



DATA TRENDS: January 2005

Summaries of research on mental health services for children and adolescents and their families



Head Start Staff Perspectives on Mental Health Consultation

Source: Green, B.L., Simpson, J., Everhart, M.C., Vale, E., & Gettman, M.G. (2004). Understanding integrated mental health services in Head Start: Staff perspectives on mental health consultation. *NHSA Dialog*, 7, 35-60.

Mental health consultation supports Head Start staff, children, and families by providing the opportunity for a mental health professional and Head Start staff to work together to provide comprehensive, family-focused, and prevention oriented mental health services to children and families. In this article, the authors “explore whether having an integrated model of mental health consultation is related to how staff think about and deliver mental health services” (p. 40). According to the authors, characteristics of integrated mental health consultation programs include: (a) consultants who are available and accessible to staff when needed, (b) consultants who provide a range of supports such as helping staff with specific children or families, providing training and professional support, and doing classroom observations; and (c) collaborative, trusting relationships between mental health consultants and program staff.

Method

In this qualitative study, participants were recruited from 3 Head Start programs in the Pacific Northwest, which represented rural and urban populations and different approaches to mental health consultation (see table). From those 3 programs, 59 Head Start staff, including program administrators, management staff, mental health consultants, teachers, teachers’ assistants, and family advocates, were chosen from 5 Head Start sites. The staff were interviewed using a semi-structured, open-ended interview format. The interviews were conducted as part of a larger study on children’s mental health in Head Start programs.

Site	Location of Head Start	Mental Health Consultant Characteristics
A	Urban	One private consultant employed by the program and one social worker contracted through a county agency
B	Outlying metropolitan	4 consultants contracted through a county mental health agency
C	Rural	3 consultants from different agencies in different counties

The interviews were audiotaped, and the notes were transcribed so that codes could be assigned to the participants’ responses. Three members of the research team each coded a sample of 5 interviews and discussed discrepancies in coding until they achieved 100% agreement on at least 85% of coded passages (85% inter-rater reliability). The codes were used to understand and describe the nature of consultation provided and perceived benefits of consultation.

Results and Conclusions

The authors found that programs with an integrated mental health consultation model were more likely to have a strong vision for mental health services, to describe mental health approaches that are consistent with promising practices, and to perceive their mental health services as more effective. Head Start staff who felt that there was a high level of consultant involvement in the program were more likely to focus on the outcomes of improving child and family well-being and to believe that their mental health approach was effective.

Head Start staff perceptions of promising mental health practices and mental health program effectiveness seem to be influenced by the way that mental health consultant time is structured and the quality of the relationship with the Head Start staff. Mental health consultants seem to be most effective when their approach reflects Head Start program values. The authors note that it is important for all staff to receive both informal and formal training in the program’s mental health approach and philosophy.

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