

EARLY HEAD START TIP SHEET

No. 47

National Children's Mental Health Day, March 2012

What is National Children's Mental Health Awareness Day? How might Head Start programs serving infants and toddlers participate and use this day to support the mental health of infants, toddlers, and families year-round?

Response:

In 1994, the Substance Abuse and Mental Health Services Administration (SAMHSA) in the U.S. Department of Health & Human Services created a public awareness campaign called "Caring for Every Child's Mental Health." Its mission is to increase awareness around children's mental health and encourage support for a comprehensive system of care approach to children's mental health services.

National Children's Mental Health Awareness Day (Awareness Day), which began in May 2005, is a key strategy of the "Caring for Every Child's Mental Health" campaign. The primary message of Awareness Day is that positive mental health (i.e., healthy social and emotional development) is essential to every child's overall healthy development from birth. Each year, a new national theme is chosen: Past themes include early childhood; effective school- and community-based mental health services for children, youth, and their families; and building resilience in young children who are dealing with trauma. A national event is held in Washington, DC; agencies and organizations around the country participate by holding their own Awareness Day events focusing on the national theme or adapting the theme to the children and families in their particular communities.

Mental health in Early Head Start (EHS)

Supporting children's and families' positive mental health is one of the cornerstones of the EHS program. In fact, there are over 40 Head Start Program Performance Standards that address this important topic (see the **Performance Standards** section in this tip sheet for a sample).

Partnering with community organizations that are responsive to child and family needs is also an important and mandated program standard—and mental health service agencies are among the essential community organizations with which to build partnerships. Programs whose staff implement the standards with thought and intention are likely providing quality mental health services for infants, toddlers, and families and doing so on an ongoing, consistent basis.

Benefits of participating in Awareness Day

Since 2005, the number of participating EHS, migrant and seasonal Head Start (MSHS), and Head Start programs has grown; over 800 participated in 2011. Taking part in Awareness Day events heightens staff and family understanding of the importance of positive mental health. It highlights programs' expertise and efforts and makes them more visible to the larger community. Participation also offers opportunities for programs to strengthen their existing collaborations and find opportunities to develop new ones. According to SAMHSA, participation provides benefits for programs such as:

- Enhanced reputation as a leader for providing greater access to children's mental health services and supports;
- Reinforced commitment to the total wellness of children;

- Showcasing participation in collaborations with other organizations and agencies addressing children’s mental health; and
- Access to SAMHSA's social marketing tools to support awareness-raising initiatives for children's mental health.

Resources for participation

The Office of Head Start encourages EHS and MSHS programs to take advantage of this opportunity to share the work and success of their mental health efforts. SAMHSA provides a number of resources to help programs get involved. These include:

- [List of collaborating organizations](#) - Many organizations that participate at the national level have state or local chapters or affiliates; these are good places to look for local collaboration. For example, doctor’s offices or health clinics might be willing to help spread the word about Awareness Day events because the American Academy of Pediatricians is involved nationally;
- [Planning materials](#) such as proclamation and fact sheet templates, identifying and involving local program partners, writing and placing op-eds, and an event checklist; and
- [Activity ideas](#) from past years’ events such as dances, art shows, concerts and sing-alongs, children’s book readings, movie screenings, open houses, health fairs, and picnics.

EHS and MSHS programs that choose to participate are encouraged to fill out a pledge form located on SAMHSA’s [local involvement web page](#).

Extending mental health awareness beyond Awareness Day

Every day is mental health “Awareness Day” in EHS and MSHS programs. However, an important outcome of Awareness Day participation is the possibility of extending collaborative efforts beyond the one day and engaging in awareness-raising events longer term, even year-round. Such extended efforts have the added benefit of keeping the issue of positive mental health for infants and toddlers in the spotlight and strengthening systems of mental health care in local communities.

Questions to Consider for Planning and Programming:

- What is the program’s overall approach to supporting positive mental health for infants, toddlers, and their families? How is the approach communicated to staff, families, and the community?
- How does the program ensure that staff and families have the knowledge and skills to support children’s healthy social/emotional development? Do these efforts include partnering with community resources for professional development and family education?
- How does the program track and measure mental health/social–emotional outcomes for infants and toddlers?
- What resources does the program already access to support mental health efforts? What untapped resources might be available locally or at the state level?
- How does the program use their mental health consultant to promote mental health on a daily basis?
- What process/procedure does the program have in place for engaging in collaborative efforts? How are staff, families, and other program entities (e.g., Health Services Advisory Committee) involved in planning and participating in these efforts?

Performance Standards, Title 45, Code of Federal Regulations:

- 1304.20(b)(2) Grantee and delegate agencies must obtain direct guidance from a mental health or child development professional on how to use the findings to address identified needs.
- 1304.20(e)(1)-(4) Involving parents . . . grantee and delegate agencies must:
 - (1) Consult with parents immediately when child health or developmental problems are suspected or identified;
 - (2) Familiarize parents with the use of and rationale for all health and developmental procedures administered through the program or by contract or agreement, and obtain advance parent or guardian authorization for such procedures. Grantee and delegate agencies also must ensure that the results of diagnostic and treatment procedures and ongoing care are shared with and understood by the parents;
 - (3) Talk with parents about how to familiarize their children in a developmentally appropriate way and in advance about all of the procedures they will receive while enrolled in the program;
 - (4) Assist parents in accordance with 45 CFR 1304.40(f)(2) (i) and (ii) to enroll and participate in a system of ongoing family health care and encourage parents to be active partners in their children's health care process.
- 1304.24(a)(1)(i)-(vi) Grantee and delegate agencies must work collaboratively with parents . . . by:
 - (i) Soliciting parental information, observations, and concerns about their child's mental health;
 - (ii) Sharing staff observations of their child and discussing and anticipating with parents their child's behavior and development, including separation and attachment issues;
 - (iii) Discussing and identifying with parents appropriate responses to their child's behaviors;
 - (iv) Discussing how to strengthen nurturing, supportive environments and relationships in the home and at the program;
 - (v) Helping parents to better understand mental health issues; and
 - (vi) Supporting parents' participation in any needed mental health interventions.
- 1304.24(a)(2) Grantee and delegate agencies 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)(i)-(iv) 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:
 - (i) Design and implement program practices responsive to the identified behavioral and mental health concerns of an individual child or group of children;
 - (ii) Promote children's mental wellness by providing group and individual staff and parent education on mental health issues;
 - (iii) Assist in providing special help for children with atypical behavior or development; and
 - (iv) Utilize other community mental health resources, as needed.
- 1304.41(a)(1) Grantee and delegate agencies must take an active role in community planning to encourage strong communication, cooperation, and the sharing of information among agencies and their community partners and to improve the delivery of community services to children and families in accordance with the agency's confidentiality policies. Documentation must be maintained to reflect the level of effort undertaken to establish community partnerships (see 45 CFR 1304.51 for additional planning requirements).

- 1304.41(a)(2)(i)-(ix) Grantee and delegate agencies must take affirmative steps to establish ongoing collaborative relationships with community organizations to promote the access of children and families to community services that are responsive to their needs and to ensure that Early Head Start and Head Start programs respond to community needs, including:
 - (i) Health care providers, such as clinics, physicians, dentists, and other health professionals;
 - (ii) Mental health providers;
 - (iii) Nutritional service providers;
 - (iv) Individuals and agencies that provide services to children with disabilities and their families (see 45 CFR 1308.4 for specific service requirements);
 - (v) Family preservation and support services;
 - (vi) Child protective services and any other agency to which child abuse must be reported under State or Tribal law;
 - (vii) Local elementary schools and other educational and cultural institutions, such as libraries and museums, for both children and families;
 - (viii) Providers of child care services; and
 - (ix) Any other organizations or businesses that may provide support and resources to families.
- 1304.41(a)(3) Grantee and delegate agencies must perform outreach to encourage volunteers from the community to participate in Early Head Start and Head Start programs.

Resources:

The Early Childhood Learning and Knowledge Center. (2009). *Head Start bulletin #80: Mental health*. Washington, DC: Department of Health and Human Services, Administration for Children and Families, Office of Head Start.

The Early Childhood Learning and Knowledge Center. (2011). *National children's mental health awareness day*. Washington, DC: Department of Health and Human Services, Administration for Children and Families, Office of Head Start.

Early Head Start National Resource Center. (2009). *News you can use: Supporting families and staff—Mental health services in EHS and migrant and seasonal Head Start*. Washington, DC: Department of Health and Human Services, Administration for Children and Families, Office of Head Start.

Early Head Start National Resource Center. (2010). *What does infant mental health (IMH) mean? And, how do EHS programs implement quality IMH services?* (Early Head Start Tip Sheet No. 22.) Washington, DC: Department of Health and Human Services, Administration for Children and Families, Office of Head Start.

National Center on Parent, Family, and Community Engagement. (n.d.). *Community partnerships resources*. Available at <http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/family/Family%20and%20Community%20Partnerships/Community%20Partnership>

Substance Abuse and Mental Health Services Administration. (n.d.). *National children's mental health awareness day*. Available at www.samhsa.gov/children/national.asp

Wyatt, D., & J. Boss. (2002). *Mental health in the migrant Head Start community—Head Start bulletin #73: Child mental health*. Washington, DC: Department of Health and Human Services, Administration for Children and Families, Office of Head Start.

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This Tip Sheet is not a regulatory document. Its intent is to provide a basis for dialogue, clarification, and problem solving among Office of Head Start, Regional Offices, TA consultants, and grantees. If you need further clarification on Head Start policies and regulations, please contact your Regional Program Specialist.