

MENTAL HEALTH OVERVIEW

PROCEDURE

Mental Health uses a preventative model to encourage healthy children/families. Our goal is to promote positive experiences for children. We want to build on each child's strengths, to build self-esteem, and positive and trusting relationships.

Information Gathering

Information in the screening of children is gathered in various modes. Health and developmental history information is gathered at registration by the family advocate and at the initial home visit by the teacher. At the initial home visit the teacher and parent complete Ages and Stages Questionnaire-Social Emotional (ASQ SE). This information is then entered into GenesisEarth database and the hard copy is kept in the child file to review. All of this information is reviewed during regular staffing of children by the Head Start staff, consultations, debriefs with the Child Development Specialist (a.k.a. Mental Health Specialist) following their classroom and individual observations.

The initial home visit with the family and teacher offers an opportunity for parent input and the beginning of a relationship with the parent looking at the child's social-emotional development. It provides an opportunity to (1) get the parents prospective of their child's social emotional development, (2) increases the parents awareness of the impact parents can have on their child's social emotional development by taking the preventative approach and (3) introduce the Mental Health Program.

Once the child begins school the teacher will observe the child in the classroom setting. Staffings on each child occur on a regular basis in each classroom. Teachers and teacher assistants debrief on a regular basis to review the day and plan for the next day. In addition, the teacher and family advocate review the child and family during center staff meetings in order to have an integrated continuous plan. If there are concerns the teacher and family advocate will first look at the classroom environment, schedules, routines and review what is happening with the family. Classroom staffings are followed by consultations on specific children where there are concerns.

The Child Development Specialist comes into the classroom for Classroom Observations two times per program year. These observations begin in October and then again in late January. The Child Development Specialist notes overall classroom concerns as well as individual, staff, and child concerns. These observations are followed by a debrief session which addresses the concerns noted with follow-up suggestions. Child Development Specialist also does individual observations and meet with parents as requested by the Head Start staff and/or parent(s).

When the Child Development Specialist has concerns about a child they may recommend a specific assessment to be given. If this recommendation is made there must be a Release of Information (ROI-MH-116) signed by the guardian.

Health Observation forms are available from the Health Department (see Health Department procedures) when the concern about a child's behavior is health related (i.e., medications)

The Creative Curriculum Assessment (given 3x's per year) includes the social/emotional domain. This domain is reviewed by staff and parents to address social/emotional concerns for goal writing and to monitor process.

Phases I and II of our Child Guidance Procedure addresses the overall classroom and the individualization for children with concerns. Staff writes an Individual Child Site Plan to address specific children's needs.

Phase III and IV of our Child Guidance Procedure utilizes the Child Development Specialist to write a specific plan for the individual child to address the unique needs of the child. These plans are written with staff and parent(s) as part of the team. The Education Supervisor oversees Phases III & IV to ensure implementation of the plan, assist as needed, and schedule follow-up meetings.

See: Child Guidance Procedure (MH-140), Classroom Observations Procedure (MH-114-X), and Individual Child and Family Plan (See MH-113),

Parent Information

In keeping with a preventative approach to mental health, the families should be introduced to the Mental Health program early in the program year. Family advocates are encouraged to set up parent information meetings on mental health topics early in the year. These may be more effective and cost efficient if centers consolidate together to provide these meetings.

Parents may meet with a Specialist for 1-2 times for specific issues/concerns. The Specialist may refer the family elsewhere for on-going treatment. The Family Advocate contacts the Specialist directly to arrange this for parents.

Treatment Services

A variety of treatment services may be used for children and their families. The type of treatment service is determined by the agency and therapist. The Head Start Child Development Specialist makes recommendations but it is the mental health agency and professional that makes the determination of what will be provided. The most common is individual or family therapy

In some cases, Head Start staff are able to work closely with the therapist, and in others we primarily give feedback about the child's progress.

See: Referral Procedure (MH-102-X) and Child Guidance Procedures (MH-140)