

Beth L. Green, Ph.D.
NPC Research, Inc.
5200 SW Macadam, Suite 420
Portland, OR 97201
(503) 243-2436
green@npcresearch.com

Maria Everhart
Project Manager

Elizabeth Vale
Student Research Assistant

Jennifer Simpson, Ph.D.
Assistant Director of Training and Dissemination

Maria Garcia-Gettman
Graduate Research Assistant

Research and Training Center on Family
Support and Children's Mental Health
Portland State University
PO Box 751
Portland, OR 97207
Phone: (503) 725-4040
Fax: (503) 725-4180

Influencing Children's Mental Health Outcomes: Early Childhood Mental Health Consultation Design

Head Start programs have long acknowledged the importance of children's social-emotional development, and engage in multiple strategies to support and promote this aspect of school readiness. Head Start performance standards now emphasize and mandate mental health consultation as one key strategy. While recent work has provided expert opinion about key features of effective mental health consultation (Cohen & Kaufmann, 2000; Donahue, Falk & Provet, 2000), and has described how some noteworthy programs address the mental health needs of children and families (Yoshikawa & Knitzer, 1997), considerable work remains to provide evidence-based guidance that can help Head Start programs to make appropriate decisions about how to conceptualize and structure their mental health services.

Structuring the best mental health services within Head Start programs requires attention not only to how individual professionals assess and treat children and families or to organizational characteristics. A program's structure, its vision and philosophy of mental health, how decisions about universal prevention and identification are made, and how mental health is conceptualized in relationship to other program components, are features that also influence individual staff behavior and skills. Very little research has focused on understanding the influence of organizational variables on the effectiveness of children's mental health services; the few studies that do suggest that these are crucial variables in understanding child outcomes (Bryant & Peisner-Feinberg, 2000; Buysse et al, 1999; Lara, McCabe, &

Brooks-Gunn, 2000; Zelman, Friedman & Pasquariella, 1996.).

One organizational variable that may be particularly important for effective mental health services is the organizational philosophy and culture surrounding concepts of children's mental health. Yoshikawa & Knitzer (1997) point out that programs typically conceptualize mental health in a very narrow and compartmentalized fashion, and that effective mental health strategies require integrated, holistic approaches. Programs with a well-articulated vision reflecting best practices for prevention, social-emotional growth, and mental health intervention may make better decisions about how to use limited resources to effectively structure and supervise services.

This paper presented results from the first phase of a five-year study designed to provide research-based guidance to Head Start and other early childhood programs about designing mental health programs. The research focused on how organizational characteristics (e.g., program structure, vision, decision-making strategies, and stance toward children's mental health) relate to the quality and effectiveness of mental health services. Data were presented from 73 qualitative, semi-structured interviews collected from seven sites within three contrasting Head Start programs.

SAMPLE

Three contrasting Head Start programs were selected for initial qualitative study. Programs were selected to represent rural and urban regions, culturally diverse populations, and contrasting approaches to mental health program design. Program A serves 247 children in 9 sites dispersed through three rural counties, 60 or more miles from the nearest metropolitan area. The population served includes a relatively recent influx of Hispanic immigrants. Program A is, by its own admission, struggling with how to best leverage rural mental health resources, and uses mental health consultants in a somewhat limited role.

Program B operates through an urban school district and serves 560 children from diverse ethnic backgrounds. Program B has had a long-term relationship with a mental health consultant and a clearly defined children's mental health program implemented using assessments, frequent consultation, and referral follow-up.

Program C serves 551 children in the middle to low income fringes of a large metropolitan area. Program C has developed a long-term collaboration with the county mental health agency to provide more intensive children's mental health services, and has worked for several years to develop a comprehensive approach to children's mental health and social-emotional wellbeing.

METHODS

Semi-structured, face-to-face interviews were conducted with a total of 73 persons representing head teachers, teaching assistants, family advocates/case managers, program managers and directors, mental health consultants, and parents from each program. Interviews focused on such topics as mental health service structure, philosophy and approach to mental health, beliefs and attitudes about mental health, organizational structure, and decision-making and communication strategies. Of particular interest was the extent to which there was a shared philosophy around mental health that reflected current "best practices" in early childhood mental health. Specifically, questions addressed the extent to which mental health services were holistic and integrated, inclusive, prevention-oriented, family-centered, culturally competent, developmentally appropriate, and strengths-based (Simpson et al, 2001; Knitzer, 1996). Interviews were summarized and entered into NUD*IST qualitative data analysis software. Interviews were coded to determine the extent to which participants' responses reflected the principles outlined above.

Analyses were conducted to delineate different organizational philosophies and characteristics among the programs, and whether these were related to staff

understanding and discussion of key best practices in children's mental health.

RESULTS & DISCUSSION

Results suggested that the programs differed in the expected manner in terms of the number of staff who perceived that there was an articulated program philosophy related to children's mental health. Sites A & B, which we identified a priori as having less well-developed approaches to children's mental health, had more staff who indicated that there was no philosophy (45% and 35%), compared to Site C (17%). Being able to articulate this philosophy was also related to how staff defined children's mental health: those who had a clear understanding of the program philosophy saw mental health more holistically, as more integrated into other program components, and talked about the program's approach more in terms of quality of interactions between staff, families and children, and less in terms of specific curricula or assessments. Staff who understood the program philosophy also had more positive relationships with the mental health consultant and saw more value to mental health consultation. Overall, results suggested that having a well-developed, articulated philosophy and vision related to children's mental health was associated with increased evidence of the use of best practices. Even within programs with a stated philosophy of mental health, ensuring that all staff understand and can articulate the philosophy was critical to supporting a quality approach to mental health.

Results of this study have been used in the development of the next phase of our research, a nationwide survey of a representative sample of Head Start program staff, administrators, mental health consultants and parents. For a description of this national program survey's methods and findings, please visit the Guidance for Program Design in Early Childhood Setting's project website at <http://www.rtc.pdx.edu/pgProjGuidance.php>.

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