Characteristics of Effective Mental Health Consultation in Early Childhood Settings: Multi-Level Analysis of a National Survey of Head Start Programs

Presented at:
19th Annual Research Conference: A System of Care for Children’s Mental Health
Tampa, Florida

Presented by:
Beth L. Green, Ph.D.
NPC Research

Maria C. Everhart, M.P.A.
Portland State University

Mental Health in Head Start

- Piotrowski, Collins, Knitzer, and Robinson (1994, American Psychologist), call for paradigm shift:
  - Away from problem-focused, therapeutic treatment of individual children
  - Towards holistic, integrated, prevention-oriented mental health services
- Despite guidance from work such as “Lessons from the Field” and “the Green Book” Head Start programs struggling to implement successful mental health consultation approaches

Research Project Overview

- Phase 1: Literature Review
  - Identify key factors important to children’s positive social-emotional development and mental health
  - Develop conceptual model
- Phase 2: Qualitative Study
  - To understand “from the field” perspectives on children’s mental health services
- Phase 3: National Program Survey
  - To conduct a nationally representative survey of Head Start program staff and parents
  - To address the following research question:
    - What features of programs or consulting relationships contribute to effective mental health programming?
- Phase 4: Develop and disseminate training based on phases 1-3

Phase 3 Research Questions

- What is the nature of mental health consultation in Head Start programs?
  - MHC Activities
  - MHC Characteristics
  - Quality of MHC-Staff Relationships
- How do these factors relate to the effectiveness of consultation in:
  - Supporting positive child outcomes
  - Supporting staff wellness

National Survey Sample

- Stratified random sample of 79 nationally representative Head Start programs
  - Core (not Migrant, not Early) Head Start programs
  - Geographic region served,
  - Program size, and
  - Racial/ethnic characteristics of families served
- 1265 staff surveys were mailed to random sample of staff, plus one director, mental health coordinator, and mental health consultant per program.
- 802 were returned (63%)
- 154 parent surveys from 62 programs received
MHC Activities: Two Types of Service

- Program Level Consultation includes:
  - Formal and informal training of staff and other staff development activities
  - General classroom support to staff
  - Participating in management team processes
  - Supporting staff wellness

- Goal of this kind of consultation is to improve general program quality and/or to help the program address broad issues that affect more than one child, staff, or family member

Table 1. Variability in Consultant Activities (Aggregate Program Reports)

<table>
<thead>
<tr>
<th>MHC Activities</th>
<th>Rarely/never</th>
<th>Monthly or more</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program-Level Consultation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>General classroom observations</td>
<td>14%</td>
<td>28%</td>
</tr>
<tr>
<td>Attends management team</td>
<td>30%</td>
<td>38%</td>
</tr>
<tr>
<td>Attends team meetings with staff</td>
<td>15%</td>
<td>40%</td>
</tr>
<tr>
<td>Provides formal training to staff</td>
<td>27%</td>
<td>15%</td>
</tr>
<tr>
<td>Provides staff wellness support</td>
<td>33%</td>
<td>30%</td>
</tr>
<tr>
<td>Individual Level Consultation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual screening</td>
<td>26%</td>
<td>25%</td>
</tr>
<tr>
<td>Individual assessment</td>
<td>23%</td>
<td>32%</td>
</tr>
<tr>
<td>Does IEP planning</td>
<td>28%</td>
<td>31%</td>
</tr>
<tr>
<td>Makes referrals</td>
<td>15%</td>
<td>38%</td>
</tr>
<tr>
<td>Provides direct therapeutic service</td>
<td>28%</td>
<td>39%</td>
</tr>
</tbody>
</table>

MHC Activities: Two Types of Service (continued)

- Individual Level (Child- or Family-Centered) Consultation includes:
  - Assessment and screening of individual children
  - Direct service to specific children or families to ameliorate specific issues or concerns
  - Working with staff to develop IEPs
  - Making referrals for family or staff

- Goal of this type of consultation is to develop a plan to address the functioning difficulties of a particular child (and/or family) in home and/or or early childhood setting

Amount of Consultation Also Varied

<table>
<thead>
<tr>
<th>More than Half of the Programs Had Lower Levels of Consultation</th>
<th>Fewer Programs Had More Extensive Consultation</th>
</tr>
</thead>
<tbody>
<tr>
<td>51% (31) reported less than 1 hour of consultation per child, per year</td>
<td>24% (13) reported more than 2 hours of consultation per child, per year</td>
</tr>
<tr>
<td>37% (20) reported less than ½ hour per child</td>
<td>29% (14) reported 1 half-time mental health consultant or more</td>
</tr>
<tr>
<td>71% (35) reported less than a half-time mental health consultant</td>
<td>16% (8) reported 1 full-time consultant or more</td>
</tr>
<tr>
<td>79% relied on external, contracted consultants</td>
<td>21% had salaried, on-staff consultants</td>
</tr>
</tbody>
</table>

Consultant Characteristics

- Most MHCs were white (71%), female (59%) and well-educated (58% Master’s degree, 37% Ph.D.). Programs serving minority populations were somewhat more likely to have a minority MHC.

- Programs varied little in the percentage of overall budget spent on mental health consultation (2%-3%).

- MHCs varied in their organizational affiliations:
  - 21% employed by Head Start
  - 32% community non-profits
  - 20% private practice
  - 13% government agency (e.g., Health Department)
  - 6% school systems

Nature of MHC-Staff Relationships:

- Example Items:
  - "The MHC works as a partner with staff to meet children’s needs"
  - "The MHC is part of the team trying to help families"
  - "Staff trust the MHC"

- Good reliability, alpha=.84 for 6 items

- Average program rating= 3.38 (scale from 1-4, 4=most positive, SD=.67)
Measured Outcomes

- Effectiveness of Consultation in (4-point scale):
  - Reducing externalizing behaviors such as:
    - Aggression towards other children
    - Aggression towards adults
  - Reducing internalizing behaviors, such as:
    - Withdrawn/Overly shy behavior
    - Child depression
  - Increasing pro-social behaviors, such as:
    - Positive social interactions between children
    - Non-violent problem solving
  - Extent to which staff feel professionally supported:
    - Our program provides me the support I need to do my job most effectively
    - I feel overwhelmed by my responsibilities in my job (reversed)

Analytic Strategy

- Used Hierarchical Linear Modeling (HLM) to account for "nesting" of mental health consultants within programs

HLM Model Results

- Intra-class coefficients for each model were significant, confirming that non-independence was present
- Initial set of analyses tested for covariates:
  - Level 2 covariates: Program organizational characteristics
    - Number of sites, number of children, number of mental health referrals, number of children on IEPs retained
  - Level 1 covariates: Staff characteristics
    - African-American vs. other, management vs. staff retained

Are MHC Characteristics Associated with Child Outcomes?

- For all DVs, modeled the effects of:
  - MHC race/ethnicity
  - Time with the organization
  - Type of degree
  - Organizational affiliation
- Only significant finding was that private practice MHCs were rated as being more effective in terms of each of the 3 child outcomes; not a predictor of staff wellness.

Are MHC Activities Associated with Effectiveness?

- Modeled effects of frequency of:
  - Individual level activities
  - Program level activities
  - Hours of consultation per child
  - More frequent individual or program consultation → More effective consultation
  - More frequent individual or program consultation → Better staff support
  - Standardized coefficients ranged from .25-.17
  - Hours of consultation not related to outcomes

Are MHC-Staff Relationships Associated with Effectiveness?

- Modeled effects of the quality of staff relationships on 4 dependent variables
  - More positive relationships → More effective consultation
  - More positive relationships → Better staff support
  - Standardized coefficients ranged from .46-.68
What are the Relative Contributions of MHC Characteristics, Activities, and Relationships?
- Modeled jointly the significant predictors:
  - Private practice vs. other
  - Frequency of individual and programmatic consultation
  - Quality of Staff-MHC relationships
- When entered simultaneously, only significant predictor was the quality of relationships
  - Suggested a possible meditational relationship between frequency and relationships

Implications for Mental Health Consultation Models
- Frequency of activities is important only inasmuch as it contributes to positive relationships
- Qualitative research suggests that some models involving relatively limited hours of consultation still effective in building positive staff-MHC relationships
- Consultant background characteristics are less important than ability to build positive relationships with staff
- Consultation is associated with both child outcomes and staff wellness, at least as reported by staff

Limitations and Future Research
- Cross-sectional study can’t establish direction of causality
  - Current research working with programs to measure variables before and after intervention to improve MHC-staff relationships
- Survey data:
  - Outcomes based on staff perceptions of child behavior—need better outcome measures, including parent perceptions
  - Mental health consultant activities based on staff reports—need more direct observation of what consultants do
- Need additional research on MHC-parent relationship
  - Preliminary findings from parent study suggest it is the relationship between parents and HIS staff that are most important, not parent-MHC relationships

For More Information
- Beth Green: green@npcresearch.com
- RTC Web site:

Mediation Model: Effect of Frequency of Activities on Outcomes Is Mediated by the Quality of MHC – Staff Relationships
- Frequency of MHC Activities
- Quality of MHC-Staff Relationships
- Effectiveness of Consultation for Children and Staff

Indirect effect via relationship quality: 
B² = 26.19; reduced to non-significance