A System of Care for Children’s Mental Health: Expanding the Research Base

Transforming Transitions to Kindergarten

Building Capacity of Community-Based Preschool Programs: The Process and Outcomes of an Organizational-Level Intervention

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Overview of Presentation

- Background
- Summary of T2K Research Project
- Process for implementing organizational capacity-building intervention
- Outcomes of organizational capacity-building intervention
- Discussion/Lessons learned

Background

- Entering kindergarten is a major milestone for children and their families
- Starting school is a complex transition and school readiness is critical
  - Especially for children with emotional and behavior challenges
- Need for enhanced transition support

Research Findings

| Good early childhood mental health | Fewer problems transitioning to kindergarten |
| Fewer problems transitioning to kindergarten | Fewer problems in school |
| Fewer problems in school | Better chance of long-term success |

TRANSITION BRIDGE
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Transforming Transitions to Kindergarten: Project Description

Two-phase project for supporting children’s school readiness by focusing on children’s mental health & successful transition to school

- Phase 1: Capacity Building
- Phase 2: Enhanced Transition Supports

Organizational Capacity Building

- Delivery of mental health and transition services to at-risk children
- Activities included:
  - Training for program staff
  - Strategic planning
  - Staff support and wellness
  - Partnerships between program staff and mental health consultants

Training: Early Childhood Mental Health and Transition Best Practices

- For program administrators, managers, supervisors, staff, mental health professionals, and key school personnel
- All staff received core training in Early Childhood Mental Health
- Additional training needs were identified via staff responses to baseline survey

Strategic Planning: Strengthen Mental Health Supports

- Strategic plans are required for all Head Start programs
  - However, neither site included focus on supporting children’s mental health in their plans
- Worked with sites to develop plan to strengthen overall approach to children’s mental health
- Regular strategic planning meetings brought mental health considerations to the forefront

Staff Wellness

- Baseline survey and needs assessment revealed high levels of job-related stress related to:
  - Organizational tension between management and line staff
  - Communication problems
  - Working with children with challenging behaviors
- Formed Staff Wellness Committee

Importance of Staff Wellness: Basic Premise

(Mentally) Healthy Organizations
(Mentally) Healthy Staff
(Mentally) Healthy Children & Families
Staff Wellness Plans

- General Staff Wellness
  - Staff recognition
  - Health and nutrition
  - Celebrations
- Communication with Management
  - Suggestion box
  - Information sharing
- Prior research: (Brennan et al., in press)
  - MHC → stress, turnover, ↑ quality of care

Restructuring Partnerships: Early Childhood Program Providers and Mental Health Consultants

- A mandate for Mental Health Consultation (MHC) existed, but there was a lack of
  - Standardization
  - Understanding of role
  - Availability in rural areas
- Prior research (Green et al., 2006):
  - MCH Activities → Relationships → Effective MHC
- Focused on developing each site’s Mental Health Consultation resources

Methodology

- Non-equivalent comparison group design
- Staggered implementation of intervention at two Head Start sites
- Pre- and post-training measures:
  - Self-report perception and attitude survey adapted from:
    - Head Start Mental Health Services Survey (2002)
    - Teacher Opinion Survey
    - Index of Teaching Stress

Measures

- Program approach to MH
- Leadership support for MH
- Impact of MH services
- Link MH and school readiness
- Staff best practices
- Staff transition practices
- Staff cultural competency
- Staff self efficacy
- Relationships

Participants

- Head Start teachers and staff
  - Site A: N_{time 1} = 62, N_{time 2} = 59
  - Site B: N_{time 1} = 62, N_{time 2} = 78

Findings: Overall

- Program approach to MH
- Staff stress
- Support for staff
- MHC activities
- Link MH and school readiness
- MHC relationship with parents
- Staff “increasing” behaviors
- Staff best practices
- Relationships
- Impact of MH services
A = Site A, B = Site B

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Findings: Knowledge

- Link MH and School Readiness
- ECMH Best Practices

\[ t = 2.5, p = .005 \]
\[ t = 2.4, p = .02 \]

Findings: HS Approach to Mental Health

- Site A
- Site B

\[ t = 2.2, p = .046 \]
\[ t = 3.3, p = .002 \]

Findings: Staff Stress

- Site A
- Site B

\[ t = 2.3, p = .036 \]
\[ t = 2.1, p = .043 \]

Findings: Support for Staff

- Site A
- Site B

\[ t = 2.8, p = .003 \]
\[ t = 2.6, p = .014 \]

Findings: MHC Activities

- Site A
- Site B

\[ t = 3.1, p = .004 \]
\[ t = 2.3, p = .003 \]

Discussion

- The intervention
  - Strengthened knowledge re: mental health
  - Strengthened approach to mental health
  - Decreased staff stress/increased staff support
  - Strengthened MHC activities
- The intervention
  - Created time and space for reflection on mental health issues and practices
  - Encouraged a commitment to a plan of action
Lessons Learned

• Considerations for intervention design
  – Time
  – Sustainability

• Considerations for programs
  – Requirements (e.g., MHC mandates) should be explicit and clear
  – Staff wellness is critical for child/family outcomes

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