



Key Themes From Staff and Parent Interviews

- 1. ALL PROGRAMS SHARE AN UNDERSTANDING THAT INTERPERSONAL RELATIONSHIPS ARE CRITICALLY IMPORTANT, BOTH TO CREATING MENTAL HEALTH AND TO HOW SERVICES ARE DELIVERED.** Reflecting a core Head Start philosophy that emphasizes people working together to improve their lives, program respondents articulated a *relationship-based approach* to providing children's mental health services. *Family involvement*, emphasizing strengths and the family's role in supporting children's mental health, and *creating a supportive work environment* in which close collaboration and peer support were seen as critical to helping staff do their jobs effectively, were views shared by the three centers.
- 2. MAINTAINING MOMENTUM FOR INVOLVING FAMILIES IS A CONCERN TO ALL PROGRAMS.** Staff across all programs were interested in continuing to raise the level of attendance and participation by parents or caretakers in Head Start activities. Families are uniformly encouraged to participate in social events, as classroom volunteers, on policy councils, and in learning events regarding parent and child mental health. Yet all three programs estimated that only one third of families remain consistently involved past the first parent orientation meeting.
- 3. PROGRAMS, AND SITES WITHIN PROGRAMS, VARY IN THE DEGREE TO WHICH MENTAL HEALTH CONSULTANTS ARE INTEGRATED INTO CLASSROOM AND ORGANIZATIONAL LIFE.** Programs had made different decisions regarding the roles mental health consultants play in the classroom, in planning and management meetings, in mental health service decisions, and in parent communication.

- ◆ **Two models of program-wide integration.** Mental health consultants in two of the programs had a prominent role, and were integrated into administrative functioning. This high level of involvement was made possible both through creative collaboration with agencies providing mental health services to low-income children, as well as the allocation of significant budget and human resources by Head Start programs.
 - ◆ **Positive results with a low-integration model.** Even at the program in which mental health services involved a limited consultant role, one site stood out as having a particularly strong classroom approach to children's mental health needs. In this case the mental health consultant was an early childhood specialist who had a long-term relationship with the site. This site also had low staff turnover and lessons learned each year were carried forward and built upon.
 - ◆ **A clear mental health philosophy appears to be one outcome of more highly integrated mental health consulting roles.** Staff at the two programs with a higher level of involvement with mental health consultants were more able to clearly articulate the program's approach to children's mental health, and tended to have more holistic, integrated views of mental health and how the program was supporting it.
- 4. MANY STAFF PERCEIVE A SCARCITY OF FINANCIAL RESOURCES AND AVAILABLE QUALIFIED PROFESSIONALS, GIVEN MENTAL HEALTH NEEDS.** Staff members in all programs raised the issue of limited resources for children's mental health, and the need for additional mental health consultation. This was

true despite wide differences in the resources available to the programs for mental health.

- 5. ALL PROGRAMS FACED THE CHALLENGE OF SERVING AN INCREASINGLY DIVERSE MULTI-ETHNIC AND MULTI-LINGUAL POPULATION.** Head Start classrooms in Oregon are becoming increasingly culturally diverse. In all three programs, the concept of culture was framed almost exclusively in terms of language differences; staff discussed the need for interpreters and the difficulty of working on mental health issues through translators. Few staff mentioned how views of children's mental health might be different for staff or families of different cultural heritage. Also notable across all programs was the scarcity of multi-ethnic staff in roles of responsibility, in comparison to the population served.
- 6. COMMUNICATION GAPS ARE A COMMON ISSUE.** Two of the three programs consistently described challenges in terms of bridging the gaps between management and classroom and direct service staff, as evidenced either by communication problems or by significant differences in the types of responses provided by management and staff to such questions as, "What is the program's approach to children's mental health?" and "How are decisions made about which children need additional mental health services?" These structural issues may pose challenges to implementing a holistic, integrated vision of children's mental health services.
- 7. PROGRAM STAFF STRUGGLE TO ARTICULATE THE MOST IMPORTANT GOALS OF THEIR MENTAL HEALTH APPROACH.** Finally, it should be noted that many staff across all the sites had difficulty in articulating program goals related to children's mental health, even



when asked more specifically about what changes they would like to see in children and families as a result of the program's mental health approach. Responses varied from very specific, service related goals (e.g., "to make sure all children get the mental health services they need") to global statements of wellness (e.g., "that all children are happy and healthy"). Programs may want to consider working on goal clarification and ensuring that staff have a clear understanding of what the programs are trying to achieve in terms of mental health, in order to support positive outcomes in this area.

The Next Phase

This project is currently conducting a survey of 1600 staff and parents in a nationally representative sample of 100 Head Start programs. Survey questions will further explore questions about how programs think about, structure, and approach mental health services. The survey is designed to provide practical information about how to best structure mental health services for young children and their families. This information will be used to develop and test training materials that will be disseminated to Head Start programs in 2003 and 2004.

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The Research and Training Center is part of the Regional Research Institute for Human Services, the research arm of the Graduate School of Social Work at Portland State University.



Guidance for Early Childhood Program Design: Addressing the Mental Health Needs of Young Children and Their Families in Early Childhood Education Settings

Purpose

This project is designed to provide early childhood education programs with research-based training and technical assistance about how to structure effective mental health services. With a particular emphasis on understanding how organizational functioning influences mental health service delivery, the project will develop training materials for Head Start managers and other leaders in the early childhood community.

Early Project Findings

The first phase of the project involved conducting over 75 structured, in-depth interviews about mental health programming at three contrasting Oregon Head Start programs. This brochure outlines seven themes that emerged from these interviews. These themes include widespread program challenges and strengths, and preliminary insights into elements of effective service delivery. We hope the reader finds these useful, and we will continue to provide brief summaries of project findings as these become available.

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

