

Title: Meeting the Mental Health Needs of Children

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SUMMARY OF PRESENTATION

1. Tweety Yates: Overview of study in the Center on the Social and Emotional Foundations for Early Learning
 - a. Sobering Facts
 - i. We know that it begins early, Campbell (1995) estimated that approx. 10-15% of all typically developing preschool children have chronic mild to moderate levels of behavior problems
 - ii. Children who are identified as hard to manage at ages 3 and 4 have a high probability (50:50) of continuing to have difficulties into adolescence
 - iii. The correlation between preschool-age aggression and aggression at age 10 is higher than that for IQ. This is something that needs to be caught early to help these children
 - iv. Preschool children are three times more likely to be “expelled” than children in grades K-12. What are we doing at these young ages to teach these children the things that they need to know to be successful at an early age?
 - v. Teachers report that challenging behavior is their number 1 training need
 - b. Center on the Social and Emotional Foundations for Early Learning going into second grant to help teachers deal with the mental health needs of children in early childhood programs
 - i. Used a pyramid-based system
 - ii. Main issue is they don’t want people to see social/emotional as just another thing that they need to do. Social/emotional is embedded in everything that teachers do everyday so these strategies provide simple things that teachers can do to embed these into everyday routines and lessons
 - iii. The vision is there but the difficulty is really making that happen
 - iv. All states that they have worked with said that you need something to champion mental health needs services
2. Elizabeth Kelley – Meeting mental health needs of young children in Maryland
 - a. Made big gains in serving mental health needs and behavior problems of children in pilot study that went on in Baltimore and seven other counties
 - b. As a result of this, received \$1.8 million to expand program.
 - c. The program hopes to expand services to parents and help them to know

who they can contact should they need behavioral or mental services help

d. An important part of this program is the collaboration between child and family services so that children and parents can obtain the help that they need

3. Ellen Wheatley

- a. Has had a long road for mental health services. Examined expulsions in early childhood settings and sent out consultants to centers as a response to findings.
- b. They aim to strengthen families through early childhood care and education
- c. An important aspect of their program is to provide incentives for child care providers so that obtaining training in these areas seems palatable and positive for providers
 - i. They will receive things like higher ratings for going through training and other incentives for learning these skills
- d. It is important to remember that there is power in the status quo
 - i. It is very difficult to speak to providers and trainers and to get them to change what they are doing and teaching

SUMMARY OF DISCUSSION

- In Oregon there is university-based and web-based infant mental health services
 - o This has spurred Arkansas to think about working this system into their state mental health services
- Nebraska shared that they have an implementation team state-wide. There are two pilot sites and hoping to have 2-4 more within 6 months
- Kentucky talking a lot about organization structure, very interested in the work going on in Kansas. An annual IT conference that they have helps to create a blended understanding of mental health needs
 - o In Kansas for those who want to submit RFPs need to have four partners who are the jR&R
- Wisconsin – worked for tribal Head Start program
 - o Have a program called Conscious Discipline
 - o Also provide lots of support system for mental health
 - o Functional assessments
 - o If you are working with states don't forget about tribal programs but a lot of them are open to working with states
- Iowa – working with a colleague in Kansas to make a new child assessment called the IPSY

In MD working together across agencies under sub-cabinet early childhood steering committee

- the dept. is doing early mental health consultation

- However, it has been recognized that there are not enough mental health professionals who have a background in dealing with children 0-3
- Some partners have developed a curriculum
 - o Starting in September there will be a class through the University of Maryland, there would be a masters required to take this course
 - o The class is needed by the field and recognized as a need
 - o The class at UMD is part internet and part classroom but the actual component of the program provides 10 sessions focusing on mental health things and other early childhood things, another one is focused on working with families as well. It is focused on working with both child and parents because often children of these ages cannot articulate their needs
- There is a great need for this, to create courses that blend child development and children's mental health needs
- In Oregon they have five graduate level courses that are also available as web-based programs
- We need to figure out how to set-up a network that makes this information and education available

Funding:

- How many states are able to tap into child abuse prevention funding?
Funding is always an issue no matter where you are and what you are trying to fund.
- Strengthening families through child development and child welfare bureau are in the same building in New Hampshire but it is very difficult to actually bring this information into the field
 - o As far as funding, you can get that but you need someone on the board who sees these goals and sees the neglect
- Arkansas: There are early childhood mental health initiatives; however, the parental involvement is a big road block. It is difficult to get that mentality changed. If parents have a class available to them but they need to pay \$15-20 so that becomes a barrier for them.

New Hampshire has this same problem, but there is a guidebook and self assessment for how to get parents involved. What can you offer a parent that costs no money and doesn't take them away from work? What can you do when you have a parent on the phone that can provide support for parenting

KEY POINTS

1. Collaboration is key for success across mental health organizations, child care, etc. Persistence is important as well.
2. Education, university-based training, professional development. This goes for child care staff and parents.
3. Intentional teacher, with what is going on now in the field the research suggests that there should be intentional teaching and leadership role taken from the early childhood people because early childhood staff are the ones who see these children the most. That teaching needs to be directed towards the attitudes of teachers and professional staff in the early childhood field.