

Facilitating a Referral for Mental Health Services for Children and Their Families Within Early Head Start and Head Start (EHS/HS)

Early Head Start/Head Start (EHS/HS) programs are required to provide a broad spectrum of mental health services. The services include mental health promotion, prevention, early identification of mental health concerns, and referrals for treatment of children and families. Each EHS/HS program has an on-site mental health professional who facilitates mental health services to children and families including, but not limited to, providing mental health consultation; designing program practices to promote social emotional development and effectively address challenging behavior; and providing education on mental health issues. These services may not meet all of the mental health needs of all children and families in EHS/HS (Azzi-Lessing, 2010). One of the many responsibilities of EHS/HS program staff is to make referrals for outside services in partnership with families. How program staff enter and engage in this referral process with a family can have lasting effects on the family's level of participation and potential outcomes.

Facilitating a referral for mental health services involves helping families understand the value of engaging in these services and matching them with the best available provider to ensure a good fit. When program staff take intentional steps to facilitate a referral, families are more likely to accept, participate, and benefit from services. This brief offers EHS/HS program staff guidance on special considerations for making and supporting successful referrals.

Special Considerations When Making Child and Family Referrals to Mental Health Providers

Families may be hesitant to move forward with a referral for various reasons including, but not limited to, existing stigma surrounding mental health; strong cultural beliefs about how mental health issues should be handled; concerns regarding how to pay for services; and transportation challenges.

Any referral process should include strategies to help address economic, logistic, and cultural barriers. See the tip sheet entitled, *How to Identify a Mental Health Provider* (ECLKC or Head Start National Center on Health) for additional suggestions on addressing barriers to accessing mental health treatment. The following considerations can help program staff facilitate an effective referral.

Head Start Program Performance Standards Related to Referral

1304.40(b)(1)

(1) Grantee and delegate agencies must work collaboratively with all participating parents to identify and continually access, either directly or through referrals, services and resources that are responsive to each family's interests and goals.

Preparing for the Referral

A. Identify the most appropriate staff member to facilitate the referral process. Consider which staff member has the:

- Best relationship with the family. If a trusted staff member such as a family advocate or teacher recommends that the family should meet with a mental health provider, a family may be more likely to accept the recommendation.
- Deepest understanding and respect of the family's culture, beliefs, and values. When a staff member understands the family's culture, she is able to link the family with a mental health provider who best matches the family's unique needs and qualities. Families are more likely to actively participate in services that reflect their values, culture, and preferences.

B. Ensure that program staff has knowledge of the mental health services available in the local community, including information such as who offers services; cost for services; and what type of services are offered (i.e., family therapy, child/parent therapy; groups for domestic violence; substance abuse services; child play therapy; etc.). Staff can expand their knowledge by exploring the following sources of potential recommendations:

- EHS/HS mental health consultant
- Staff at the local community mental health center
- The state children's mental health director
- The liaison to the state chapter of licensed psychologists
- The (Individuals With Disabilities Act [IDEA]) Part C or 619 coordinator
- Department leaders at university schools of social work, child psychiatry, psychology, and special education

Questions to Ask Potential Mental Health Services Providers

Describe your experiences working with families with low incomes and/or families experiencing multiple stressors.

What types of services do you offer?

Tell me about how your referral process works.

Who is the person I should contact about referrals?

Do you provide home visits?

What criteria need to be met for a child and/or family to gain access to your services?

Do you have a waiting list?

What fees are associated with your services, and are there any sliding scale services?

What hours are you available to provide services?

Can your location be easily accessed by public transportation?

C. Engage the family in a discussion about the benefits of mental health services and what type of mental health provider might match their needs best, including potential style of a therapist, and/or identified cultural factors. Help families address relevant barriers, including:

- The cost of services
- Transportation barriers
- Cultural and linguistic competence of the mental health professional, for example, ensuring that the mental health professional speaks in the family's primary language.

- Fear of losing other services already in place, for example; *“I already have a home visitor who comes to work with my daughter and me once a week, I have really learned a lot. I won't lose this service if I get treatment, will I?”*
- Stigma or unpleasant past experiences with mental health services. Taking the first step in accessing treatment can be uncomfortable for some families. A number of families have never had experience with mental health services and are unsure of what to expect. Others may have had past experiences with mental health providers or other service providers that were unpleasant. It may be helpful to ask families before their first visit with the mental health provider about their prior experiences, concerns, or worries about the referral and take time to thoroughly address them.

Facilitating the Process Once the Referral Has Been Made

Once the referral has been made, program staff has an opportunity to help families navigate what can sometimes be a confusing and overwhelming process. A family's difficulty following through with a referral can often be influenced by multiple issues, such as having to wait a long time for their appointment, meeting with a provider who isn't prepared, having expectations that don't match how the first meeting is handled, etc. Program staff can be intentional about their support to families to help ensure they get access to these critical services.

Program staff can take the following actions to help families have a more smooth and successful experience:

- Come to an agreement with the family about the reason for referral.
It is best not to assume everyone agrees why a referral is being made unless a clear conversation has occurred. Having a dialogue that includes the family's views and expectations before contacting the mental health provider will lessen any confusion and concerns as the referral progresses.
- Call the mental health provider ahead of time to let them know a referral is coming.
Ensure the maintenance of confidentiality. Calling ahead allows the mental health provider to be aware and ready for a referral but does not allow the program staff and provider to share private information about the family unless prior consent has been received. Having prior consent to share information can allow for less repetition in questions during intake for the family.
- Discuss with the family how the initial referral might flow.
It is important for program staff to be aware of the differences in referral process across mental health service providers so they can best prepare families. For example, referrals may work very differently between a large community mental health organization and a private practitioner in a single office. “First you call the

Community Mental Health Center, and then you can ask for Ms. Jones. She will ask you some questions to begin the intake process.”

- Offer to be close by when the first call is made to answer any questions.
This may provide support to some families and others may want privacy. Be sure to have private space available if the family is making the call from the EHS/HS program.
- Offer to accompany the family on their first visit to the mental health provider to give support and to answer any additional questions that arise.
Program staff can ask families how they can be supportive. For example, the program staff might drive them to the appointment and wait in the waiting room or staff might meet the family at the center to help them check in and then spend time after the appointment reflecting on what happened.
- Assign a point person to check in on how things are progressing by phone or in person. This ensures barriers to service and solutions are identified early on.
Program staff can ask families how they want to be followed up. Often, families will want to continue communicating in ways that have already been established. For example, if you chat for a few minutes each week with a parent about their child’s experiences in the classroom, this might be a good time to check in on how services are progressing. “Why don’t I check in on how it’s going with Dr. Keller when we talk on Friday, does that work for you?”

*Head Start Program Performance
Standards Related to Referral*

1304.40(b)(2)

2) Grantee and delegate agencies must follow-up with each family to determine whether the kind, quality, and timeliness of the services received through referrals met the families' expectations and circumstances.

Checklist Items for Facilitating the Referral Process for Children and Families

I have...

- Identified the appropriate staff member to talk with the family about the referral
- Reached agreement with the family on the reason for referral
- Identified mental health service providers that treat the specified needs of the child/family and know about their:
 - Cost
 - Availability (wait list, hours of service)
 - Location/bus route
 - Array of service options
- Asked the family about possible barriers (cost, transportation, hours available to attend treatment)
- Discussed family concerns or worries about the referral
- Discussed and received signed consent from the family to share agreed upon information with the mental health provider
- Contacted the mental health provider to let them know a referral is coming and shared necessary information (with family consent), such as reason for referral, background and history, strengths and culture of the family, and any known barriers.
- Sent any necessary documentation to the mental health provider before the family's first visit.
- Followed up with the mental health provider to be sure the information was received and reviewed.
- Asked the family what kind of support I might provide them, such as being close by when they make their first appointment and going to the first appointment with them.
- Established a follow-up plan for the family with a point person who can keep in contact with the family and help to organize services and answer questions that arise.

Conclusion

EHS/HS staff can help create a coordinated system of care that meets the needs of children and families. Referrals to mental health services are an important part of the continuum of mental health services. When EHS/HS staff members are intentional about referral processes, it can lead to consistent access to and use of services that help to identify, treat, and reduce the effects of mental illness for many families and their children.

References

Azzi-Lessing, L. (2010). [Meeting the mental health needs of poor and vulnerable children in early care and education programs](#). *Early Childhood Research and Practice*. 12 (1).

Information adapted from Facilitated referral: Checklist for Professionals, Georgetown University Center for Child and Human Development