



**February 2016:
Mental Health and Wellness in Head Start**

Background

A woman laughs joyously in a café. A man cries at the end of a sad movie. A toddler whines as she looks for her favorite toy. Happiness...sadness...frustration... these are all emotions that are regularly experienced by everyone from infants to the elderly. Emotions are shaped by our biology and environment, and how we think, feel, and act is shaped by mental health. What does mental health mean for a child? A Head Start staff member? A family unit?

The [World Health Organization \(WHO\)](#) defines mental health as a “state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.” WHO’s definition of mental health aligns with many of the goals of Head Start programs around the country.

In 2014, [Child Trends](#) wrote “early childhood educators must be well to do well.” Yet early childhood educators suffer disproportionately from poor mental and physical health. Why? Preparing children to succeed in kindergarten, and ultimately in life, can be stressful - and supporting the emotional needs of children who've experienced trauma or instability can create an added toll. This stress affects both physical and mental wellbeing. Early childhood educators are severely underpaid in comparison to kindergarten and elementary school teachers, creating personal and financial stress that piles on top of workplace stress. In Head Start, where many of our children and families face a wide range of challenges, staff strive to meet everyone’s needs. Taken together, these stresses can undermine mental health and have powerful effects on absences, performance, and engagement [in the workplace](#), so it’s important both at an individual level and at the employer level. We know that staff [mindfulness matters](#), but are there solutions to this complicated problem?

Mental health isn’t just limited to adults or the workplace. Children’s earliest years have lasting effects on their lifelong wellness and mental health. Harvard’s Center on the Developing Child calls these early experiences biological “memories.” With children, just as with early childhood educators, stress has serious, adverse effects, affecting brain development, the cardiovascular and immune systems, and metabolism. Three factors can create a positive early mental health context for children: stable, healthy relationships with adults; an environment free from fear and toxins; and good nutrition. How can we build and contribute to an environment that supports these three factors, and what can be done when a child is facing scarcity in one or more of these areas? The following resources and research aim to provide guidance and examples of how you can support child and staff wellness in your daily work.

Resources

[InBrief: The Foundations of Lifelong Health](#)

Part of a series of briefs about early childhood education, this piece delivers an overview of the importance and implications of child wellness. The easy-to-read two page brief is available in PDF, video, and Spanish translation.

[Children’s Mental Health Matters](#)

This four-page resource can be a good handout for families and explains why children’s mental health matters and what we can do about it. It lists signs to look for in children and the many ways that parents, teachers, and doctors can help.

[Depression Screening Recommended for all Pregnant Women, New Mothers](#)

In late January, the US Preventative Services Special Task Force released an [announcement](#) with recommendations for depression screenings. This article from National Public Radio explains the importance of the mental health of pregnant women and new moms. For more, check out another [recent article](#) about how Columbia University Early Head Start in New York City has clinical social workers on staff who screen pregnant and postpartum women!

[Collaborating Across Federal Programs to Address Maternal Depression](#)

The Office of Head Start has many mental health resources for mothers and for children, including the [Depression in Mothers: More Than Blues Toolkit](#) and their entire [National Center on Early Childhood Health and Wellness](#). OHS has also created [health education materials](#) about stress and depression you can distribute to parents.

[Early Childhood Mental Health Consultation](#)

This research synthesis is a great overview of what exactly early child mental health consultants do and why they’re needed, serving as both “a problem-solving and capacity-building intervention.” It lists multiple models and resources that can benefit both children and staff.

Research

Institute of Medicine of the National Academies

[Transforming the Workforce for Children Birth Through Age 8: A Unifying Foundation](#)

(For the full report, [click here](#).)

The Institute of Medicine and the National Research Council set out to explore the science of child development, and the preparation of the adults who work with children birth through age eight. What did they find? They found that we already know a lot! There’s already a lot of information about how children develop, what early educators need to know and do, and the support that these educators need. The problem is that “what should be...is not fully reflected in what is—the current capacities and practices of the workforce, the settings in which they work, the policies and infrastructure that set qualifications and provide professional learning, and the government and other funders who support and oversee these systems.” Recognizing this discrepancy, they created a “blueprint for action” to identify and solve some of the problems.

The first problem they address is that the early childhood workforce is fragmented. In other words, professionals working with infants aren't recognized as part of the same group as professionals working with children in the preschool or early elementary years. Multiple funding streams, diverse services, and various settings make this fragmentation difficult to solve. Ultimately, professionals in all settings, from family child care to school systems, need more access to professional learning. The report offers 13 recommendations spread across all levels, from local to national. NHSA has recognized the workforce crisis in Head Start for years and our advocacy continues to evolve about both credentials and compensation—if you've developed an effective local solution, let us know!

NPC Research

[Characteristics of Effective Mental Health Consultation in Early Childhood Settings](#)

By Beth Green, Maria Everhart, Lyn Gordon, and Maria Garcia Gettman

The authors of this paper present an astounding idea: the single most important, effective characteristic of mental health consultants is not the amount of time spent with a child or the cost of the consultation; it's not time spent in a classroom or the tools and techniques employed; instead, the *most* important characteristic of these consultants is how well they are able to build relationships with program staff members. One study (Zelman, Friedman, & Pasquariella, 1986) speculated that differences in attitude between consultants and staff led staff members to reject or ignore advice, leading to poor outcomes. Using various examples, Green and colleagues demonstrate the powerful link between teachers and consultants.

For example, a study conducted by Alkon, Ramler, and MacLennan (2003) found that the consultation that took place in child care centers had a significant effect on the teachers' self-reported ability to manage challenging behavior. More importantly, centers that received more consultation had a greater increase in overall quality *and* had lower teacher turnover. Similarly, Brennan and colleagues (2005) reviewed more than 30 published and unpublished studies and came to the same conclusion: mental health consultation is most effective on program and teacher-level outcomes such as teacher stress, turnover, and perceived competency. Both of these conclusions underline the importance of mental health consultation and its wide-reaching effects. National Center for Children in Poverty

[Using Mental Health Strategies to Move the Early Childhood Agenda and Promote School Readiness](#)

By Jane Knitzer

In this issue brief, Knitzer from National Center for Children in Poverty writes a thought-provoking summary of the obstacles faced by those working to create interventions for children with developmental concerns. Ultimately, the information provided makes a powerful case for the two-generation approach of programs like Head Start, saying, "Often, the best way to help young children is to change the way that parents, caregivers, and others relate to them." She continues on to highlight the importance of safe and healthy neighborhoods and communities. This valuable, worthwhile read uses a holistic approach to child wellness, detailing prevention and intervention strategies for a range of settings and incorporating family relationships, as well

as staff relationships (both staff-to-staff and staff-to-child). To do this, Knitzer provides case studies from San Francisco, Ohio, and Baltimore, among others, explaining their unique approaches to mental health and sources of funding they used.

Two examples that she reports are especially interesting. The first is a San Francisco-based program created through a partnership of multiple agencies and paid for by the San Francisco Board of Supervisors. This program started by convening a Mental Health Work Group that then laid the foundation for a mental health consultation initiative. This initiative provided funds to eight different agencies to cover the costs of program and case consultations (for children and classrooms), training for staff, direct services (including family therapy), various administrative costs, and evaluation. Seventy-five center-based programs and 90 family child care providers were able to provide these services and target the low-income and special needs populations. The second initiative, [Free to Grow: Head Start Partnerships to Promote Substance-free Communities](#), uses community-building strategies to impact families and, in turn, children. This is a loosely-framed initiative that allows for intervention and prevention techniques to cater to particular at-risk groups.

The Journal of Child Psychology and Psychiatry

[Early Childhood Aetiology of Mental Health Problems: A Longitudinal Population-Based Study](#)

By Jordana Bayer, Harriet Hiscock, Obioha Ukoumunne, et. al.

This group of researchers recognized the seriousness and prevalence of mental health problems among children and worked to identify the predictors of mental health issues in children from infancy to age three. They looked at a large group, ultimately compiling three years of data for 589 children. Parent stress and harsh discipline were the consistent factors in externalizing behaviors (aggression or defiance, for example). Internalizing behaviors, such as anxiety or depression, were most affected by small family size, parent distress, and parenting. After thorough analysis, the researchers concluded that there is an urgent need to prevent mental health problems in early childhood and that programs should help parents reduce stress and avoid negative parenting practices.

This study is important because it draws a clear connection between family wellness and child wellness, especially in the earliest years. Parent personal wellness is important, just as parenting practices are important. These researchers identify a need for early guidance and intervention because the potential costs of mental health problems are high for individuals, families, and society. Learning difficulties, school dropouts, substance abuse, and bad job outcomes are just some of the individual concerns listed. Costs to society include effects in the school system, workplace, and criminal justice system. Given Head Start's long-term mission, these findings reinforce two-generation efforts to build strong families!

Discussion

1. How do you address staff wellness in your program? Are staff members aware of resources available to them?
2. What are the three most impactful ways that you address child wellness in your program?

3. When you identify a greater need for attention to the mental health of a child, family or staff member, what are the next steps to take?

Do you have other questions, comments, or concerns? E-mail Cody Kornack
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