, they [the parents] have gotten comfortable with me. Now they come in.”

—MENTAL HEALTH CONSULTANT, SAUK RAPIDS-RICE EARLY CHILDHOOD FAMILY EDUCATION

PROGRAM EXAMPLES

Sauk Rapids-Rice Early Childhood Family Education Programs (ECFE)

Two licensed therapists are available two days a week to families in the programs. The therapists work individually with parents, lead support groups on depression and mental health issues, and offer play therapy and parent-child interaction therapy. Parents can sign up for therapy that is available at no cost to families. The program finds that the safety and familiarity of the early childhood center allows many families to access mental health services that might not be used otherwise. Finally, a therapist consultant meets with staff on a regular basis to advise them in their work with families in crisis or with challenging children. This serves not only as a support but also as important skill building for staff.

Early Childhood Mental Health Project (ECMH)

The Early Childhood Mental Health Project in San Francisco is a partnership among the San Francisco County Health Department, the University of California at San Francisco, and Parents Place, a family resource center run by Jewish Family and Children's Services. The consultation idea originally grew out of the need to provide more support for very young children in high-risk families than a therapist alone could provide. Early childhood centers were well positioned to provide both a healthy environment for children and support for their parents if the centers also received back-up support from the mental health professionals working with the families. Today, consultants provide on-site support to 65 child-care centers in the Bay Area, including staff training and mentoring, facilitation of relationships with families, classroom observation and recommendations about children, and occasional mental health counseling for staff, families,

and children. Consultants are selected for their experience with early childhood centers, relationships with families, and linguistic and cultural connections to the families they serve. Ongoing training, supervision, and support for the consultants are provided by the partnership.

Addison County Parent/Child Center

The Addison County Parent/Child Center employs on-site mental health professionals who take a variety of revolving roles within the center. The overall environment is carefully designed to reflect a family atmosphere, with all staff taking on chores on a rotating schedule. Therapists may be driving the bus, managing the kitchen, working in the classroom, providing one-on-one counseling, meeting with child welfare case workers, or facilitating a support group. This holistic approach promotes an especially intimate relationship with the young parents the center serves and among the staff who serve them.



Parents and Children Together (PACT)

Most programs have one or two staff members to whom everyone turns. Their name comes up as the individual who is always there to lend an ear, who said the right thing at the right time, or who's the "go-to" person when you have a problem. At PACT, that individual is "Dr. Mike," a family therapist who serves as a part-time consultant to the program and volunteers additional hours. Dr. Mike leads regular parenting education and support groups oriented toward goal setting and self-empowerment, provides individual counseling for families that want it, and helps individual staff members problem solve about how to work with families. More importantly, each of the staff members and parents surveyed seemed to know that Dr. Mike was available to them for any type of problem—small or large.

CHALLENGES FOR PRACTICE

- **Hiring & team building:** In addition to being a skilled individual or family therapist, the mental health consultant in an early childhood program must be familiar with children's mental health, be trained to work with staff, have a personality compatible with teamwork, and have experience in school or early childhood settings. While a "loner" who craves autonomy may be a gifted therapist in other contexts, an effective mental health consultant for an early childhood program must be comfortable and skilled at building and being part of a team. These team relationships take time to develop, and programs should be cautioned to allow the time and the opportunity for relationships among staff and mental health consultants to be nurtured.
- **Overcoming stigma:** In many communities, there is a stigma attached to the use of mental health services. While bringing the therapist into the early care and education setting is an important step to overcoming that stigma, it is not sufficient for parents to truly become comfortable with the therapist. The consultant needs to be seen as an integrated part of the program. This may involve providing less-intensive services—for example, in a number of the programs studied, mental health consultants led support groups or parent education classes. It might also mean having the mental health consultant become an active part of center social events or pick-up and drop-off time with parents. Or it may mean other staff in the program—teachers or family support workers—intentionally serve as a bridge to connect families with the mental health consultant.
- **Role clarity:** It is important for everyone involved with the program—staff and parents—to understand the role of the mental health consultant within the program as well as the rules

and boundaries for accessing his or her help. Especially important are issues of confidentiality. Programs need to have guidelines, protocols, and expectations regarding confidentiality so as to not to breach trust and damage relationships. For example, under what circumstances can information relayed by a parent to a mental health consultant be shared with staff?

- **Capacity building:** In the end, the role of the mental health consultant, as with many other consultants employed by programs, is as much teacher as service provider. Mental health consultants play a key role in building the capacity of both teachers and parents. Thus, the structure of the mental health consultant's role must include engaging both teachers and parents, with specific opportunities to provide staff supervision and feedback.

- **Funding:** It is a challenge to fund mental health consultation in early childhood programs; however, many programs have developed creative ways to maintain funding for an aspect of their program that they consider critical. In some cases, mental health consultants offer their services for free, or mental health services are funded by the county department of health as part of Medicaid. In others, this aspect of the program is funded by local foundations.

ADDITIONAL RESOURCES

The Early Childhood Mental Health Project: Child Care Consultation in Action

This online monograph tells the story of a seven-year collaboration in the San Francisco Bay Area to provide mental health consultation in early childhood centers. It contains practical information on initiating a program, parental involvement, training issues, and evaluation of services. Helpful appendices include tools such as a consultant's job description, costs of mental health consultation, and evaluation measures.

http://www.jfcs.org/services/children,_youth,_and_families/parents_place/early_childhood_mental_health_consultation/default.asp



Lessons from the Field: Head Start Mental Health Strategies to Meet Changing Needs

This online publication, from the National Center for Children in Poverty, provides information on efforts to integrate mental health strategies into Head Start programming. Based on a study of 14 Head Start programs, the report seeks to address some of the barriers to integrating mental health programming and provides examples of effective programmatic practice.

http://www.nccp.org/pub_mhs97.html

Research and Training Center on Family Support and Children's Mental Health

The center is dedicated to promoting effective community-based, culturally competent, family-centered services for families and their children who are, or may be, affected by mental, emotional, or behavioral disorders. This goal is accomplished through collaborative research partnerships with family members, service providers, policymakers, and other concerned persons.

<http://www.rtc.pdx.edu/>

Substance Abuse and Mental Health Services Administration (SAMHSA) National Mental Health Information Center Center for Mental Health Services /Child and Adolescent Mental Health

The U.S. Department of Health and Human Services offers a number of resources, information, and links to programs on children's mental health.

It also offers links to technical assistance, training, and research centers on children's mental health.

<http://www.mentalhealth.org>

Endnotes

1. For example, for the past two years, the National Mental Health Association has been leading a nationwide public education campaign—Children's Mental Health Matters— involving a coalition of 36 non-profit organizations. The campaign encourages policymakers to:
 - Invest in community-based mental health services for children and their families.
 - Safeguard access to treatment services, including medications, for children with mental health needs and their families
 - Develop incentives to expand the pool of mental health professionals specializing in the diagnosis and treatment of children and adolescents.
 - Address broader issues related to children's unmet mental health needs, including fragmented service systems and the lack of culturally appropriate care

http://www.nmha.org/children/children_mh_matters/index.cfm (August 25, 2003).
2. Johns, Brian. (January 2003) *The Early Childhood Mental Health Project: Child Care Consultation in Action*, San Francisco, Calif.: Jewish Family and Children's Services, p.11.
3. Emlen, A.C. (May 1997) *Quality of Childcare and Special Needs of Children Who Have Emotional or Behavioral Problems*, Paper presented at Building on Family Strengths: A National Conference on Research and Services in Support of Children and Families, Portland, Ore.
4. *Mental Health: A Report of the Surgeon General*, U.S. Dept. of Health and Human Services, pgs. 76–77.

strengthening families

THROUGH EARLY CARE & EDUCATION

ABOUT STRENGTHENING FAMILIES THROUGH EARLY CARE AND EDUCATION

Beginning in 2001, the Center for the Study of Social Policy documented the role that early care and education programs across the country can play in strengthening families and preventing abuse and neglect. A new conceptual framework and approach to preventing child abuse and neglect emerged from this study. The approach is organized around evidence-based protective factors that programs can build around young children by working differently with their families. (See inside front cover for a list of the protective factors.)

The Strengthening Families approach is the first time that research knowledge about child abuse and neglect prevention has been strategically linked to similar knowledge about quality early care and education. Resources and tools have been developed to support early childhood programs, policymakers, and advocates in changing existing early childhood programs in small but significant ways so that they can build protective factors and reduce child abuse and neglect.

This program was initiated with funding from the Doris Duke Charitable Foundation in New York and managed by CSSP staff Judy Langford and Nilofer Ahsan. You can contact them at judy.langford@cssp.org and nilofer.ahsan@cssp.org.

ABOUT THE KEY PROGRAM ELEMENTS SERIES

This paper is part of a series describing key program elements used in exemplary programs. The practices described in the series are based on site visits, interviews, and surveys with 21 exemplary early childhood programs.

The other papers in this series include:

Family Support Services

Promoting Children's Healthy Social and Emotional Development

Staff Leadership to Create Relationships that Protect Children

Including Men

Use of Physical Space

Relationships with Child Welfare Agencies

ABOUT THE CENTER FOR THE STUDY OF SOCIAL POLICY

The Center for the Study of Social Policy's mission is to promote policies and practices that support and strengthen families and build community capacity for improving the lives of vulnerable populations. CSSP works in partnership with communities and federal, state, and local governments to shape new ideas for public policy, provide technical assistance, and develop and support networks of innovators.



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These and other publications and resources to help programs implement the Strengthening Families approach are available at www.cssp.org. The website also contains information about the exemplary early childhood programs that informed this project.