Supporting Home-Visitors Through Mental Health Consultation in an Early Head Start Home-Based Program

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Introduction

- Early Head Start (EHS) program requirements mandate chapters to secure the services of mental health professionals for purposes of child mental health screening and intervention (USDHHS, 2009).
- A breadth of current research shows that home-visitors, the front line workers for EHS, often face difficulties related to parental mental health (Tandon, Mercer, Saylor, & Duggan, 2008). Given their paraprofessional backgrounds, home-visitors may not be adequately trained to identify and remediate parental mental health concerns (Duggan et al., 2004).
- Parental mental health problems pose a major barrier to family engagement in home visiting programs (Azedi-Lessing, 2011), making them important factors for EHS programs to address.
- The present study examined on-site mental health consult utilization at a Midwest EHS home-based program to determine whether home-visitors identified and sought support in dealing with parent-related concerns such as mental health issues.

Method

Participants

- Participants were 10 home-visitors at a Midwestern EHS Home Based program.
- All participants were women, one participant identified as North African while others were European American. The majority of participants held a Bachelor’s Degree. Participants ranged in age from 23 to 55 years (M = 34.1, SD = 9.9) and had been working for EHS for an average of 15 months at the project start date.

Procedures

- Graduate assistants from the University of Nebraska-Lincoln (UNL) serve as mental health consultants to EHS. These students hold office hours for consultation, attend regularly scheduled staffing meetings, and provide screening for child and family concerns.
- From July 1, 2012 – January 30, 2013, consultants documented details of consultation with the 10 participating home-visitors. Each consultation was identified as either home-visitor initiated or mental health consultant initiated, based on the party requesting the specific discussion.
- Following discussion, mental health consultants recorded whether the following topics had been addressed:
  - Child-focused – behavior concerns, developmental delay, concerns noted on Autism screener (Checklist for Autism in Toddlers, CHAT; Baron-Cohen, Allen, & Gilberg, 1992)

Results

- A total of 43 consultations were coded, 24 initiated by home-visitors and 19 by mental health consultants.
- Figure 1 shows the proportion of consultations including discussion of topics described in procedures. When aggregated across consult types, categories (i.e., child, parent, and family) were discussed with similar frequency. Child concerns were identified in 58.1% of consults, parent concerns in 48.8%, and family concerns in 44.2%. Comparing home-visitor and mental health consultant initiated consults identified discrepancies:
  - Consultants raised child-focused concerns significantly more frequently than home-visitors, X²(1) = 6.77, p = .009
  - Home-visitors raised family-focused concerns significantly more frequently than consultants, X²(1) = 8.03, p = .005
- Table 1 displays Chi-Squared analyses comparing proportions of consults covering the various topics between home-visitor and mental health consultant initiated discussions (all df = 1).
- Home-visitors more frequently raised concerns regarding a family’s current involvement with CPS
- Mental health consultants more frequently raised concerns regarding child behaviors, CHAT scores, and parental depression.
- The most frequently noted barriers to service delivery were minimal parent engagement, unaddressed parental stressors and mental health issues, and parents not being open to home-visitor recommendations.

Discussion

- Results indicate that parent-focused concerns are often present in the population served by EHS, that they are perceived as barriers to service delivery by home-visitors, and that home-visitors seek support in dealing with these problems. These findings were consistent with other research in the field (e.g., Gill, Greenberg, & Moon, 2007; Tandon et al., 2008).
- After consulting with our Midwest EHS administrators, we hypothesized that the discrepancies between home-visitor and mental health consultant initiated consults may be due in part to the likelihood that parent and family focused problems surface later in the parent and home-visitor relationship.
- Recommendations for home-visiting programs
  - Mental health consultants should provide support to home-visitors regarding their work with families experiencing these parent and family focused concerns.
  - This support should be proactive in the form of didactic training and include specific skills practice as well as live coaching during home visits. Consultants should also provide emotional support given the challenges posed by difficult families.

Table 1. Comparing home-visitor and mental health consultant initiated consultations using Chi-Squared analyses.

<table>
<thead>
<tr>
<th></th>
<th>Home Visitor</th>
<th>Mental Health Consultant</th>
<th>X²</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Child Concerns</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Behavioral Concerns</td>
<td>39%</td>
<td>82%</td>
<td>8.029</td>
<td>0.005</td>
</tr>
<tr>
<td>Development Delay</td>
<td>12%</td>
<td>12%</td>
<td>0.001</td>
<td>0.982</td>
</tr>
<tr>
<td>CHAT</td>
<td>0%</td>
<td>18%</td>
<td>4.932</td>
<td>0.026</td>
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<tr>
<td><strong>Parent Concerns</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CES-D</td>
<td>0%</td>
<td>29%</td>
<td>8.563</td>
<td>0.003</td>
</tr>
<tr>
<td>Stress</td>
<td>35%</td>
<td>24%</td>
<td>0.597</td>
<td>0.439</td>
</tr>
<tr>
<td>Mental Health Issues</td>
<td>39%</td>
<td>12%</td>
<td>3.641</td>
<td>0.056</td>
</tr>
<tr>
<td>Substance Abuse</td>
<td>12%</td>
<td>12%</td>
<td>0.001</td>
<td>0.982</td>
</tr>
<tr>
<td><strong>Family Concerns</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CPS History</td>
<td>23%</td>
<td>18%</td>
<td>0.183</td>
<td>0.669</td>
</tr>
<tr>
<td>CPS Current</td>
<td>54%</td>
<td>6%</td>
<td>10.410</td>
<td>0.001</td>
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</table>