

# The Role of Mental Health Consultation in Head Start



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# Overview



- **Brief background on the evidence base for early childhood mental health consultation**
- **Addressing the mental health needs of young children and their families**
  - Child-focused consultation
  - Integrating evidence-based interventions
- **Promoting a positive social emotional climate**
  - Programmatic consultation
  - Reducing staff stress
- **Recommendations**

# Performance Standards



- **1304.24 (a)(2)** Grantee...must secure the services of mental health professionals on a **schedule of sufficient frequency** to enable the timely and effective identification of and intervention in **family and staff concerns about a child's mental health**;
- 
- **1304.24 (a)(3)** Mental health program services must include a **regular schedule of on-site mental health consultation** involving the mental health professional, program staff, and parents on how to:
  - Design and implement program practices responsive to the identified behavioral and mental health concerns of an individual child or group of children;
  - Promote children's mental wellness by providing group and individual staff and parent education on mental health issues;
  - Assist in providing special help for children with atypical behavior or development; and
  - Utilize other community mental health resources, as needed.

# Definition of Early Childhood Mental Health Consultation (ECMHC)

“A problem-solving and capacity–building intervention implemented within a collaborative relationship between a professional consultant with mental health expertise and one or more individuals with other areas of expertise - primarily child care, child development, and families – or individuals with child care responsibilities.”

(Cohen & Kaufmann, 2000; 2005)

# Types of ECMHC



- Child/family-focused consultation:  
*Focuses on a particular child with challenging behavior and/or the family of that child*
- Programmatic consultation:  
*Focuses on a general program or classroom issue that impacts the mental health of staff, children and/or families*

*Cohen & Kaufmann, 2005*

# What ECMHC “Isn’t”



- Formal diagnostic evaluations
- Therapeutic play groups
- Individual therapy
- Family therapy
- Staff therapy
- Family support groups

# Research Base for ECMHC



- Two published research syntheses of more than 30 studies:
  - Decreases in children's acting out behavior problems
  - Decreases in teacher stress, staff turnover
  - Lower rates of children being expelled from child care
- Two randomized controlled trials
  - Positive findings for child behavior problems
    - ✦ (Brennan, et al., 2008; Perry, et al., 2010)

# Center for Social Emotional Foundations for Early Learning: Teaching Pyramid



# ECMHC and Family Mental Health



- **Focus on children with challenging behavior**
  - Shift to promotion and prevention
  - Building staff capacity to provide positive social emotional climate
- **Family mental health as a key contributor to young children's social and emotional well-being**
  - More than half the mothers in EHS research study scored above the cut-point on the depression screening tool

# Consequences of Maternal Depression



- **Mother-infant interaction**
  - Mothers: understimulating or overstimulating
  - Infants: Less responsive, more gaze avoidant, more distress
- **Infant development**
  - Emotion dysregulation
  - Cognitive and language delays
  - Increased risk for psychopathology
- **Mothers' well-being**
  - Decreased maternal self-efficacy
- **Fathers' well-being**
  - Increased depression & marital stress



# How depression affects development



- **Specific aspects of parenting behavior are disrupted, including:**
  - Maternal responsiveness and sensitivity
  - Emotional availability
  - Modeling negative affect
  - Inability to assist with emotional regulation
  - Negative mood (intrusive/hostile)
  - Inconsistency in discipline

# Rationale for Preventing Depression



- **15% all new mothers experience postpartum depression**
  - Rates in low-income communities served by Head Start are 2-3 times higher
- **Depression is under-identified**
  - Lack of systematic screening
  - Failure to acknowledge impairment in functioning
- **Depressed women do not get treatment**
  - Limited public sector options
  - Policy barriers

# *The Mothers and Babies Course*

## **MY PERSONAL REALITY**

**Internal Reality**  
*(In your mind)*

**External Reality**  
*(In the world)*

Thoughts

Activities



Emotions

*Alone*

*With  
Others*

***Promote parent-infant bonding using cognitive-behavioral strategies***

# Mothers & Babies (MB) Course



- **ACTIVITIES:**

- ***Class # 1*** – Introduction to the Mothers and Babies Course.
- ***Class # 2*** – Activities and my mood.
- ***Class # 3*** – Pleasant activities help make a healthy reality for my baby and myself.

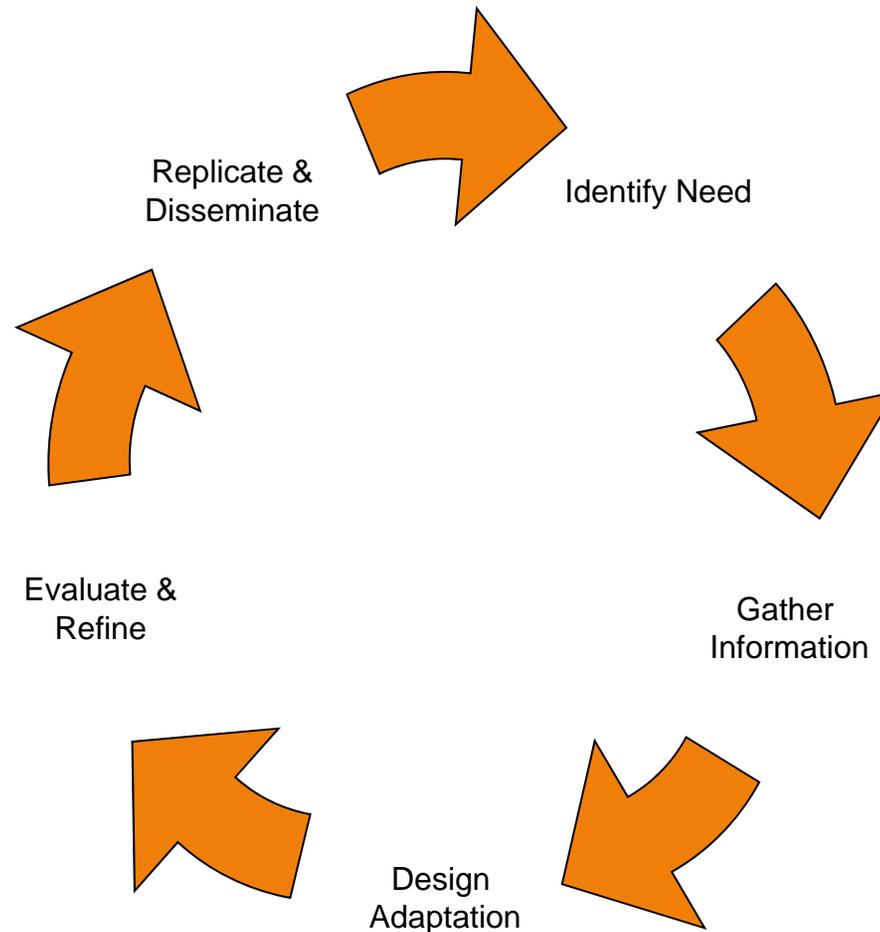
- **THOUGHTS:**

- ***Class # 4*** – Thoughts and my mood.
- ***Class # 5*** – Fighting harmful thoughts and increasing helpful thoughts that affect my baby and myself.

- **CONTACT WITH OTHER PEOPLE:**

- ***Class # 6*** – Contacts with other and my mood.
- ***Class # 7*** – How to get support for me and my baby.
- ***Class # 8*** – Planning for the Future.

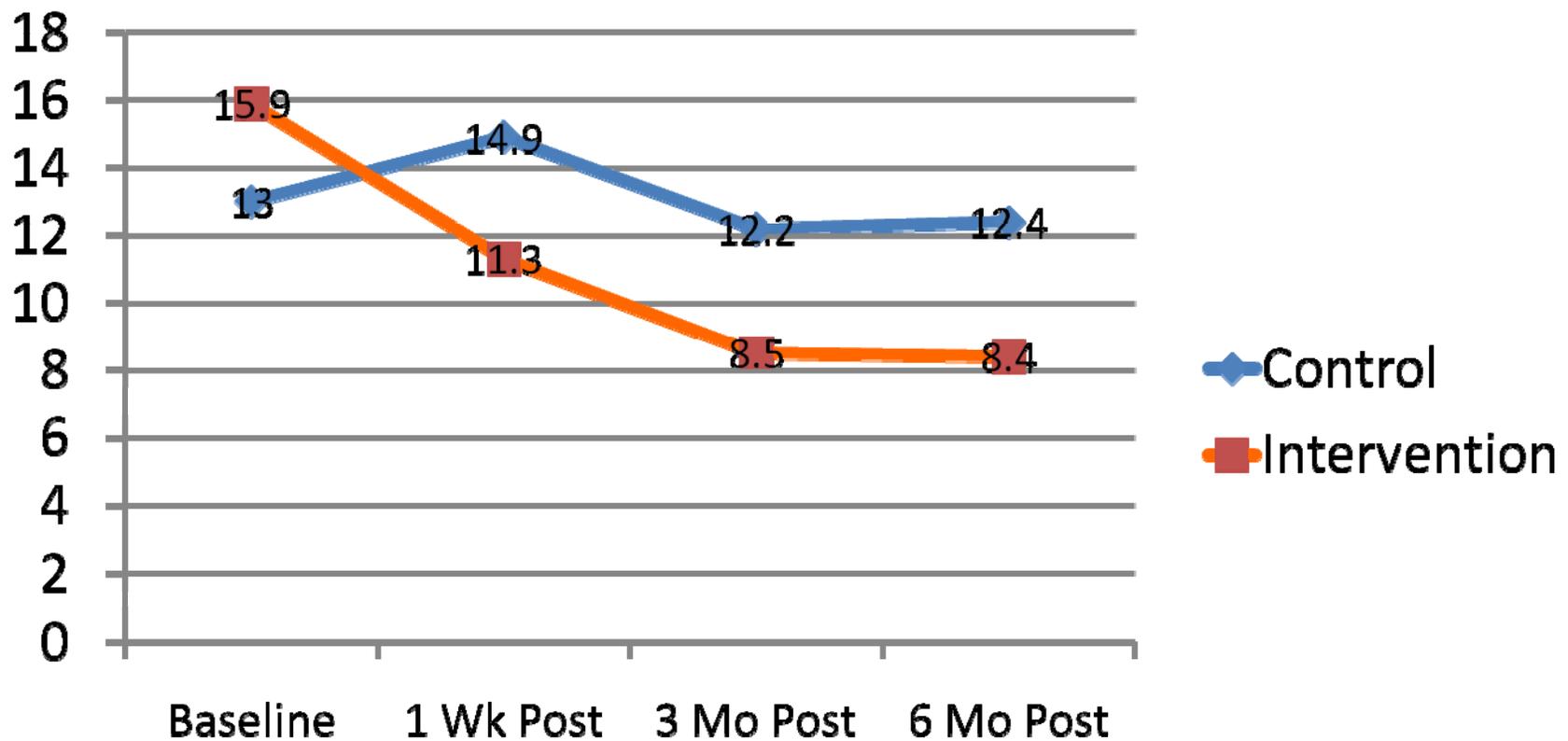
# Iterative Model of Cultural Adaptation



Le, Zmuda, Perry, & Muñoz, 2010

# 6-week MB Course In Home Visiting (HV)

BDI score



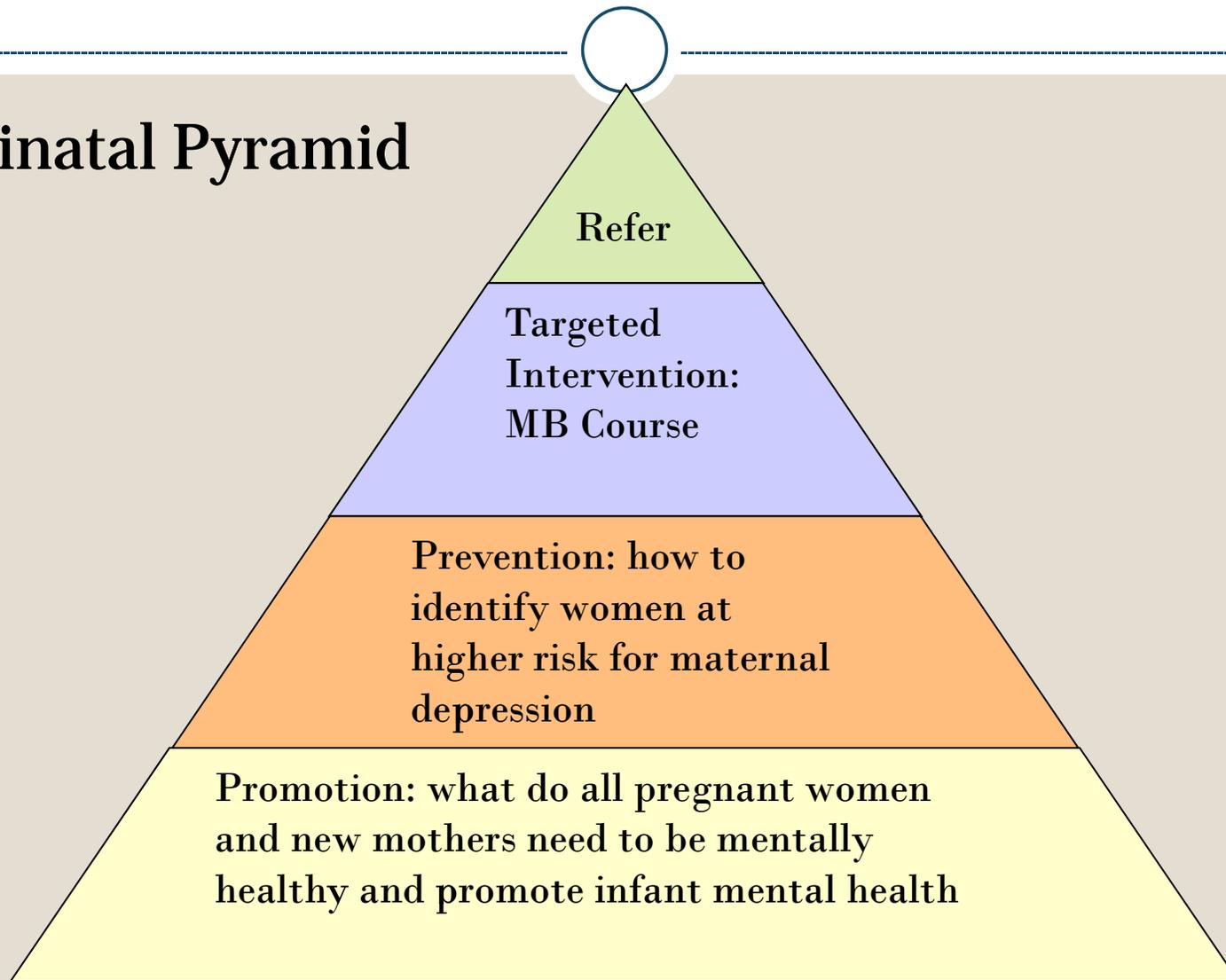
# Preliminary Findings: 6-week HV

<b>Major Depressive Episode New Cases</b>	<b>Intervention</b>	<b>Control</b>
3 Months Post-Intervention	3 (9%)	9 (33%)
6 Months Post-Intervention	4 (13%)	7 (26%)

Tandon, Sept. 2010

# Combatting Maternal Depression

- **Perinatal Pyramid**



## Focus on Staff Stress



**“ The morale of the staff is vital to the program. Staff health, be it mental health or physical health is reflected in how they serve the children and the families as well.”**

**EHS Teacher**

# Impact of Stress on Teaching and Learning



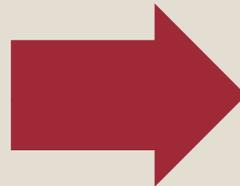
- **Teachers reporting higher levels of stress and depression:**
  - ❖ **provide lower quality of care (Weaver, 2002)**
  - ❖ **use a limited variety of teaching strategies, provide less structure and limits (de Schipper, Riksen-Walraven, Geurts & Derksen, 2008; Goldsmith & Rogoff, 1995)**
  - ❖ **interact less frequently with children & interact more negatively with less sensitivity (Hamre & Pianta, 2004)**

# Healthy Teachers Leads to Healthy Children!



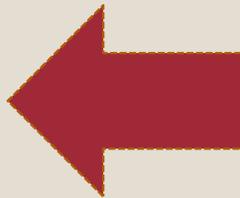
Teachers reporting low levels of stress :

- Are more supportive and more respectful toward children
- Provide higher quality instructions
- Express less negativism
- Express more positive affect toward children



Children who interact with positive, sensitive (unstressed) teachers:

- Demonstrate greater attachment security
- Demonstrate less challenging behaviors



(de Schipper, Riksen-Walraven, Geurts, & Derksen, 2008; Howes, Galinsky, & Kontos, 1998)

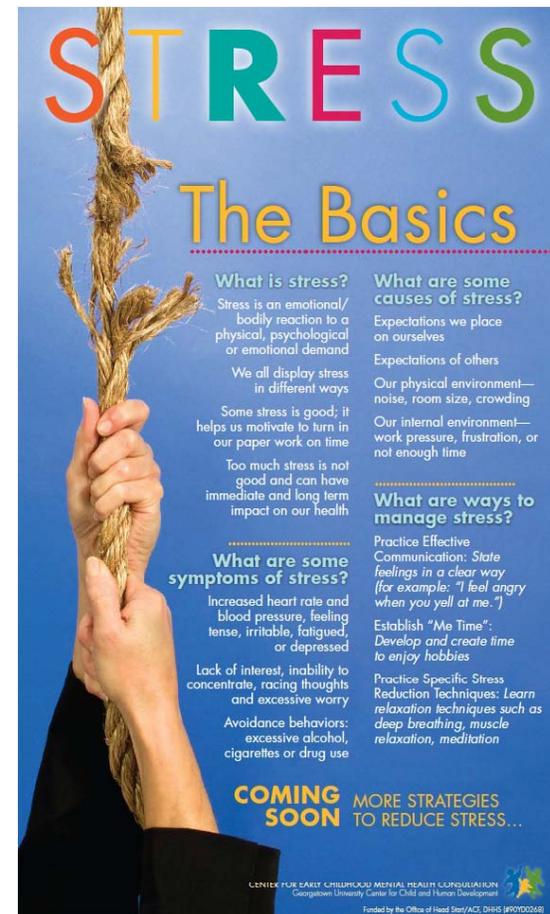
# Pyramid Model of Supporting Staff Wellness



# Staff Stress Reduction



- Workshop on evidence-based stress and coping techniques
- Follow-up with “bathroom graffiti” posters
  - 12 posters
  - Can be used in homes as well as Head Start centers



# Recommendations



- Continue integrating evidence-based interventions into Head Start programs
- Ensure that mental health consultants are supporting the Head Start programs' efforts to succeed on the CLASS
- Expand focus of mental health consultation to include caregiver mental health and wellness
  - Staff and family members

# Resources



- Center for Early Childhood Mental Health Consultation:
  - [www.ecmhc.org](http://www.ecmhc.org)
- Georgetown University Center for Child and Human Development
  - [gucchd.georgetown.edu](http://gucchd.georgetown.edu)
- Latino Mental Health Research Project, UCSF:
  - <http://www.medschool.ucsf.edu/latino/manuals.aspx#motherandbabies>