

# NEWS

## You Can Use

Early Head Start, Head Start,  
& Migrant/ Seasonal Programs

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- **Mental Health Services in EHS & Migrant & Seasonal Head Start** pg. 1 2
- **A Comprehensive Approach to Mental Health Services** pg. 3 4
- **But What about the Stigma?** pg. 5 6
- **De-stigmatizing the Stigma** pg. 7
- **Quick Tips for Staff** pg. 8
- **Quick Tips for Families** pg. 9
- **Resources** pg.10

### Supporting Families and Staff: Mental Health Services in EHS & Migrant and Seasonal Head Start

There are over 40 *Head Start Program Performance Standards* (HSPPS) that mandate the inclusion of comprehensive mental health related services in Head Start (HS). However, the unique structure of each program and community dictates the need in each setting. Your Early Head Start (EHS) or Migrant and Seasonal Head Start (MSHS) program may partner with a local Mental Health Agency, Mental Health Consultant, or have a qualified Mental Health Professional on staff. Recently, the Office of Head Start has highlighted the importance of mental health, and HS/EHS program staff around the country are facing increasingly complex family situations and behavior from young children. In light of these conditions, HS/EHS staff are seeking training and assistance to strengthen their skills and learn new approaches for supporting the mental health needs of infants, toddlers and their families.

HS/EHS programs often face challenges in providing comprehensive mental health services. One of the ongoing challenges is ensuring mental health services that meet changing programmatic and community needs. Another challenge is encouraging families to accept this support within programs. Many families and staff still view receiving mental health support as a stigma—and/or do not want to be looked upon as “crazy” if they accept help. Even when some parents have acknowledged that their infant or toddler needs additional mental health support, fear of harsh social judgment from family and others can create a barrier to receiving mental health services. However, avoiding mental health issues does not make them go away; they just get bigger and often harder to manage.



## Mental Health Services in Early Head Start & Migrant & Seasonal Head Start (Cont.)

No matter how extensive or limited your program's mental health services are, removing the stigma of mental health can make a noticeable difference in family and staff awareness, understanding and promotion of services. Creating a "mentally healthy" atmosphere and normalizing mental health services within HS/EHS programs also encourages families to accept mental health services when needed. **This edition of News You Can Use will:**

- define Infant Mental Health;
- outline important elements of comprehensive approaches to mental health services;
- provide strategies for creating a "mentally health" atmosphere;
- highlight the stigma of mental health as a barrier to promoting and receiving services; and
- list ways to reduce the stigma of mental health and support and encourage parents and staff to use mental health services.

### Definition of Infant Mental Health

Before considering mental health approaches and other related issues, let's consider mental health as defined by ZERO TO THREE'S Infant Mental Health Task Force (*U.S. Department of Health and Human Services, p. 9, 2001*):



*"Infant mental health is the developing capacity of the child from birth to three to: experience, regulate, and express emotions; form close and secure interpersonal relationships; and explore the environment and learn—all in the context of family, community, and cultural expectations for young children. Infant mental health is synonymous with healthy social and emotional development."*

This comprehensive definition includes all of the areas of development that infants and toddlers experience. Our task is to figure out how to support these essential elements in the lives of our youngest children.



## A Comprehensive Approach to Mental Health Services

Providing mental health services that address the needs of very young children, families, and staff takes planning, preparation, and program self-assessment. HS/EHS staff, who already have many roles, can feel overwhelmed at the thought of adding the additional task of supporting a mentally healthy atmosphere and services. However, since the HSPPS provides an integrated framework for these services, HS/EHS staff do not have new tasks; these everyday tasks are aspects of services they already provide. Consider how the following services support a comprehensive approach to mental health through strong relationships, supporting everyday routines, building and sustaining community partnerships, and reflecting on that work:

### **Infant and Toddler Screening and Assessment Promotes Strong Parent-Teacher Partnerships**

Developmental screening and assessment helps caregivers, home visitors, and parents understand a child's resources and abilities, and the child care settings most likely to support these abilities. Comprehensive infant and toddler screening and assessment often includes assessment tools, and primary caregiver and parent observations. Using strong ongoing assessment tools, parents and caregivers can work together to create home and school settings that support the needs of the infant or toddler. Strong partnerships form between caregivers and parents when working toward a common goal (*U.S. Department of Health and Human Services, pg. 22, 2004*).

### **Curriculum and Individualization Support Relationships and Infant Mental Health**

A meaningful written curriculum for infants and toddlers emphasizes the important role of relationships between and among parents, children and staff. Other key elements of curriculum and individualization for very young children – experiencing and regulating emotions, and exploring the environment and learning – are also part of the definition of infant mental health (*U.S. Department of Health and Human Services, pg. 24, 2004*).





## A Comprehensive Approach to Mental Health Services (Cont.)

### Well-Designed Infant and Toddler Environments Support Every Day Routines

Environments for infants and toddlers encourage positive interaction with other children and caregivers. These spaces are designed to accommodate the changing needs, ages and stages of very young children. Some children may play together, others may play separately, and all children need familiar spaces that help them regulate their emotions. A frustrated infant or toddler can always rely on a familiar setting and/or caregiver to help him or her feel calm, soothed and safe. Well-designed spaces that support the developing needs of young children also support every day routines and expectations which in turn, promote a mentally healthy atmosphere. Daily routines and developmentally appropriate expectations are important elements of a child's social environment. Infants and toddlers who know what to expect are in a better position to explore the setting and learn (*U.S. Department of Health and Human Services, pg. 25, 2004*).



### Reflective Supervision and Practice Supports Staff Wellness

Reflective supervision and practice means providing a regular opportunity for staff to reflect on and receive support in their work. Supervisors can provide time for staff either individually or in small groups. HS/EHS staff have also found peer supervision to be helpful. When staff feels supported, they are better able to partner with parents, and support the infants and toddlers in their care (*U.S. Department of Health and Human Services, 2004; Parlakian, 2001*).

### Mental Health Assessments and Services

Ultimately there will be young children and families who can benefit from mental health assessments and services. The HS/EHS program, along with the Mental Health Professional, can decide between child and family centered consultation and programmatic consultation, or maybe a little of both. In child and family centered consultation the team would address a child's behavior through the collaborative development of a plan. Programmatic consultation focuses on improving overall program quality. For example, when a specific issue affects more than one child, staff member, or family, the program's capacity to respond to all of these varied needs is improved. Some programs may even decide to partner with a local community mental health agency when families need more services (*Cohen, E. & Kaufmann, R., 2005; Johnston, K. & Brinamen, C., 2006; White-Tennant, G. & Costa, G., 2002*).



## But What about the Stigma?

Mental Health promotion and prevention are strong aspects of program practice that can often be hard for families to accept. Although the stigma of mental health is typically not the only challenge to serving very young children and their families, it can serve as a significant barrier to connecting with families around mental health issues. Even for programs well-prepared to serve infants, toddlers and families, connecting around mental health and family wellness can seem intrusive instead of supportive for some families. The following phrases give voice to barriers felt by families in accepting mental health services, and staff in promoting mental health services:

### ***“Accepting help brings shame upon me and my family”***

In some cultures, accepting any type of help outside of the family suggests weakness and/or that they will be judged harshly by others. In fact, in some cultures it is shameful to accept help in this way. HS/EHS staff working with families with different cultural values around mental health can be sensitive to these issues by assuring these families that they will not be judged and that any services they receive will be kept confidential. In some cases, families have other issues like financial difficulties, job loss...etc... that they feel need attention ahead of mental health concerns.

Sometimes helping the family with some of their immediate problems can both lessen the stress they feel and lead to a willingness to tackle the mental health issues at a later time (Cheung, F.K. & Snowden, L.R., 1990; Snowden, L.R., 2001; Zhang, A.W., Snowden, L.R., Sue, S., 1998).

### ***“I don’t want all of these people in my business”***

Even the largest HS/EHS programs tend to be close-knit communities of families, staff and young children. This closeness is generally a plus in terms of developing supportive relationships with other parents and partnerships with staff. However, receiving supportive mental health services is a personal and private decision that parents often need extra assurance will stay that way. In close-knit communities this can sometimes present a challenge, but HS/EHS staff can work to ensure that private decisions are kept as such and that only those staff working directly with the family are aware of the circumstances.





## But What about the Stigma? (Cont.)



### ***“I’m not crazy and neither is my child”***

Sometimes just hearing the term Mental Health “rubs” parents the wrong way. For some parents, the term means, “There’s something wrong with me,” or, “There’s something wrong with my child.” These parents often feel judged and that staff thinks they are “crazy.” In a case like this HS/EHS staff have the opportunity to help parents understand how the program defines mental health, the program’s mental health services, and the range of services that can be provided. More importantly, parents can be reassured that accepting help does not mean that the parent or child is crazy. It just means that a problem has developed that has become difficult for the family to manage on its own and a neutral person and/or trained specialist might be able to help. Staff can also reinforce the notion that all families can benefit from some type of support, for example, from other family members, neighbors...etc.

### ***“I am not trained to provide mental health services.”***

Supporting a mentally healthy atmosphere for infants and toddlers does not mean that HS/EHS staff are expected to become therapists. Promotion of infant mental health and prevention of concerns around mental health is a natural part of the work you already do. Parents are partners, everyday routines with infants and toddlers are supported, parents are linked to other resources when necessary, and staff participates in regular reflective supervision. Everybody knows and understands their role and how important it is to the success of the program.



## Creating a “Mentally Healthy” Atmosphere: De-Stigmatizing the Stigma

### Broadening Our Thinking

HS/EHS program staff need to begin thinking about the Mental Health Professional or community partner much like the Nutritionist, Health Manager or Education Manager. Each of these specialists is there to make certain that children thrive in their respective areas, and handle problems as they arise. The Mental Health Professional or Consultant is there to support mentally healthy home and program environments for the children the program serves.



Still other families need more ongoing, long-term support. However, keep in mind that mental health can change over time and rarely stays exactly the same for anyone. Consider your program, the mental health needs, and how young children, families and staff are best supported in your setting.

### Building Relationships Over Time

After all is said and done, relationships create the foundation for mental health. When there is trust and mutual respect, partnerships develop between parents and staff. Community partnerships link families to needed services, and at the same time support HS/EHS programs. Though it will not happen overnight, HS/EHS programs can build on current relationships and strengthen new ones over time.

### Understanding Mental Health vs. Mental Health Disorders

Think of a continuum. On one end sits mental health (healthy mental health), on the other end mental health disorders, and there is a range between the two. Many HS/EHS families fall in or near the range of mental health. Some families need help that can be addressed with a slight change in programming.



## Quick Tips for Staff

Use formal and informal opportunities to ask questions, discuss concerns and learn through ongoing training, groups and seminars. Reflect on your own views about mental health. Consider how your views affect your ability to support your own mental health and promote mental health for infants, toddlers and their families.

If your HS/EHS program offers an Employee Assistance Program (EAP) or other similar programs or services, take advantage of the opportunity for personal help, growth, and learning.

Develop partnerships with mental health providers by forming a Mental Health Advisory Committee (MHAC) composed of community providers, representatives from the Health Advisory Committee, and HS/EHS staff. The benefits are two-fold because committee members have a chance to network with each other and learn about other community resources, and HS/EHS staff have contacts for referrals within these agencies.



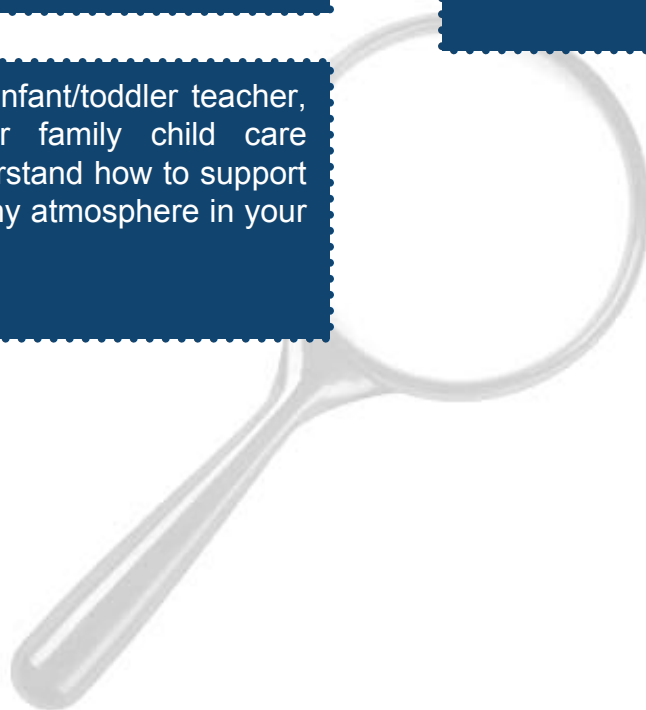


## Quick Tips for Families

If your program has a Mental Health Advisory Committee become involved as the parent representative. Network with the mental health agencies and representatives in your community. Share what you have learned with other parents.

Consider your beliefs about mental health, share them with family members, and encourage them to share their beliefs with you. Together, think about how shared family values influence beliefs about mental health within your family context.

Work with your infant/toddler teacher, home visitor or family child care provider to understand how to support a mentally healthy atmosphere in your home.





## Resources:

Cheung, F.K. and Snowden, L.R. "Community Mental Health and Ethnic Minority Populations." *Community Mental Health Journal* 26(3) [1990]: 277-291.

Donahue, P., Falk, B., & Provet, A. *Mental Health Consultation in Early Childhood*. Baltimore: Brooks Publishing, 2000.

Green, B., Simpson, J., Everhart, M., Vale, E., & Gettman, M. "Understanding Integrated Mental Health Services in Head Start: Staff Perspectives on Mental Health Consultation." *NHSA Dialog* 7(1) [2004]: 35-60.

Johnston, K., and Brinamen, C. *Mental Health Consultation in Child Care: Transforming Relationships Among Directors, Staff, and Families*. Washington, DC: ZERO TO THREE Press, 2006.

Parlakian, R. *Look, Listen, and Learn: Reflective Supervision and Relationship-Based Work*. Washington, DC: ZERO TO THREE, 2001.

Snowden, L.R. "Barriers to Effective Mental Health Services for African-Americans." *Mental Health Services Research* 3(4) [2001]: 181-187.

Zhang, A.W., Snowden, L.R., Sue, S. "Differences Between Asian and White Americans' Help Seeking and Utilization Patterns in the Los Angeles Area." *Journal of Community Psychology* 26(4) [1998]: 317-326. John Wiley & Sons, Inc.

### WEB-BASED RESOURCES

#### Early Childhood Mental Health Consultation

Cohen, E., and Kaufmann, R. DHHS Pub. No. CMHS-SVP0151 Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, 2005. <http://mentalhealth.samhsa.gov/publications/allpubs/svp05-0151/default.asp>

#### Early Childhood Learning and Knowledge Center (ECLKC) Bookstore Index

[http://eclkc.ohs.acf.hhs.gov/hslc/resources/ECLKC\\_Bookstore/](http://eclkc.ohs.acf.hhs.gov/hslc/resources/ECLKC_Bookstore/)

#### Pathways to Prevention: A Comprehensive Guide for Supporting Infant and Toddler Mental Health

U.S. Department of Health and Human Services, 2004.

[http://eclkc.ohs.acf.hhs.gov/hslc/resources/ECLKC\\_Bookstore/PDFs/27B9EA2E8C611854D47E47984BF46274.pdf](http://eclkc.ohs.acf.hhs.gov/hslc/resources/ECLKC_Bookstore/PDFs/27B9EA2E8C611854D47E47984BF46274.pdf)

#### The Infant Mental Health Approach

White-Tennant, G. & Costa, G. *Head Start Bulletin: Child Mental Health* 73 2002: 6-9.

[http://eclkc.ohs.acf.hhs.gov/hslc/resources/ECLKC\\_Bookstore/PDFs/A6E18B91317C94E72DD233C75C4DBD7D.pdf#page=9](http://eclkc.ohs.acf.hhs.gov/hslc/resources/ECLKC_Bookstore/PDFs/A6E18B91317C94E72DD233C75C4DBD7D.pdf#page=9)