

CHILDREN, YOUTH & FAMILY CONSORTIUM

Poverty as a Root Cause of Poor Educational and Mental Health Outcomes for Young Children

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CYFC's current emphasis on exploring interactions of Education and Health Disparities in the context of an ecological perspective is a significant area of necessary discussion, especially for programs such as Early Head Start and Head Start. Head Start programs are concerned about supporting educational and mental health well-being for children and their families. Head Start Performance Standards require every program to obtain a mental health consultant, provide timely and responsive intervention, along with family centered mental health services and education¹.

In 2008, Head Start/Early Head Start programs enrolled nearly 18,000 children from birth to age 5 living in 16,657 families in Minnesota. Children and their families come from every ethnic and racial group including African American, American Indian, Asian, Hispanic, Caucasian, and Pacific Islander. Overall 75% of enrolled families are employed; in 22% of those households both parents are employed. The common thread that draws Head Start/Early Head Start families together is their income. Over 90% of enrolled families fall within 100% of OMB poverty guidelines². In 2009 for a family of four, that translates to an annual income level of \$22,050.

Families living in poverty have a multitude of challenges inherent to securing basic needs



such as finding and maintaining affordable housing, accessing health and dental care, and food security. Low income parents often are so overwhelmed trying to meet daily needs, they are unable to address academic, social, and emotional developmental needs of their children. Young children who live in low income households are at risk of decreased cognitive and language development, decreased levels of social competence, and decreased ability to self regulate. The complex relationship of social/emotional development and intellectual development is addressed daily by staff working in Head Start and Early Head Start programs. This relationship becomes more challenging as mental health concerns are identified in young children as well as their families.

Every Head Start/Early Head Start program utilizes mental health curricula and has practices in place for prevention, identification, screening, and referral of

mental health concerns. In 2005, Minnesota programs provided 13,741 children (81%) with screening for developmental, sensory, and behavioral concerns. Staff consulted with mental health professionals regarding 1,699 children or 10% of the enrolled population and referred 284 children for professional mental health services³.

Head Start professionals frequently are the first to observe stress, trauma, and behavioral concerns in young children. Types of behaviors observed in classrooms include:

- Physical and verbal aggression
- Difficulty following a consistent routine
- Emotional “meltdown”
- Inability to enter and sustain appropriate play
- Socially and emotionally withdrawn
- Irritable
- Hyper-vigilant or fearful

With this observation comes the responsibility to address behavioral concerns in a community environment frequently ill-equipped to provide effective mental health services to very young children. In addition, families typically have few resources available to access mental health support. Because parents struggle to provide for basic family needs, the educational and mental health development of their children is sometimes not a priority. It is important to recognize that parents care tremendously about these issues; however, they are usually too overwhelmed with other issues to plan for successful intervention. In addition, parents are often challenged by:

1. inexperience in addressing social/emotional and educational developmental issues
2. lack of knowledge about the availability of appropriate resources,

3. inability to pay for mental health services
4. unwillingness to admit that there is anything “wrong” with their child.

Because of our diverse experiences working with children and families living in poverty, we believe integration of family mental health services is necessary for effective intervention. Addressing social/emotional needs of children is most successful when approached using an ecological perspective of intervention. We believe mental health services could be greatly enhanced by institutionalizing the concept of mental health prevention and intervention for young children and integrating mental health services with parental support. We also acknowledge and are encouraged by the fact that we are on the cusp of forward movement in development of mental health services for the very young.

From our perspective, four levels of mental health involvement and support need to be present for successful outcomes.

COMMUNITY SUPPORT

There must be community recognition and acceptance that mental health needs exist in young children, and to be effective their parents must be linked to resources. Communities need to have a variety of mental health resources and a range of treatment options available which recognize that services must be provided jointly to children and families; one cannot be isolated from the other. Community support should come from a variety of agencies such as social services, faith communities, business, higher education, and child care as well as traditional educational and mental health clinics.

PROFESSIONALS

Mental health, early childhood special education teachers, and classroom teaching professionals need to be trained in providing services to young children and their parents. Professionals need to understand family dynamics and relationships that lead to patterns of family interaction. Professionals also should have experience working with families living in poverty, an ability to understand the culture of poverty, and strategies to effectively address relationship issues as they relate to low-income families. Mental health and teaching professionals must work as a team with parents to address areas of concern and provide consistent steps toward educational milestones and mental well-being.

FAMILIES

Families need help to overcome the stigma attached to mental health concerns and they must feel support and acceptance when seeking assistance. They need to establish linkages to mental health professionals and community clinics. Parents (or primary caregivers) need to understand various mental health treatment options and payment assistance that will enable them to utilize an on-going system of care rather than a sporadic approach. Parents also need technical assistance, modeling, and support in developing healthy parenting techniques with their children; this may even require them to break entrenched patterns of behavior. Parenting classes must be offered that address a broad range of family issues from accessing basic needs of food, shelter and clothing to building strong relationships with their children.

CHILDREN

Systems that support children are at the core of the ecological perspective of intervention. Children must be enrolled in developmentally appropriate programs with highly skilled teachers. Children need consistent and developmentally appropriate educational experiences. They need guidance in developing self-regulation techniques, and opportunities to safely explore their environment and develop trusting relationships. Mental health professionals are key players in observing children and planning classroom intervention strategies in coordination with teachers and parents.

Implementing this type of ecological perspective of intervention offers a comprehensive, community-based approach to improving educational and mental health outcomes for children who experience challenges as a result of living in poverty. Teachers, mental health professionals, and parents can work together to effectively identify and respond to the needs of children as well as help families develop coping strategies to address their concerns and linkages to appropriate community resources.

REFERENCES

¹ U.S. Department of Health and Human Services, Administration for Youth and Families, Head Start Bureau. (2003). Head Start Performance Standards. Retrieved from <http://eclkc.ohs.acf.hhs.gov/hslc>

² Minnesota Head Start Association. (2010, February 15). Minnesota Head Start Facts and Stats. Retrieved from <http://mnheadstart.org/fact.htm>.

³ Brooks-Gunn, Jeanne and Duncan, Greg J. (1997). The Effects of Poverty on Children. *The Future of Children*, 7(2), 55-71