Addressing Mental Health in Early Childhood Settings:
The Role of Mental Health Consultation

Lead Presenter:

Eileen Brennan
Project Collaborator, Transforming Transitions to Kindergarten Project
Research and Training Center on Family Support and Children’s Mental Health
Portland State University
PO Box 751, Portland OR 97207-0751
Phone: (503) 725-5003; Fax (503) 725-5545
brennane@pdx.edu

Co-authors and Co-presenters:

Jennifer Bradley
Co-Principal Investigator, Transforming Transitions to Kindergarten Project
Research and Training Center on Family Support and Children’s Mental Health
Portland State University

Mary Dallas Allen
Graduate Research Assistant, Transforming Transitions to Kindergarten Project
Research and Training Center on Family Support and Children’s Mental Health
Portland State University

Donna Bennington
Head Start Education Specialist
Community Action Head Start
Washington County, OR

Deborah F. Perry
National Technical Assistance Center for Children’s Mental Health
Georgetown University Medical Center
Washington, DC

Adey Tsega
National Technical Assistance Center for Children’s Mental Health
Georgetown University
Washington, DC

1Author Note: The preparation of the research review was supported by funding through the Research and Training Center on Family Support and Children's Mental Health, NIDRR Grant H133B40038 and the National Technical Assistance Center for Children's Mental Health, Georgetown University, through the Center for Mental Health Services SAMHSA Grants RX4285309 and SM-05-013. A preliminary version of the research review was presented at Establishing the Evidence Base for Early Childhood Mental Health Consultation, Tampa, FL.
Background and Context

Capizzano and Adams (2003) have documented that the majority of children in the United States who are under five years of age are participating in non-relative child care or early education. Early childhood settings can provide important experiences that lay the foundation for cognitive and social-emotional development for young children (NICHD Early Child Care Research Network, 2003). However, some preschool-aged children are having difficulty succeeding in group care settings due to their troubling or difficult behavior (Duncan, Brooks-Gunn, & Klebanov, 1994; Qi & Kaiser, 2003). Walter Gilliam (2005) has recently discovered in a national study that large numbers of young children are expelled from prekindergarten programs due to challenging behavior.

Mental health consultation is a strategy used to assist early childhood staff and family members with transforming difficult or troubling behavior in young children. Cohen and Kaufmann (2000) have defined mental health consultation as:

A problem-solving and capacity-building intervention implemented within a collaborative relationship between a professional consultant with mental health expertise and one or more individuals with other areas of expertise – primarily child care, child development, and families – or individuals with child care responsibilities (p. 4).

Two types of mental health consultation have been identified: (a) child- or family-centered consultation, and (b) programmatic consultation. Child or family-centered consultation has as its primary goal the addressing of factors that contribute to a child’s or family’s difficulties in functioning well in the early childhood setting. For the children with the most challenging behavior, this form of consultation results in the development of a plan to deal with the child’s difficult or troubling behavior. On the other hand, programmatic consultation focuses on improving the overall quality of the program, and assists staff with addressing specific issues that affect more than one child, family, or staff member. Program-focused consultation increases the capacity of staff to respond to the needs of all young children in their care.

Head Start programs are mandated to employ mental health consultants to assist staff and families to promote the social and emotional development of children in the programs. Donna Bennington affirmed the positive outcomes consultation had for staff and children in their programs when she spoke about the effectiveness of mental health consultation (MHC) in Community Action Head Start classrooms in Washington County, Oregon.

Although MHC is a widely utilized strategy, its effectiveness has not been established through a systematic review of literature. In order to respond to an increasing emphasis on evidence-based programs, investigators from the Research and Training Center on Family Support and Children’s Mental Health and from the National Technical Assistance Center on Children’s Mental Health studied the extant research literature addressing mental health consultation in early childhood settings.

Research Focus

Our research group intended to examine the design elements and findings of studies of MHC in early childhood settings and to determine the level of evidence for consultation effectiveness. Because of a lack of peer-reviewed articles, the use of research designs that did not permit treatment and control comparisons, few replications of research, and varied study methodology, we decided to conduct a research review and synthesis rather than a meta-analysis.

Our research review was designed to answer two key questions:

1. What is the level of evidence in the current body of research on the effectiveness of mental health consultation (MHC) in early childhood settings?
2. What are the effects of MHC on outcomes for: (a) children and families, and (b) staff and programs?

Methods

The research review and synthesis began using established search procedures (Cooper & Lindsay, 1998) to unearth published and unpublished research on early childhood mental health consultation. Electronic databases, including ERIC, Dissertation Abstracts, PsychInfo, Social Work Abstracts, and Social Services Abstracts, and online early childhood databases were searched for keywords. We also searched national organization, government, and university-based websites on early childhood and children’s mental health. Finally, we were in contact with experts in early childhood mental health consultation and participants in a specialized conference on early childhood MHC and requested that they send us any relevant materials.

In order to be included in the review, studies had to have: (a) used empirical methods, either quantitative or mixed methods approaches; (b) focused on MHC, not health consultation or early intervention; (c) involved consultation in programs serving children from birth to 8 years of age; and, (d) been conducted between 1985 and 2005. Qualitative methods were used to analyze articles meeting the study criteria. An extensive matrix, in which key elements were recorded, was constructed. Articles were then classified and outcomes were examined through content analysis.

Study Findings

A total of 33 studies meeting all four criteria were identified and coded in the study matrix. As can be seen in Table 1, 21 studies had staff and program outcomes; 22 studies included child outcomes, and 6 had other types of outcomes. Figure 1 reveals the studies with unique and overlapping sets of outcomes.

Table 1. Mental Health Consultation Studies

<table>
<thead>
<tr>
<th>Type of Outcomes</th>
<th>With Comparison Group (Type I)</th>
<th>Without Comparison Group (Type II)</th>
<th>Descriptive / Correlational (Type III)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff &amp; Program</td>
<td>N = 7</td>
<td>N = 10</td>
<td>N = 4</td>
<td>N = 21</td>
</tr>
<tr>
<td>Child</td>
<td>N = 7</td>
<td>N = 10</td>
<td>N = 5</td>
<td>N = 22</td>
</tr>
<tr>
<td>Other</td>
<td>N = 0</td>
<td>N = 0</td>
<td>N = 6</td>
<td>N = 6</td>
</tr>
</tbody>
</table>

Total Studies Reviewed: N = 33
Consulting activities. The investigations used consultant self-reports, effectiveness ratings by directors and teachers, and observational studies to learn about the activities of mental health consultants. A wide range of activities was identified as being performed by MH consultants encompassing both program-focused consultation (consulting on program structure, scheduling, staffing, and administration) and child- or family-focused consultation (observation, assessments, direct interventions, family assistance, referrals). Consultation intensity was found to vary from setting to setting.

Child outcomes. Mental health consultation was shown to improve child social skills, behavior, and resilience scores (Field, Mackrain, & Sawilowsky, 2004; Perry, Dunne, O’Neill, & Campbell, 2005). Tyminski (2001) also found that children had increases in emotional competence scores that were in excess of normal gains. Externalizing problems declined (Kupersmidt, & Bryant, 2004; Langkamp, 2003) and children at risk of expulsion were retained in their early childhood settings (Gould, 2003; Perry et al, 2005).

Family outcomes. Mental health consultation was found to reduce parent stress levels in some settings (Lehman, Lambarth, Friesen, MacLeod, & White, 2003; Quist, Spanish, Oja, & Dalton, 2004), but not others (Shelton, Woods, Williford, Dobbins, & Neal, 2001). Consultants helped parents deal with challenging behavior (Cagle, 2003) and promoted parent involvement in early childhood settings (Brennan, Bradley, Ama, & Cawood, 2003).

Staff outcomes. Staff working in early childhood settings were also found to be affected by MHC. Staff reported improved feelings of competency and self-efficacy (Green, Everhart, Gettman, Gordon, & Friesen, 2004; Bleecker, Sherwood, & Chan-Sew, 2005). Ratings of job stress by staff members also were reduced (Alkon, Ramler, & MacLennan, 2003). Finally, consultation may increase teacher attentiveness and promote skills in effective communication with families (Bleecker & Sherwood, 2004, Elias, 2004).

Program outcomes. Based on current evidence, the impact of consultation on program quality is unclear (Alkon et al., 2003; Bleecker & Sherwood, 2003; Perry et al., 2005). However, consultation was
linked to reduced staff turnover (Alkon et al, 2003; Olmos & Grimmer, 2004). The integration of MHC into the program and its acceptance by staff were found to be important (Green et al, 2004; Green, Simpson, Everhart, Vale, & Gettman, 2004). Finally, it was found that MHC may enable families who might otherwise be excluded to have access to mental health services (Elias, 2004).

Conclusions and Implications

Mental health consultation has taken on a variety of forms and encompasses a wide range of activities. Research and evaluative studies have begun to establish favorable outcomes for children, families, and staff in early childhood settings. However, the evidence base includes few peer-reviewed studies, lacks studies with rigorous research designs, and has inconsistencies in the measures used to establish effectiveness. Additionally, few researchers were able to examine the effects of mental health consultation in isolation; most investigations had MHC embedded in other types of interventions or enrichment programs.

In order to advance the field, researchers and evaluators must analyze early childhood programs’ needs for mental health consultation, define intervention goals, and specify anticipated outcomes. Logic models should be constructed for interventions that include a theory of change and testable outcomes. Additionally, we need to learn more about the context of consultation (program quality, staff-child ratios, culture of the organization, resources available), and then include these variables in the research study. The relationship of consultant qualifications, training, and support to MHC outcomes also needs to be established. Finally, research is needed to examine staff-consultant and family-consultant interactions and to discover ways in which these interactions can be most effective.
References


