

EARLY CHILDHOOD MENTAL HEALTH CONSULTATION

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Tensions and Implications: Early Childhood Mental Health Consultation Pilot

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SCHOOL of EDUCATION
and HUMAN DEVELOPMENT
CASTL

A 4-year-old boy keeps throwing toys in the classroom and hitting his teacher. His preschool teacher is frustrated and ready to give up. She doesn't know what else to try. She considers sending him to the director's office.

Early Childhood Mental Health Consultation (ECMHC) can support this teacher to better understand the child's behavior, try out and reflect on teaching strategies, and partner with the child's family to promote social-emotional development and prevent exclusionary discipline (removing the child from the classroom).

ECMHC is a targeted prevention service that aims to build the capacity of early care and education (ECE)¹ professionals and foster supportive environments that promote children's social-emotional development and improve mental health and well-being.

Why We Need ECMHC

Addressing challenging behaviors in the classroom is an area of stress for ECE providers^{2,3}. Without support, ECE programs often resort to "exclusionary discipline," which happens at disproportionately higher rates for young Black boys⁴. Exclusionary discipline includes formal suspensions and expulsions, as well as more informal exclusion such as sending a child to the director's office, as described in the scenario above. Concerns about exclusionary discipline in early childhood and programs' disproportionate use with Black children led the U.S. Department of Health and Human Services and the U.S. Department of Education to release a policy statement with recommendations for early childhood programs to support children's social-emotional development and mental health in efforts to reduce exclusionary discipline⁵. ECMHC was included as a recommended strategy in this policy statement and is increasingly being provided to early childhood teachers.

Background

As disruptions from COVID-19 continue to impact ECE programs and families, there is a great need for high-quality and effective services that support and promote young children's social-emotional development and mental health. In 2020, Virginia state legislation (House Joint Resolution No. 61)⁶ required that a workgroup study the feasibility of adopting an ECMHC program to prevent suspensions and expulsions of young children attending ECE programs. Based on recommendations made by this workgroup, the VDOE funded University of Virginia's (UVA) Center for Advanced Study of Teaching and Learning (CASTL) and Child Development Resources (CDR), a statewide early childhood service provider, to develop, implement, and evaluate a birth-to-five pilot model of ECMHC in 2021–2022.

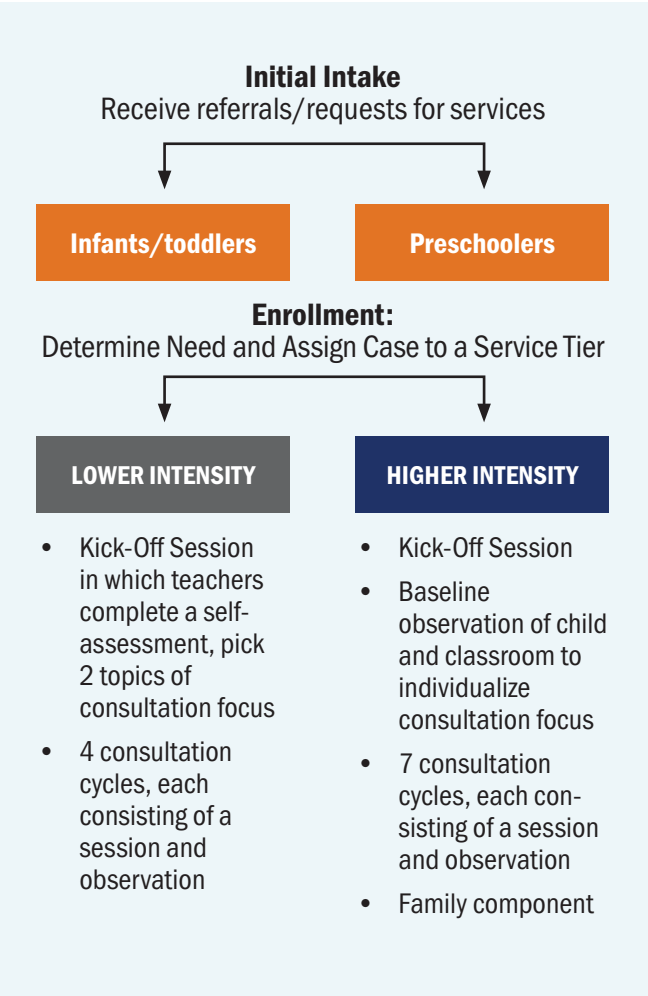
A goal of the Virginia ECMHC pilot was to support ECE teachers in responding to the social-emotional and mental health needs of the children in their classrooms in the wake of the pandemic. VDOE was especially interested in reducing and preventing suspensions and expulsions of young children attending ECE programs. The 2021–2022 pilot focused on one large region of the state to learn from the implementation successes and barriers as the state considers a potential expansion of services statewide.

During this pilot year, CASTL and CDR developed a ECMHC model and delivered services. Through this process, the CASTL team identified critical tensions in implementing social-emotional and mental health services in ECE settings at scale. This brief describes these tensions; our goal is not to provide answers, but to discuss these topics and their implications for ECMHC scale-up efforts. Although the ECMHC model offered services for providers of children birth-to-five, this brief focuses explicitly on data stemming from services provided to preschool-age classrooms and children.

ECMHC Pilot Model and Implementation

In the 2021–2022 pilot year, ECMHC was provided as a free consultation service to 45 preschool classrooms across 30 programs in one Virginia region.

FIGURE 1: Birth-to-Five ECMHC Model



Key components of the pilot model include:

- **Aligned infant/toddler and preschool services**
- **Open referral system**
- **Multi-tiered services based on identified needs**

The ECMHC pilot used an open referral system (see Figure 1), accepting referrals from teachers, leaders, families, and community members. The service tier (i.e., higher intensity services versus lower intensity services) was determined based on identified needs. Referrals about a specific teacher or classroom were referred to the lower intensity tier. For child-specific referrals, the child’s teacher completed rating scales that were used to determine the level of need and the intensity of services that were provided.

During the 2021–2022 pilot year, the Virginia ECMHC pilot received referrals (see Figure 2) to provide mental health consultation in 89 preschool classrooms. These referrals were linked to 106 individual children, 94 teachers, 54 ECE programs, and 27 cities or counties across Virginia. Nearly half of the programs (48%) were child care centers. There were various reasons for attrition which resulted in 45 preschool classrooms and 47 children receiving ECMHC services. Table 1 provides information on these children’s socio-demographic characteristics.

FIGURE 2: Flowchart of ECMHC participants from the point of referral to services.

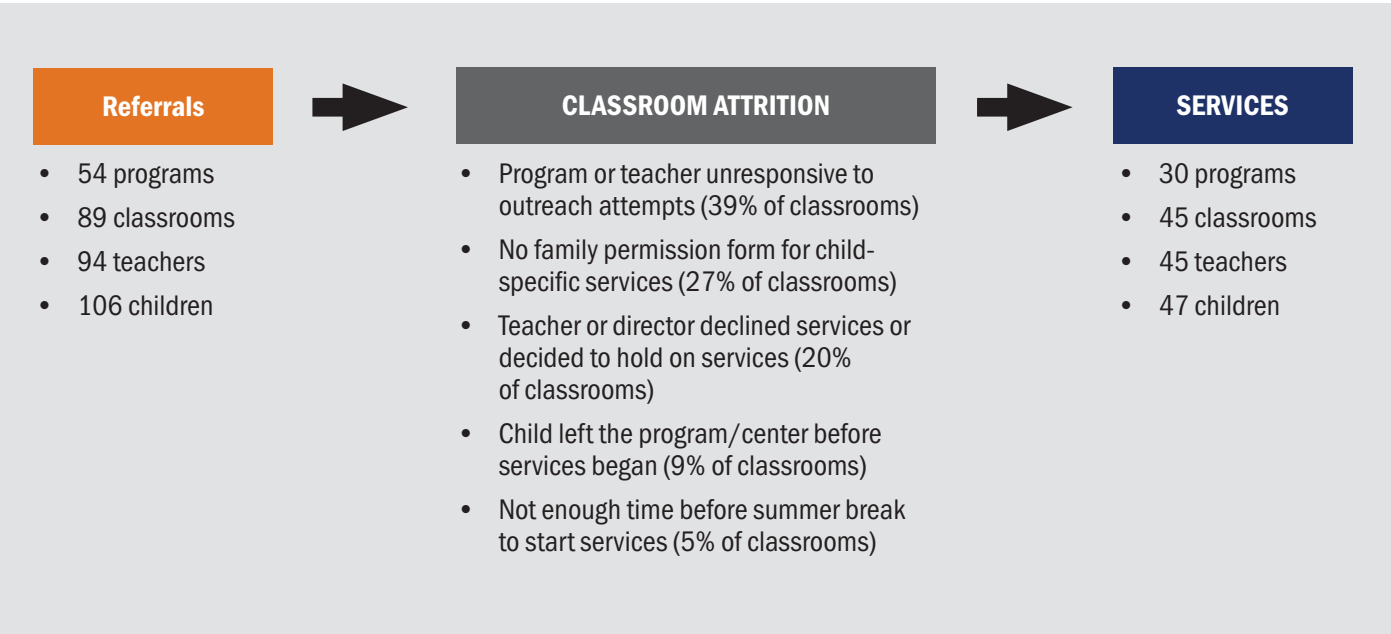


TABLE 1: Served children’s socio-demographic characteristics.

	N=32			
	n	%	M	SD
Age			4.11	0.64
Male	20	63		
Female	12	37		
Race/ethnicity				
Black	12	38		
White	15	47		
Latino	2	6		
Multiracial	3	9		
Language spoken at home				
English	31	97		
Spanish	4	13		
Child has an IEP	3	9		

Data were missing for 15 children due to incomplete family surveys or because families did not give permission to report data for research purposes.

To understand the implementation of the Virginia ECMHC pilot, data on preschool classrooms were collected from consultants, teachers, program directors, and families using qualitative and quantitative methods.

Tensions & Future Considerations

In seeking to understand the first year of the Virginia ECMHC pilot, the CASTL team identified critical tensions in implementing social-emotional and mental health services in early childhood settings at scale. In this section, we describe three key tensions and future considerations.

Significant to note, the first year of Virginia’s ECMHC pilot model was implemented during the worldwide COVID-19 pandemic. As such, some of the tensions were exacerbated due to the negative repercussions of the pandemic.

- 1) Implementing ECMHC Within a System of Support for Early Childhood Educators**
Ideally, early childhood teachers in all settings (e.g., center-based care, family day homes, state-funded PreK) would have access to a coordinated system of professional development.

This system should be set up to promote social and emotional development and prevent challenges in the classroom through access to high-quality curricula, training, and coaching on implementing universal practices that promote young children’s social-emotional development.

About half of the preschool teachers who were served by the pilot reported using a social-emotional learning curriculum and that they had received coaching before the ECMHC pilot. While it is encouraging that some teachers had access to these supports, universal supports for teachers are still not widely implemented in a coordinated and aligned system. The result can be to overly rely on targeted and intensive supports like ECMHC that are more costly, time intensive, and reactive (i.e., implemented *after* challenges occur).

- Future consideration:**
How can professional development opportunities for ECE teachers be more coordinated so that teachers promote positive social-emotional development before challenges occur? Before resorting to ECMHC, teachers should implement practices that support all children to build strong social-emotional

skills. Access to these supports will reduce the need for ECMHC and help ensure that the teachers, children, and families served by ECMHC are the ones who are most in need of the intensive service.

2) Tensions between supporting teachers' practice as it relates to an individual child, without contributing to a deficit view that children need to be "fixed"

ECMHC services were described as supporting teacher mental health concerns, classroom climate,

When you hear him being described as, "aggressive," or you know, "violent," and stuff like that, when it's, like, that's not how he is. ... The lady who works with him now, like, I almost was brought to tears when she first started talking about her experience with Khalil, because she was talking about how smart he is. You know, how he likes to learn. I mean, just, like, all of the strengths that Khalil possesses. ... usually what I hear is, he's hyper, impulsive, you know, those are the things that you first see with Khalil.

But after you get to know him, and get to understand him, then you get to see all those things. But the reality is that the world is going to immediately see him as a Black boy who may be acting in a way that's been labeled as aggressive. And I, I want to get him into the school system early so that he's not really known for his behaviors and that they really get a chance to really understand him better because I know how those behaviors are labeled. And they do that for all kids, but the reality is, it is a different experience for little Black boys in particular.

– Kacia, Mother (in focus group)

teacher-child interactions, and child-specific behavioral concerns. Referrals were gathered through an online intake form. Because the consultation did not have to focus on a specific child, the intake form did not require that respondents list an individual child as intended focus of the consultation. However, nearly all referrals requested support around addressing a specific child's challenging behavior. Although we deliberately tried not to take a deficit view of the child or their family, as we reflected on our work, we felt a tension related to seeking child-specific referrals. We wanted to provide services in cases where specific children were having a difficult time in the classroom and the teacher could use support in addressing the child's behavior but had to contend with the possibility that seeking child-specific referrals tends to reinforce deficit-based ideas about children and their families. Deficit-based labels can become attached to children, as described in the previous quote by Kacia⁷, a Black mother who described her experience of supporting her son Khalil, a Black boy.

Future considerations:

How can the referral system be implemented without communicating that the child needs to be "fixed" or a deficit approach? Although the referral process is typically not considered to be a program component, we argue that it should be, because systematic investigation of the referral system can lead to helpful insights about how to best create a system that reaches potential participants but does not communicate unintended messages about children in the process.

In what ways does pulling a child or group of children out of the classroom for a social skills group or other intervention communicate to children, their teachers, and their parents that their child needs to be "fixed"? Social Emotional Learning (SEL) interventionists, especially those operating at more intensive levels in a multi-tiered system of support, need to be reflective about whether their service may be inadvertently contributing to the idea that children need to be "fixed."

3) Systemic factors impacting the ECE field that can undermine ECMHC implementation and effectiveness. ECMHC focuses on working with adults to better understand and respond to behavior in context, and thus requires the capacity to learn, engage with, and apply new information to make changes in practice. However, the same challenges that might lead a teacher or program to seek out ECMHC (e.g., educator stress, educator lack of self-efficacy, lack of resources, lack of during-work supports, children/families experiencing mental health challenges) may also act as barriers that interfere with access to and engagement with this consultation model. This tension illustrates the need among ECE teachers for resources and support, but the foundation for receiving them is not always there, analogous to pouring water into a bucket with a hole in the bottom. Patching this hole (i.e., addressing systemic issues in the ECE field) is necessary for ECMHC services and other SEL programming in ECE settings to be effective and sustainable. Three systemic issues impacted ECE providers' work and undermined teachers' engagement in the ECMHC pilot:

- **High teacher turnover, ongoing coverage needs, and exhausting workloads.** Participants reported in focus groups and exit interviews

“Our teachers... are burnt out. They feel like there's so much on their plate. And when they got down into this, it seemed like a lot more work on a teacher, and they just were not willing to take it on. It seems like a lot of training and things that they had to do and not the support that they were looking for. So that's why a lot of my teachers were like, 'No, I'm not doing that [ECMHC] now'.... I feel like teachers are being targeted a lot right now and they feel like everyone's telling them how to do their job better—just feeling very criticized about a lot.”

– Tammy, Program Director

that early childhood educators are at capacity. Staff turnover and coverage challenges resulted in high workloads and increased stress, which made taking on ECMHC services untenable for teachers in many programs.

- **Teacher stress, mental health, and well-being.** Nearly half (44%) of teachers served in the Virginia ECMHC pilot reported that they were emotionally exhausted by children's behaviors. Though the intent is to alleviate a source of stress, ECMHC can add more burden or stress, particularly for educators who might be struggling to manage their own mental health needs.
- **Low compensation for ECE providers.** In Virginia, the median pay for ECE providers is \$10.96 per hour, and 16.4% of providers live below the poverty line, twice the rate of workers in the state overall. In Virginia, the median pay for ECE providers is \$10.96 per hour, and 16% of providers live below the poverty line, twice the rate of workers in the state overall⁸. Program directors reported that staff could not afford gas to come to work: “We have staff that's like, in order for us to come to work, we need you to pay our gas.” – Whitney, Program Director

Future considerations:

Do the systemic barriers our ECE workforce encounter create a system where most social-emotional learning (SEL) programs may not be able to achieve the intended positive impact? How can a service, curriculum, or program be implemented with fidelity when it is very difficult to train and support providers over a longer period?

Despite ECMHC implementation at the child/family, classroom, or program level, this work cannot be separated from larger systemic forces that impact the day-to-day functioning of educators, children, and families. Understanding and addressing systemic issues in the early childhood field (e.g., turnover, workload, stress, mental health, and compensation) will resolve some of the mental health and social-emotional challenges ECMHC targets, while also creating a stronger infrastructure for providing more effective support and implementing SEL interventions when needed.

Therefore, we see our role as researchers as developing, studying, and understanding the most effective supports as well as advocating for systemic changes that would improve the lives of children, families, and educators. Understanding the larger context and the interconnected factors that shape educator, family, and child experiences is essential in approaching ECMHC and other SEL programming in ECE from a strengths-based, ecological systems orientation to promote sustained change at scale.

Conclusion

ECMHC, a targeted prevention SEL service, is intended to build the capacity of ECE professionals to promote children's social-emotional competence and improve mental health and well-being. In this brief, we described tensions that illustrate competing needs and values that arose when designing and rolling out Virginia's pilot ECMHC program during its first year of implementation.

To build on this work, our future goals are to continually apply lessons learned to improve ECMHC services, work to alleviate systemic barriers faced by providers and families when possible, and develop enhanced supports that will lead to better ECMHC implementation and social-emotional outcomes for young children in Virginia. ■

Notes

1. Early childhood education (ECE), early childhood care and education (ECCE), and early childhood education and care (ECEC) are terms that are often used synonymously. In this brief, we define early childhood education (ECE) inclusive of early childhood programs that provide care and education to young children from birth through preschool in private, faith-based, public, and family day home settings.
2. In this brief, we use the terms providers, educators, and teachers interchangeably to describe the adults who work as early childhood professionals and provide care and education to young children from birth through preschool in private, faith-based, public, and family day home settings.
3. Friedman-Krauss, A. H., Raver, C. C., Morris, P. A., and Jones, S. M. (2014). The role of classroom-level child behavior problems in predicting preschool teacher stress and classroom emotional climate. *Early Educ. Dev.* 25, 530–552. doi: 10.1080/10409289.2013.817030; Clayback, K., and Williford, A. P. (2022). Teacher and classroom predictors of preschool teacher stress. *Early Educ. Dev.* 33, 1347–136 3. doi: 10.1080/10409289.2021.1972902
4. Albritton, K., Mathews, R. E., and Anhalt, K. (2019). Systematic review of early childhood mental health consultation: implications for improving preschool discipline disproportionality. *J. Educ. Psychol. Consult.* 29, 444–472. doi: 10.1080/10474412.2018.1541413; Garro, A., Giordano, K., Gubi, A., and Shortway. (2021). A consultation approach to target exclusionary discipline of students of color in early childhood education. *Contemp. Sch. Psychol.* 25, 124–135. doi: 10.1007/s40688-019-00258-9
5. U.S. Department of Health and Human Services and Education. (2014). *Policy statement on expulsion and suspension policies in early childhood settings* Available at: <https://sites.ed.gov/idea/files/policy-statement-ece-expulsions-suspensions.pdf>
6. **House Joint Resolution No. 51** requested that the Virginia Departments of Education, Social Services, and Behavioral Health and Developmental Services convene a workgroup to study and provide

recommendations on an ECMHC model and submit a report to the Virginia Governor and General Assembly. The workgroup report is available here.

<https://bit.ly/VirginiaGovWorkgroupReport>

7. All names have been changed with permissions from participants to protect their identities.
8. McLean, C., Austin, L. J. E., Whitebook, M., & Olson, K. L. (2021). Early childhood workforce index–2020. Center for the Study of Child Care Employment, University of California, Berkeley. <https://cscce.berkeley.edu/workforce-index-2020/wp-content/uploads/sites/3/2021/02/Early-Childhood-Workforce-Index-2020.pdf>