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Getting Your Money's Worth: What Early Childhood Directors Should Know About Working with Mental Health Professionals

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The increasing numbers of young children with challenging behaviors and emotional problems have led many child care providers and early childhood education programs to employ or contract with mental health professionals (Lavigne et al., 1996). Head Start programs, for example, are required by federal performance standards to utilize services of mental health professionals that are "sufficient" to meet the needs of children and families. However, there has been little research to help program managers make informed choices about who might provide the best services, what services are most important to support staff and families, and how to make the best use of limited program resources.

In 2002, *Guidance for Early Childhood Program Design* project staff conducted a nationally representative survey of over 950 Head Start program directors, mental health coordinators, mental health consultants, teachers, and parents to collect data that could begin to address these important questions. The survey included questions about program structure (such as size and number of sites, percent of budget spent on mental health, number of persons providing mental health services, and hours of consultant time available); beliefs, attitudes, and practices of staff, directors, and mental health professionals (specific to early childhood mental health); frequency of specific services provided by mental health professionals; and perceived effectiveness of mental health services and supports. In this article we summarize some of the key findings from this national research.

Best Practice Principles

There is growing evidence that organizations that are effective in providing early childhood mental health services share a set of core principles or "best practices" in providing services for children and families (Simpson, Jivanjee, Korolof, Doerfler, & Garcia, 2001). These ten principles describe effective services as being strengths based, individualized and comprehensive, relationship based (i.e. focused on building positive, nurturing relationships with each child and family), family focused, preventative, inclusive, culturally sensitive, and integrated. The principles further specify that services should promote staff wellness and strong community partnerships.

While not new to the field of either mental health or early childhood, the principles warrant particular attention when applied to the issue of early childhood mental health. In our study, staff and mental health professionals who indicated that their programs were more completely implementing these best practices also reported that their mental health services were more effective—both in reducing children's problem behaviors and in increasing their positive and pro-social behaviors. Moreover, best practices were related to staff perceptions of program outcomes *even controlling for the frequency of services provided by mental health professionals and the amount of money spent on mental health consultation by the program.*

Although nine of the ten principles were consistently associated with higher staff ratings for program outcomes, two were particularly important: *cultural sensitivity* and *family focus/parent involvement*. The ability of staff and consultants to recognize and be sensitive to cultural variability in approaches to and beliefs about mental health was important over and above all other best practices. Those programs where staff and consultants valued and were able to more successfully involve parents in working collaboratively to address children's mental health issues were also perceived as being more effective. The only principle that was *not*

consistently associated with staff perceptions of positive outcomes was *inclusion*. This seemed to be due to the fact that staff were less consistent in their attitudes about inclusive child care. For example, some staff who strongly endorsed all other best practices still indicated that they thought children with challenging behaviors would be best served outside the regular child care environment. Clearly, more support and training around the issue of inclusive child care is needed.

Effective Consultants

In our survey, we included a number of questions related to the characteristics of the mental health consultants and the programs they worked with. Several of these characteristics turned out to be surprisingly *unimportant* to program outcomes as perceived by staff, including: total number of hours per child of consulting provided; percent of program's budget spent on mental health services; size of program; program location (urban vs. rural); primary race/ethnicity of families served; and credentials of the consultant (social workers vs. clinical psychologists, for example, or years of education—although all consultants had at least some post-college training).

So, what was important? First, the relevant *experience* of the mental health professional in working both with young children and with low-income families. Not surprisingly, programs struggle to find mental health professionals with expertise in both of these areas. Second, the ability of consultants to make a *long-term commitment* to working with a program appeared important: Those with longer-term relationships were generally perceived as being more effective. Third, the consultants' *approach* to service delivery was critical: Consultants who were able to provide services consistent with the best practice principles described above, and whose approach reflected their understanding of the Head Start program philosophy in general, were seen by staff as being more effective.

Effective Consultation Services

Cohen & Kaufman (2000) define two general types of service that can be provided by an early childhood mental health professional. The first is more traditional, problem-focused services that target the specific needs of a child or family, sometimes referred to as *individual level consultation*. This includes services such as assessment and screening of individual children, direct service to a child or family to ameliorate identified problem behaviors, and making referrals to services for specific children. The second type of service, called *program-level consultation*, aims to improve overall program or classroom quality and to help the program and its staff address broad issues that affect more than one child, family, or worker. These activities include formal and informal training for staff, meeting with staff to discuss overall classroom prevention or intervention strategies, participating in management team processes, helping to select curricula, and other organization-wide assistance.

Do's and Don'ts For Integrating Mental Health Professionals (MHPs)

DO

- Ask the MHP to provide regular training to staff.
- Ask the MHP to visit classrooms frequently.
- Provide staff with guidance around how to contact the MHP if needed.
- Ask the MHP to meet with staff regularly and informally, to provide suggestions about particular children and general strategies for support ing all children.
- Consider asking the MHP to participate in management team processes.
- Involve the MHP in helping to develop a formal mental health vision.
- Involve the MHP in staff support, supervision, and emotional wellness efforts.
- Make sure parents know the MHP. Ask the MHP to provide parent trainings and orientation, and to attend Head Start family events.
- Make sure MHP has an attitude of collaboration with staff and families.
- Seek a long-term relationship with a MHP having proven child expertise.
- Try to have a an "in-house" MHP providing services.

DON'T

- Put up many barriers or gatekeepers to staff direct access of the MHP.
- Hire a community clinic and get "rotating" MHP. Seek continuity.
- Limit your consultant's role to providing child-focused direct service.
- Assume your MHP knows "what to do" to support staff and parents. Be clear about expectations and roles.
- Assume staff know when and how to interact with the MHP. Provide training and encourage communication.
- Despair! (Do remember that relationships and choice of activities

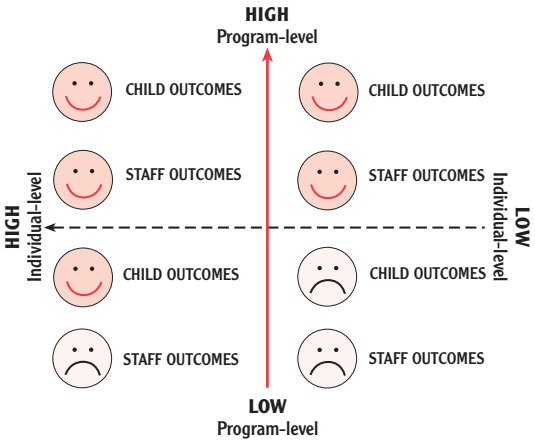

Figure 1: High program-level consultation is associated with more positive outcomes

Our research suggests that while both of these strategies can work well, programs that utilize mental health professionals to provide program-level consultation may be getting "more bang for the buck" than those who provide primarily individual-level, child-focused consultation. Figure 1 shows how staff perceptions of service effectiveness vary for programs with different levels of both individual- and program-level consultation. High levels of either type of service were associated with perceptions of positive outcomes for children. However, only program-level consultation at a high level was *also* associated with more positive perceptions of staff well-being. In fact, we found that the effect of program-level consulting on child outcomes was due entirely to its influence on staff's ratings of items such as: level of confidence with difficult children, job satisfaction, organizational support, and emotional well-being. Thus, we found that consultants who work more broadly to support program quality also support staff in feeling better about their jobs, and that these staff, in turn, may be better able to successfully work with children with challenging behaviors. On the other hand, as might be expected, providing direct services to children *does* lead to positive child outcomes, but staff miss out on some benefits.

In addition to what mental health professionals actually do, *how* they work with staff is critically important (see also Green, Simpson, Everhart, & Vale, 2004). We found that consultants who were more integrated into day-to-day program functioning seemed to be more effective. Staff who reported more positive relationships with the mental health consultant, who saw the consultant as "part of the team," and who perceived that the consultant was available and accessible when they had questions, were more likely to report positive mental health outcomes for children. Interestingly, these more *integrated* consultants also seemed to provide more services to a program, regardless of the number of hours they were being paid for: Integrated consultants reported more frequent activities of all sorts, compared to those who were less integrated. The sidebar on the preceding page presents some suggestions for ways to structure staff-consultant relationships so that mental health professionals are more integrated into overall program functioning.

Leadership & Shared Vision

While effective mental health services depend on experienced and well-trained staff and consultants, program management and leadership play an essential role in setting the tone for how an entire program thinks about and approaches early childhood mental health issues. Results of our study suggest that program leaders should pay particular attention to three things: (1) ensuring that program staff across all levels share a similar vision for early childhood mental health efforts that is strongly rooted in best practice principles, (2) becoming visible advocates for resources to support staff and families around early childhood mental health issues, and (3) structuring and facilitating the work of mental health professionals to best support staff and families. Program leaders can ensure that programs have a written mission statement specific to children's mental health, and can facilitate staff input into such a mission statement. They have an important role to play in linking early childhood programs to community resources that support child, family, and staff well-being. Finally, program directors and managers are in a position to identify and contract with appropriate mental health professionals, and to facilitate relationships that support an integrated model of consultation that includes ample program-level consulting. In our study, the effect of strong program leadership on mental health outcomes was due primarily to its influence on the level of integration of the consultant: Strong mental health leadership supported more positive staff-consultant relationships, which led to staff perceiving more positive program outcomes.

Conclusion

Finding ways to effectively address children's mental health issues remains a challenge to early childhood providers. Resource challenges, attitudes, and beliefs about what "mental health" means in an early childhood context, as well as the need to attend to a myriad of other important concerns can act as obstacles even for the most dedicated providers. Building successful program approaches that can promote children's positive socio-emotional development and prevent problem behaviors from emerging need not require expensive clinical interventions, however. By creatively building strong partnerships with experienced and committed mental health professionals, programs can gradually enhance staff capacity to support such successes. By focusing resources on overall program quality, and on building a holistic vision and approach to children's mental health, staff can do their jobs more effectively and have

less need for more expensive and intensive mental health services. Within such a program context, both staff and children can achieve positive social and emotional well-being.

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