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Managing Health & Nutrition in Head Start & Early Head Start

Sixth Edition

***A Publication of*
TRAINING & TECHNICAL ASSISTANCE SERVICES
Western Kentucky University Research Foundation**



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Mental Health

It's all about relationships! From our very first encounter with a family, mental health is a partner. Mental Health in Head Start and Early Head Start emphasizes the interconnectedness of mental wellness and social competence, and recognizes the key role mental wellness plays in educational success. Mental Health in Head Start and Early Head Start includes mandates that address the mental wellness of children, families, and staff.

It is impossible to separate mental health from health in general. This belief is supported by the way mental health services and expectations are interwoven throughout the Head Start Performance Standards. Do not be misled into believing one can find all one needs to know about Head Start and Early Head Start Mental Health by reviewing the standards with Mental Health in their title—1304.24. It is also found, to name only a few, in 1304.20, 1304.40, 1304.52, and more.

The stigma attached to “Mental Health” persists even though we struggle to remove it. Staff working to describe Mental Health Services may find the conversation flows more smoothly if they use alternate terminology, such as “socio-emotional”. To date, “socio-emotional” health does not seem to evoke the same hesitancy as does “mental” health.



History and Screening

All programs should include some questions regarding socio-emotional development in their health histories. Do not limit questions to deficits or concerns, but include such items as “Describe what your child does well” or “What makes your child excited?” Remember that, as we already established, it's all about relationships. Until families truly believe we are to be trusted, we probably will not get a true picture of mental health concerns or challenges. Periodically revisit socio-emotional development for further glimpses into areas of concern.

Socio-emotional screening must be completed in 45 calendar days. The performance standards do not require a particular instrument, but programs must be certain that the tool used is appropriate for the age being screened. Some programs utilize a developmental screening tool that also addresses socio-emotional areas, while others feel a separate socio-emotional screening tool is more accurate. Discuss screening options with your Mental Health Professional as well as your Health Services Advisory Committee. Programs must also ensure staff understand their specific process for obtaining direct guidance from the Mental Health Professional regarding findings from developmental, sensory, or behavioral screenings.

Mental Health Professionals



All Head Start and Early Head Start programs must be supported by a Mental Health Professional with experience and expertise in serving young children and their families. Consult your state regulations to determine who is appropriately credentialed to provide mental health services. Possible professionals include psychiatrists, psychologists, psychiatric nurses, marriage and family therapists, and clinical social workers. Be certain to maintain in your files copies of the current licensure/credentials of all who serve as Mental Health Professionals.

Not all Mental Health Professionals are a good match for Head Start and Early Head Start. It is important to secure those who are comfortable working with families that have challenges and those who understand and respect that Head Start and Early Head Start is parent-driven. The Mental Health Professional will partner with the staff person who has management of mental health services as their program job assignment.

Mental Health Managers

The Mental Health Manager will oversee the service area and serve as a link to other program staff and consultants. This manager must be completely familiar with the mental health performance standards as well as state and county regulations, and will take the lead in the development of policies and procedures in this content area. Although programs often combine this position with that of Disabilities Manager, it is key that all staff understand that the mental health service area, while certainly a partner, is not focused on disability issues. One key role of the Mental Health Manager is to convey to the Mental Health Professionals Head Start philosophy in general and then specifically in such areas as corporal punishment, rewards for behavior, time-out, and exclusion. Services must include prevention as well as intervention, and support for staff as well as children and families.

Contract Considerations

Again, it's all about relationships! Even if there is a well-meaning Mental Health Professional who is willing to provide services at no charge, put all expectations in writing. Written contracts or agreements delineate what services are to be provided by whom. Contract considerations should address specific time frames for services; specific services to be provided; fiscal issues including such items as reimbursement for mileage or cell phone as well as expected rates of pay; time frames for payment; schedule of reports for services delivered and progress toward goals; and termination parameters. Plan in advance to include



training sessions for staff and parents, opportunities for individual discussions, global and specific classroom observations, possible needed consultation in a home visit setting, and attendance at socializations for home based programs. Participation in the program's Health Services Advisory Committee should also be included.

Programs must establish with their Mental Health Professionals a regular schedule of sufficient frequency to ensure timely and effective identification of and intervention in family and staff concerns about a child. The standards do not define "regular", but allow programs to determine how that standard is met. "Regular" could be weekly, bimonthly or other. Mental Health Managers must be prepared to define "regular". Remember, EHS is a year-round program and will require mental health support all year.

Observations / Interventions

The standards do not require a specific number of classroom observations, but classroom triggers are sometimes confused with mental health issues. Best practice is a global, general observation of each classroom by a Mental Health Professional early in each program year. This global peek looks at such things as discipline and guidance practices, respect between teaching teams and children, general classroom "feel", attitudes toward families and other visitors, and other classroom setting parameters. It captures the overall functioning and interactions in the classroom. NO individual child observation is done at this time.

Prior to beginning a mental health referral, ask the Mental Health Professional to do a global classroom observation, if one has not been done. This observation might be paired with one by an Education Specialist. No individual child is targeted at this time. Always discuss the issue with the family, describing what is being seen and seeking their thoughts about it. Before any individual observations of a specific child can be done by the Mental Health Professional, written parental permission MUST be obtained.



A referral for mental health services must include ample information on which to begin to more clearly understand the issues. Intervention forms should always include what the troubling issue is, why it is a concern, what the family feels about the concern and what they have done about it, what steps the teaching team have taken and the results of those steps, current vision and hearing results and a general overview of health status, as well as several days of anecdotal notes. It is vital to stress to all staff that serious concerns rarely develop overnight. If a concern is developing, ask for assistance immediately. Many times an objective observation of a situation can quickly detect classroom triggers, should they be present. And, remember, a challenging behavior is not an automatic disability!