

## Mental Health Consultation and Early Care and Education



Alameda County Early Childhood Mental Health Systems Group

# Mental Health Consultation and Early Care and Education

A Position Paper on Mental Health Consultation to Child Care

## **Introduction**

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The **Alameda County Early Childhood Mental Health Systems Group (ECMHSG)** is a committee of the Alameda County Child Care Planning Council. We are comprised of mental health, early childcare and education and early intervention professionals. The collaborative has written this position paper to inform the community about the benefits of mental health consultation in early care and education for children 0-5 and their families. Our goal is to inform and advocate for funding of mental health consultation services in early childcare and education. Our position paper on mental health consultation to early care and education settings supports this goal by highlighting the importance of this support service to teachers, families and most importantly to children.

### Objectives:

- To provide information to the community about the promising practice of early childhood mental health consultation
- To highlight the importance of this support service to teachers, families and most importantly, to children
- To ensure that services are delivered in a culturally responsive manner
- To advocate for more funding and research on ECMH consultation

Over the past forty years the care of our nation's youngest children, 0- 5 years of age, has shifted from the family home to licensed home or center based care. Today, from an early age many of our children enter a social setting with other children where they are supervised by professional caregivers.

In Alameda County the children in the center based child care population are highly diverse, speaking many languages. In the lower San Antonio district of Oakland, for example, 27 languages are spoken. In addition to the racial/ethnic and language differences, the children also differ in their ability to manage the complexities of group care. There are those who are developmentally delayed, some severely so, others come from home environments with multiple risk factors. Many of them live in areas of Alameda County identified by the Academic Performance Index Growth Report (February 2003)<sup>1</sup> as socio/economically disadvantaged because of high rates of poverty, high numbers of English language learners, and low levels of parent education. Research tells us that developmental disparities as a result of economic and social disadvantages associated with poverty are apparent prior to kindergarten and without intervention commonly influence later school performance. Among these are children with mental health issues that result from attachment disorders due to abuse and neglect, domestic violence, multiple foster care placements and other unfortunate circumstances such as maternal depression.

The centers and homes that care for these children are often not equipped to meet these diverse needs. Educators may be under stress due to working in a field that is underpaid and undervalued. Lack of onsite support and training leaves teachers less able to respond to the multiple risk factors they are presented with on a daily basis. This in turn may leave teachers feeling overwhelmed leading to an average staff turnover rate of 26% in Alameda County.<sup>2</sup>

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<sup>1</sup> (February 2003). *Academic Performance Index: Growth Report. The Explanatory Notes. 2001-2002*

<sup>2</sup> Whitebook, M., Bellm, D., Cruz, E., Munn, M., Jo, J.Y., Almaraz, M. and Lee, Y (2004). *Training the Next Generation of Teachers*. Center for the Study of Child Care Employment, Institute of Industrial Relations, University of California at Berkeley.

This paper will address the following areas:

- What is Early Childhood Mental Health Consultation?
- Why is Mental Health Consultation Needed ?
  - Alameda County information
  - National preschool expulsion study
  - Self-regulation
  - Challenges of self-regulation
- Mental Health Consultation Programs in Alameda County
- Cost Effectiveness of Early Childhood Mental Health Consultation
- Recommendations

### **What is Early Childhood Mental Health Consultation?**

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“Young Children’s healthy social and emotional development is critical to school readiness and positive long-term outcomes. Although most children progress in their development without any significant challenges, research exposing high rates of preschool expulsion coupled with estimates suggesting that one in ten children exhibit problem behaviors underscore that this is not the case for all children. One approach to addressing challenging behaviors that is gaining in popularity is early childhood mental health consultation (ECMHC).”<sup>3</sup>

Early childhood mental health consultation consists of mental health professionals partnering with early care and education (ECE) professionals to promote the social and emotional well being of young children. Mental Health Consultation ensures stability and a strong foundation for school readiness. Services build upon the strengths of staff and families to maximize children’s emotional and social development. A driving tenet is that children’s behavior has meaning. Working together to gain a better understanding of the child’s behavior, the consultant and ECE professional are able to respond in ways that support positive change, so that the child can take full advantage of the learning environment and through the ECE staff’s understanding, response and support to these behaviors, change can occur.

Mental Health consultation includes a variety of services within the classroom setting:

- **General Consultation:** Ongoing dialogue with teachers and directors about various topics such as typical and atypical child development, social-emotional development, curriculum, environment set-up, inclusion of children with special needs as well as offering general support and general observations in the classroom.
- **Child Specific Consultation:** Assessment of the child, consultation to teachers, directors and families regarding a specific child. The development of an intervention plan to address an individual child’s social, emotional and/or developmental needs.
- **Program Consultation:** Includes work with all levels of the early care and education program staff regarding systemic issues that may impact a child’s functioning in the early care and education setting and to support the staff in providing quality care for the children.
- **Direct Mental Health Services:** Children’s therapy groups, individual play therapy and/or family therapy.

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<sup>3</sup> Duran, F. and Kauffman, R. *Early Childhood Mental Health Consultation*. Georgetown University Center for Child and Human Development. [http://gucchd.georgetown.edu/programs/ta\\_center](http://gucchd.georgetown.edu/programs/ta_center).

- Training: Training for teachers, directors and families on social, emotional and developmental issues for children 0-5.
- Advocacy and referral services for ECE staff and families.

### **Why is Mental Health Consultation Needed?**

Research shows an increase in challenging behaviors among children in early care and education programs. For example, for every 133 prekindergarten children enrolled in state preschool in California, one child is expelled due to behavioral problems.<sup>4</sup> This rate is three times that of children in K-12 in California public schools. Although national studies of child care show a correlation between time spent in child care and aggressive behavior in children, especially in poorer quality child care,<sup>5</sup> a 2003 study from the San Francisco Early Childhood Mental Health Project reports that there was a significant decrease in aggressive behavior when early childhood mental health consultation was present.<sup>6</sup>

Numerous risk factors make children extremely vulnerable. Children exposed to early trauma and highly stressful circumstances have been shown to exhibit depression, anxiety, aggression, conduct problems and defiant behavior.<sup>7</sup> Moreover, persistent conduct problems are also associated with poor academic performance, delinquency and substance abuse in later childhood.<sup>8</sup> Chronic or excessive stress factors in early childhood may develop into a lifetime of greater susceptibility to physical illnesses such as cardiovascular disease, hypertension, and diabetes.<sup>9</sup> When children are exposed to chronic or excessive stressors, their ability to acquire or maintain self-regulation skills are compromised.

#### **SELF-REGULATION:**

Every child needs to learn the basic skills of self-regulation. The ability to learn to get along with others, think of consequences, identify and express feelings appropriately and to resolve problems and follow rules are essential in development and for kindergarten readiness.

- “Early self-regulation has a stronger association with school readiness than IQ or entry-level reading or math (Blair, 2002, 2003; Normandeau & Guay, 1998).
- Lack of self-regulation may also stand in the way of a child’s developing positive teacher-child interactions in kindergarten, which, in turn, predict poor academic performance as well as behavior problems in later years (e.g., Hamre & Pianta, 2001; Raver & Knitzer, 2002).

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<sup>4</sup> Gilliam, W. S. (2005). *Prekindergarteners Left behind: Expulsion rates in state prekindergarten systems*. New Haven, CT: Yale University Child Study Center.

<sup>5</sup> NICHD Early Child Care Research Network. (2003). *Does amount of time spent in child care predict socioemotional adjustment during the transition to kindergarten?* Child Development, 74, 976-1005.

<sup>6</sup> Johns, B (2003). *The Early Childhood Mental Health Project : Child Care Center Consultation in Action*. Jewish Family and Children’s Services of San Francisco, the Peninsula, Marin and Sonoma Counties.

<sup>7</sup> National Scientific Council on the Developing Child (2008). *Mental Health Problems in Early Childhood Can Impair Learning and Behavior for Life: Working Paper #6*. <http://www.developingchild.net>.

<sup>8</sup> McCabe, L.A., & Frede, E. (2007, December). *Challenging Behaviors and the Role of Preschool Education. (Preschool Policy Brief Issue 16)*. Rutgers, NJ: National Institute for Early Education Research. Available on-line at <http://nieer.org/resources/policybriefs/16.pdf>.

<sup>9</sup> National Scientific Council on the Developing Child (2008). *Mental Health Problems in Early Childhood Can Impair Learning and Behavior for Life: Working Paper #6*. <http://www.developingchild.net>.

- Social-emotional self-regulation seems to be related to the ability to regulate learning-related social behaviors, such as listening to and following directions, staying on task (McClelland & Morrison, 2003; McClelland, Morrison, & Holmes, 2000)
- Lack of social-emotional regulation is associated with aggression and lack of social skills, emotional outbursts, inattention and feelings of being overwhelmed (Saarni, 1999).
- Anti-social behavior is on the rise even in preschool, reflected in such statistics as preschool expulsion rates (Gilliam, 2005).

#### CHALLENGES OF SELF-REGULATION:

##### For Children

- Children are not entering preschool and kindergarten with self-regulation.
- There is a growing chorus of concern that young children are not entering school with the self-regulatory skills that they need (Raver & Knitzer, 2002).
- In a nationally representative survey of kindergarten teachers, 46% reported that over half of their children do not have sufficient levels of self-regulation (Rimm-Kaufman, Pianta, & Cox, 2000).
- In a study of Head Start classrooms, teachers reported that problem behaviors related to lack of social-emotional self-regulation, such as kicking or threatening others, occurred once a day for 40% of the children. For 10% of the children, on the other hand, it has been demonstrated that teachers can have a positive effect on children's self-regulatory capacities (e.g., Burchinal, Peisner-Feinberg, Bryant, & Clifford, 2000).
- In some centers, there were six or more instances of serious aggressive behavior a day (Kupersmidt, Bryant, & Willoughby, 2000; Willoughby, Kupersmidt, & Bryant, 2001).

##### For Teachers

- Teachers can impact self-regulation but feel unequipped to do so.
- When preschool teachers fail to handle social-emotional problems well, they perpetuate unregulated behaviors in their young pupils (Arnold, McWilliams, & Arnold, 1998).
- Early childhood teachers are struggling with growing numbers of children who need specific support to develop self-regulation at the same time that they feel themselves under pressure to meet national standards in purely academic areas (Yoshikawa & Knitzer, 1997).
- Teachers report that they feel overwhelmed and do not know what to do to support their young students. In an increasing number of cases, children with behavioral problems are simply being expelled from classrooms (Gilliam, 2005, Knitzer, 2002).
- Teacher burn out from dealing with out-of-control children is skyrocketing (Hastings, 2003)."<sup>10</sup>

Early intervention provided by consultation can decrease aggressive behavior because these behaviors have not yet become entrenched.<sup>11</sup> MH consultation supports/enhances the teachers' ability to respond to the needs of children who experience poor self-regulation. Teachers need more support and training to respond to the complexity and intensity of the social and emotional needs of some children. Intervention, through

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<sup>10</sup> <http://www.mscedu/extendedcampus/toolsofthemind/about/selfregulation.shtml>

<sup>11</sup> Reid, J. B., & Eddy, J. M. (1997). *The prevention of antisocial behavior: Some considerations in the search for effective interventions*. In D. M. Stoff, J. Breiling, & J. D. Maser (Eds.), *Handbook of antisocial behavior* (pp. 343-356). New York: John Wiley & Sons. (P50 MH 46690; RO1 54248)

consultation, in the youngest years can decrease aggression before it becomes entrenched. High quality preschool that includes an emphasis on children's social and emotional development can reduce the rates of challenging behaviors and may provide long-term protection for children at risk for behavioral problems.

However, there is a serious shortage of professionals who are qualified to address the behavioral and mental health needs of infants, toddlers, and preschoolers.<sup>12</sup> Mental health consultation to early care and education programs is a strategy to build the capacity of ECE professionals to address behavioral problems in children.<sup>13,14</sup>

### **The Need In Alameda County**

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According to data gathered for the Alameda County Early Care and Education for All Plan, there are approximately 35,600 preschool aged children (2-4 years) and 8,900 infants and toddlers residing in the county.<sup>15</sup> Child care facilities in Alameda County can accommodate approximately 36,000 preschoolers and 5,800 infants and toddlers. In terms of the workforce, there are approximately 2005 ECE providers countywide with 39% working in centers that enroll infants and toddlers and 61% in centers that enroll only preschoolers.<sup>16</sup>

Currently, approximately 75 licensed centers in Alameda County are receiving mental health consultation services. None of these sites are Family Child Care sites. This is 14% of the total number of centers (535 according to data from 2006) in Alameda County. These sites have received services for anywhere from one to ten years, with the average number of years of services being four.

The Alameda County Early Childhood Mental Health Systems Group surveyed child care programs in the county to assess interest in mental consultation. This information would determine the extent to which such services would be utilized if made available. In 2007, the Collaborative developed a brochure for early care and education providers that explained what mental health consultation service is, the variety of services that would be available and the benefits and challenges of participation. Of the 154 licensed centers in Oakland, 84 (55%) completed the questionnaire. Of the 84 questionnaires received, 76 (90%) said, "if mental health consultation services were offered at little to no cost, they would take advantage of them."

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<sup>12</sup> National Scientific Council on the Developing Child (2008). *Mental Health Problems in Early Childhood Can Impair Learning and Behavior for Life: Working Paper #6*. <http://www.developingchild.net>.

<sup>13</sup> Brennan, E. M., Bradley, J. R., Allen, M. D., Bennington, D., Perry, D. P., & Tsega, A. (2005). *Addressing mental health in early childhood settings: The role of mental health consultation*. In L. Gordon, J. Bradley, N. Aue, & A. Holman (Eds.), *Building on Family Strengths, Research and Services in Support of Children and Their Families*. Portland, OR: Portland State University, Research and Training Center on Family Support and Children's Mental Health, 74-80

<sup>14</sup> Green, B.L., Everhart, M., Gordon, L., Gettman, M. G. (2006). *Characteristics of Effective Mental Health Consultation in Early Childhood Settings: Multilevel Analysis of a National Survey*. Topics in Early Childhood Special Education. 22-SEP-06.

<sup>15</sup> Alameda County (2006). *Early Care and Education Plan*.

<sup>16</sup> Whitebook, M., Sakai, L., Kipnis, F., Lee, Y., Bellm, D., Almaraz, M., and Tran, P. (2006). *California Early Care and Education Workforce Study: Alameda County Child Care Centers*. Center for the Study of Child Care Employment, Institute of Industrial Relations, University of California at Berkeley, California Child Care Resource and Referral Network.

## Neal's Story

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The following classroom situation illustrates the need for mental health consultation to early care and education settings, and the mental health consultant's response to that need.

*Neal is a four-year old boy who had previously been expelled from two preschools for aggressive behavior. The preschool director of his current school talked to the consultant because she was feeling pressured by teachers and parents to expel Neal for excessive biting, punching, and throwing objects at the other children and teachers.*

*Neal lives with his mother. She works full time and has had to repeatedly to pick Neal up early due to this aggression; this has jeopardized her job. Neal's mother was tired of hearing complaints about her son and had begun to avoid the teachers, rushing in and out at drop off and pick up times. The consultant had observed how stressed Neal's mother seemed every morning, and was concerned about the growing tension between Neal's mother and the teachers.*

*The consultant met weekly with the teachers and his mother for four months. The consultant helped Neal's mother and the teachers develop more open and consistent communication. She also focused on home stressors and parenting dynamics, which were contributing to some of Neal's behaviors in the classroom. The consultant worked with Neal's mother and the teachers to help him learn alternative ways to express his needs, feelings and frustrations. Neal was able to remain in school and participate in the end of the year graduation and celebration, along with his classmates, teachers, mother and the other families.*

## Mental Health Consultation Programs in Alameda County

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An underlying tenet of mental health consultation is that when teachers feel supported they are better able to support children.<sup>17</sup> Alameda County has begun to build the capacity of ECE professionals to address children's social and emotional development. From 2003-2007 First 5 Alameda County funded and evaluated the Mental Health Partnership Grant. The five agencies involved provided MH consultation in 26 child care centers, while simultaneously receiving training to facilitate best practices in early childhood mental health consultation. The agencies provided consultation for as many as 2,000 children in a year. A survey of participating teachers in 2006 showed that 51% felt that consultation changed the way they thought about children's emotional development and 72% said that consultation changed the way they thought about social development. Directors felt that consultation was a valuable resource for staff and was sensitive to the context of site, parents and children.<sup>18</sup> First 5 Alameda County evaluated the results of their investment in ECMH and made the commitment to continue funding these services. However, due to the unmet demand for MH consultation services, increased funding is needed.

In addition to the evaluation of ECMH by First 5 Alameda County, a Federal grant provided funds for the provision of services at other sites in the county as well as evaluation of these services. To date, one program in Alameda County showed positive outcomes for children. Between 2005 – 2006, the Alameda County Child Care Planning Council, in partnership with Safe Passages and UCSF School of Nursing, conducted and evaluated a 17-month mental health consultation program in 7 programs in the county. The results of the evaluation showed significant improvements in teacher-ratings of children's social competence and improvements in teacher ratings of children's aggression and withdrawn social behavior:<sup>19</sup>

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<sup>17</sup> Johnston, K. & Brinamen, C. (2006). *Mental Health Consultation in Child Care: Transforming Relationships Among Directors, Staff and Families*. Zero to Three Press.

<sup>18</sup> First 5 Alameda County. *Every Child Counts, Annual Report 2006- 2007*

<sup>19</sup> Bernzweig J., Ramler M., Alkon A., Christie D. (2009). *Setting up for Success: Factors that Influence Satisfaction with Early Childhood Mental Health Consultation to Childcare*. Zero to Three Journal. In Press.

## **Cost Effectiveness of Early Childhood Mental Health Consultation**

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Mental health consultation is preventative. Because it catches problems while they are small and less entrenched it often mitigates the need for a more intensive mental health intervention later on. Also, catching problems while they are small can be cost effective. For example, the average cost of providing full service MH Consultation to a classroom with 20 children and 3 staff is \$17, 422.50 per year (First 5 Alameda County, 2008). This is based on a salary ranging from \$40, 000 to \$60,000 for a full time, licensed clinician. The cost per child comes to \$871.13 for a full year of mental health consultation services. In comparison, a more intensive mental health intervention such as weekly therapy for the children experiencing acute mental health problems averages \$6000 a year per child, based on an average session cost of \$125 per week.

Clearly ECMH consultation at \$871.13 for a full year of services is a cost savings compared to the more intensive mental health intervention of weekly therapy. Additionally, the mental health consultation service delivery impacts a classroom of children whereas the individual therapy impacts only the child and their family. Onsite mental health consultation also lessens the burden on families, as they do not have to pay for transportation. Also, access to onsite mental health consultation services reduces the families' need to be on lengthy waiting lists for services. Finally, it greatly benefits families who are uninsured or whose families insurance doesn't cover mental health services.

## **Recommendations**

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- Increased capacity to implement ECMHC in family child care programs
- Continued research into the effectiveness of MHC to child care centers
- Increase funding for mental health consultation services as described on pages pp 1-2
- Enhance and develop training in early childhood mental health consultation provided in both community and university settings, including a specific focus on culturally and linguistically responsive practices
- Use the Standards of Practice (see Appendix A) as a guideline for training and development of a system of MH consultation throughout Alameda County
- Collaborate statewide with agencies to develop consistent standards of practice
- Collaborate with universities to conduct local longitudinal research on the benefits of early childhood mental health consultation

The “first few years of life [are] critical for children’s later development. Mental health consultants help child care sites create a quality environment for children – enriched by positive relationships.”<sup>20</sup> In an effort to ensure that the children of Alameda County acquire optimal social, emotional, physical and cognitive development skills, it is imperative that mental health consultation to early care and education programs be prioritized, standardized and made accessible to all.

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<sup>20</sup> Lipton, A., Bleeker, T., Sherwood, D. (Sept. 5, 2008). *Are the Benefits of Consultation Services Sustained Through Kindergarten?: Findings From the Longitudinal Evaluation of the Child, Youth, and Family System of Care’s Early Childhood Mental Health Consultation Initiative (ECMHCI)*. Presentation to ECMHCI Steering Committee.

## APPENDIX A

# Standards of Practice for Mental Health Services in Partnership with Early Care and Education in Alameda County

*Jack: When moving between activities or going outside, Jack, who was three and half years old, would run outside and seek a hiding place. At times, he got so agitated that he would hit or shove a playmate who approached him.*

*Julia: Julia's parents had received several warnings from her preschool because she hit other children, and often had screaming and crying fits.*

*Fatima: Fatima's mother recently died in an unexpected accident. Fatima's father was concerned about how she was coping with her mother's death, and spoke with Fatima's teacher about his concerns. The early care and education teacher, however, had not seen any behavioral changes or symptoms.*

*Garden Street Child Care: The majority of the teachers at Garden Street Child Care are African-American. The director observed that these teachers felt that Elva, a Latina teacher, was aligning with Latino families and not communicating the families' needs to the remainder of the staff. Elva often translated for monolingual Spanish-speaking families and discussed child rearing practices that were culturally based. Her co-workers felt that she was showing "favoritism" towards Latino families and excluding other children. They also felt that their working relationship with her was suffering with some growing resentment and alienation.*

\* For ease of reading this document and to promote professionalism of the early care and education field, we will be using the term "teacher" to describe all individuals caring for children in a center-based program or family child care program.

## Introduction

The Alameda County Early Childhood Mental Health Systems Group created this document with support from Safe Passages to outline standards of practice for mental health services in early care and education. We recognize the important contribution that a partnership with mental health services and early care and education makes to the environment and to the overall development and education of the young child. This partnership includes collaboration with families with their full knowledge of, and consent for, mental health services. Substantial research shows that quality early care and education has long-term benefits to children's social and emotional wellness, prepares them for future school success and supports healthy families.

The scenarios above illustrate typical situations that regularly confront early care and education teachers, families and children. Collaborative solutions to such situations, along with early identification and intervention, are critical to maintaining a healthy children, healthy families, healthy teachers and a healthy program. Our hope is that this document will:

- Identify how mental health providers, teachers and families can work together to enhance children's emotional wellness;
- Illustrate the benefits of mental health services when partnering with early care and education;
- Provide consistent guidelines for early care and education mental health services throughout Alameda County for use by practitioners, families, providers and policy makers.

Ultimately, our goal is to build a County-wide system of prevention and early intervention services for young children and their families, in coordination with early care and education programs and resource and

referral agencies in Alameda County. Mental health services and the focus on the social and emotional development of young children can be an integral component of early care and education programs, as well as professional training institutions in Alameda County.

There is no single way to provide mental health services in a early care and education setting. At a minimum, these services are based on sound knowledge of child development and the culture of early care and education, delivered with flexibility and responsiveness. Therefore, we use the term **mental health services** throughout this document to refer to the full range of services provided within an early care and education setting, including consultation to early care and education teachers and directors as well as direct services, such as child and/or group therapy.

## Purpose and Benefits of Mental Health Services in partnership with Early Care and Education

A recent report, *Preventative Mental Health Services for Young Children in Alameda County: An Action Plan to Meet the Urgent Needs of Children Caregivers and Families*,<sup>21</sup> makes the case for mental health services in early care and education, describes current challenges faced by early care and education, and notes the significant diversity of teachers, families and children in Alameda County. The report's findings indicate that many caregivers of young children in Alameda County, families as well as early care and education providers, feel inadequately prepared to successfully address children's social and emotional needs. Mental health services can enhance the ability of caregivers to meet these needs, if the mental health consultant is knowledgeable about the classroom curriculum, and has established trusting relationships with the early care and education teachers. Service providers observe, provide suggestions and feedback, and encourage caregivers to build upon their skills as nurturers and teachers of young children.

Early care and education mental health services are essential to:

- Promote high quality early care and education. Disruptive, challenging behavior in group care settings creates a chaotic, stressful classroom, which is not conducive to learning. In working with the teachers, the mental health provider addresses the child's needs, reduces anxiety, helps the child to develop the coping skills to manage his/her behavior, and helps the family support the child. The mental health consultant also consults with the teachers to better manage the child in the classroom setting, and to improve and foster positive experiences for all children in the classroom.
- Minimize negative effects associated with children's challenging behaviors or other mental health needs, particularly when such needs have gone previously unidentified;
- Optimize children's social, emotional and physical health by providing early identification and intervention, such as making referrals for developmental assessments or more intensive mental health services;
- Establish school readiness and successful learning. Children who are worried, distressed or are experiencing social/emotional difficulties are unable to focus on learning. Once the child's needs are met through the mental health provider and teacher's interventions, the child is free to focus on developing social skills, as well as academics. Mental health providers can offer complementary or ongoing services once a child enters school, as needed.
- Enhance relationships among the child and the child's teachers, peers and family members.
- Provide ongoing professional development and training for early care and education providers to support the social, emotional and physical health of all children and to support the families' role in the life of their child;

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<sup>21</sup> This document can be obtained on the Alameda County Child Care Planning Council's website at: [http://www.acgov.org/childcare/mental\\_health\\_2002.pdf](http://www.acgov.org/childcare/mental_health_2002.pdf)

- Increase teacher capacity to address the multiple and varied needs of children in their care by combining knowledge and experience from the field of mental health with the field of early care and education.
- Ensure that a child’s special needs or disabilities are addressed according to Americans with Disabilities Act (ADA) guidelines.

## What Do Mental Health Services in Partnership with Early Care and Education Look Like?

*Jack: Jack’s teachers requested mental health consultation to address Jack’s disruptive behaviors. The consultant worked with Jack’s parents, his teachers and the center director to develop a shared understanding of the meaning of Jack’s behaviors. Together, they concluded that his behaviors were related to his parent’s recent separation, as well as an unusually high teacher turnover at the early care and education program site. Early care and education staff assigned one “buddy” teacher to Jack to provide consistency and reassurance on a daily basis. The mental health consultant, Jack’s teacher and his parents continue to work together to ensure that Jack feels secure in his adult relationships, both at home and at school.*

*Julia: Julia’s teachers, with the support of the center’s director, called in a mental health consultant. Ann, the consultant, observed Julia in her classroom. In particular, Ann noticed Julia’s high level of frustration and suspected that there may be speech and language delays. Ann also talked with Julia’s teacher who shared invaluable observations and insight regarding Julia’s behavior and her relationships with both peers and adults. Later, the mental health consultant learned from Julia’s mother that she had a history of ear infections. Ann encouraged Julia’s family to follow up with the pediatrician about putting tubes in Julia’s ears to address her chronic ear infections. The mental health consultant also worked with the early care and education program staff regarding the protocol they use when they feel overwhelmed by the children in their care. This included consultation with Julia’s family, who felt frustrated with the early care and education program’s initial response to Julia’s behavior.*

*Fatima: Fatima’s teacher relayed the father’s concerns to the center’s mental health services provider. On one of her regular visits to the early care and education center, she assessed Fatima and saw a need for play therapy. She used this opportunity to provide training to the early care and education staff about asymptomatic behaviors that children may exhibit. In addition to play therapy, the mental health services provider offered counseling to Fatima’s father.*

*Garden Street Child Care Center: The director requested a mental health consultant’s services to address this conflict among her staff. With the help of the consultant and the site director, staff meetings to improve the lines of communication were held. Initially, Elva felt that she could “handle” the Latino families’ needs without problems. Her co-workers clarified that they felt that parental concerns should be discussed among all staff, not addressed by one teacher exclusively. A plan to have a “feedback loop” among director, staff and families was then formed. The mental health consultant continues to work with staff on this format and to promote empathy, respect, and understanding of cultural values in early care and education practices and communication styles.*

While the above scenarios illustrate some of the mental health services provided in early care and education settings, the following list demonstrates the wide range of services that could be provided if agreed upon by the mental health provider, early care and education program and families:

- Assessment and early identification of children’s mental health needs. This includes coordinating services or planning for next steps, such as making referrals for additional or complementary services;
- Consultation with early care and education teachers and families about a child’s specific developmental or behavioral concern within the context of early care and education and family dynamics;
- Consultation with teachers and families about general issues related to child development and related mental health needs;

- Consultation to early care and education settings to address program-wide issues that may affect the child's experience, the interaction of families and teachers as well as the interaction between teachers, if requested by those working with young children.
- Direct mental health services such as therapy for the child or the family, direct therapy to support the relationship between the parent and child, or therapeutic play groups, and
- Training and support of early care and education providers to enhance their ability to identify and respond to a child's behaviors and to understand child development processes.

## Standards of Practice

The following seven standards of practice are essential to quality early care and education mental health services:

*1. Relationship-based: The promotion of stable, nurturing relationships is a basic prerequisite for mental health.* Mental health services, whether they focus on child-specific concerns, general consultation, or programmatic concerns, are centered on and implemented through relationships. Relationships between teachers, directors, families, children and the mental health provider form the basis for the provision of mental health services. While short term interventions may be effective, frequently considerable time is needed to build the relationships that support change for children and programs.

*2. Socioculturally competent: Mental health services acknowledge and address the diversity among children, teachers, families and mental health providers.* It's imperative to pay attention to diversity at all levels. Every person's experience of the early care and education setting is unique, depending upon their cultural and social background, which spans ethnicity, culture, migration experiences, disability and socioeconomic status. Awareness and attention to such differences creates a context for shared concerns about the child, and supports effective and mutually beneficial relationships.

*3. Strength-based: Strength-based services promote and affirm assets in the child, in the family and in the early care and education program.* This orientation enables families and caregivers to develop their resources and abilities to more effectively respond to a child and the child's environment.

*4. Engage families and providers at all levels of the organization serving the child: Of critical importance is cooperation, interaction and collaboration among all parties involved, including full parental knowledge of, and consent for, mental health services.* No one can do the job alone, everyone faces pressures and obstacles, and solutions come if there is teamwork, mutual respect and goodwill. The full endorsement and support from top management staff, including adequate release time for teachers, is essential to the success of early care and education mental health services. Mental health can help teachers support the families' primary role in their child's development.

*5. Be flexible and responsive: Creativity and innovation help develop solutions to respond to particular needs, cultures and settings.* Inventive solutions among families, teachers and mental health consultants are a prerequisite for success and should be encouraged. If the solution requires a change to the established patterns and procedures, the mental health provider will work with the teacher and families to maximize the success of that innovative solution, both in the home and the classroom. The emotional wellness of children is the primary goal.

*6. Begin early: Services should focus on the promotion of mental health through prevention and early intervention.* Services should stress training for teachers with a focus on early warning signs and systems to identify vulnerabilities and problem areas, as well as consultation to establish preventative interventions in

the early care and education program environment. Services should be made available until the mental health issue or concern has been effectively addressed.

*7. Develop and support a network of well-trained, competent mental health service providers: Providers should operate based on a strong foundation of existing research and training in child development theory, early care and education practices, and early childhood mental health.* The mental health service organization should have adequate resources to provide ongoing training and supervision to mental health providers with varying levels of experience.

## Conclusion

This document is intended to guide and inform the provision of high quality mental health services in partnership with early care and education in Alameda County. It is part of an overall effort among early care and education programs, mental health service providers, policymakers and funders to develop a continuum of prevention and early intervention services, and ultimately to enhance the social and emotional well-being of our County's youngest children.

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### ***The Early Childhood Mental Health Systems Development Group***

*In response to requests from the early care and education community to develop and identify resources for children's mental health services, a group of individuals began meeting on a regular basis in early 2000. The group, now known as the Early Childhood Mental Health Systems Group, is sponsored by Alameda County Behavioral Health Care Services, Alameda County First Five, and the Alameda County Child Care Planning Council. Its mission is to advocate for, develop and facilitate the implementation of a community-based, county-wide system of preventive mental health and treatment services for all young children (prenatal to age five) and their families within the home, early care and education, and the community. The Group, which merged with the Infant Family Mental Health Interest Group in 2001, consists of early care and education providers, various early childhood and early care and education mental health services providers and other interested individuals. For more information, please contact Margie Gutierrez-Padilla at (510) 383-5128 or [Padilla@bbcs.mail.co.alameda.ca.us](mailto:Padilla@bbcs.mail.co.alameda.ca.us), Angie Garling at (510) 208-9675, or go to: <http://www.acgov.org/childcare>.*

### ***Safe Passages' Oakland Early Childhood Initiative***

*Safe Passages is a partnership of the City of Oakland, Alameda County, the Oakland Unified School District, and other community agencies, working to better coordinate resources and make policies that help improve the quality of life for Oakland's youth. The Safe Passages Early Childhood Policy Committee has been meeting regularly and has made recommendations to improve identification and service delivery to young children exposed to violence. The Initiative includes four areas: 1) coordination of services, 2) identification of children exposed to violence, 3) a violence prevention curriculum for early care and education sites, and 4) mental health services, which include assessment, mental health consultations at early education sites, and infant/child-parent psychotherapy. For more information, please contact Dana Inman at (510) 238-4910 or go to: <http://www.safepassages.org/>.*

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