



Qualities to Look for in Mental Health Consultation for Early Childhood Settings

Source: 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, 26*, 142-52.

This study sought to determine the most important characteristics of early childhood mental health consultants (MHCs) in predicting both positive child and staff outcomes within Head Start programs.

Method

A stratified, random sample of 130 Head Start programs was selected based on the racial/ethnic composition of the population served, location, and size. Of those contacted, 79 agreed to participate; there were no statistically significant differences between programs that participated and those that did not. A total of 1,273 surveys were sent out to teachers, assistant teachers, family advocates, the program director, the mental health services coordinator, and the MHC within each Head Start program. To be included in the study, a program had to have at least four staff respondents, a response from the program director, and a response from the MHC. The final sample included 816 surveys from 74 programs (64% response rate). Head Start managers and staff were almost entirely female (96%). Racial/ethnic breakdown was: 27% African-American, 51% Caucasian, 11% Hispanic, and 8% other.

The survey instrument was developed by the authors of the study and included six primary sections: (1) frequency of a variety of MHC activities; (2) MHC characteristics; (3) quality of relationships between staff members and MHCs; (4) effectiveness of MHCs in achieving child outcomes (reducing internalizing behavior, reducing externalizing behavior, and promoting positive social behavior); (5) staff wellness (the extent to which the staff felt supported), and; (6) program characteristics. In multiple regression analyses, the three child outcomes and staff wellness were the dependent/outcome variables, while MHC characteristics, activities, and relationship quality were the independent/predictor variables.

This study addressed the following research questions:

1. What are the characteristics of MHCs, and which characteristics are reported to be associated with higher levels of effectiveness?
2. What activities do MHCs engage in, and which are reported to be associated with higher levels of effectiveness?
3. What is the quality of the relationship between the staff members of a Head Start program and the MHC, and is this relationship related to perceived effectiveness of the consultation?
4. What aspects of consultants and/or consultation are most important to outcomes?

Results

Characteristics of MHCs: MHCs were primarily Caucasian (61%); 4 (6%) were African-American, 6 (9%) were Hispanic, and the rest (7) were from other ethnic backgrounds. The majority were female (72%) and most (94%) held either a Master's degree (57%) or PhD (37%). MHC place of employment was relatively evenly split among Head Start program, private

practice, non-profit/government agency, and “other.” Neither MHC degree (Master’s vs. PhD) or ethnic background (Caucasian vs. non-Caucasian) was significantly related to child outcomes or staff wellness. Consultants in private practice settings were rated as being more helpful in terms of each of the three child outcomes (standardized β range .165-.202), but this variable was not significantly related to staff wellness.

MHC Activities: MHCs provided services to Head Start programs at both the program and individual level. About half (47%) of the MHCs provided program level services (such as staff training, working with management teams, and in-class coaching and mentoring) 1-2 times a year or less, while the remainder (49%) did these types of activities about every other month. About a third (36%) of the consultants provided child-focused services (assessments, screenings, and direct services to children) 1-2 times a year or less, while 58% provided these services about every other month. More frequent consulting activities – both at the program and individual level – were associated with reducing externalizing and internalizing behaviors, and increasing positive behaviors (β range = .113-.250). Frequency of activities at both the program and individual level was also positively associated with staff wellness (β = .175 & .180, respectively).

Quality of Relationship: The more positive the relationships between staff members and consultants within a particular program, the more likely the staff members were to report better outcomes for the children on all three measures (β range = .461-.688). Quality of staff-MHC relationship also predicted staff wellness (β = .550).

Influence of MHC Aspects on Outcomes: When all the above variables were considered in regression models to predict child outcomes and staff wellness, quality of relationship retained its significance, but not frequency of activities. It was concluded that the effect of the frequency of consultant activities on outcomes was mediated by the quality of the MHC-staff relationship; more frequent activities are associated with better relationships, which in turn predict more positive outcomes.

Discussion & Conclusions

This study examined several aspects of early childhood MHC, and their relation to the effectiveness of consultation. Overall, the individual characteristics of the MHC (race, degree, type of practice) are less important to the perceived effectiveness of their consultation than the frequency with which they provide services, and the quality of relationship between the consultant and staff. Ultimately, it is the quality of the relationship the MHC has with Head Start staff that is most predictive of positive perceived impact on child outcomes. Given that the relationship quality scale included items such as the MHC “seems like another member of the staff,” and “is part of the team,” the authors conclude that MHCs who were reported as being most effective were not considered “outside experts,” but instead integral members of a collaborative team. Ultimately “relationships are the foundation of effective early childhood intervention services” (p. 151).



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