The evidence base for mental health consultation in early childhood settings: a research synthesis addressing children's behavioral outcomes

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CRD summary
The authors concluded that early childhood mental health consultation services were consistently associated with reductions in teacher-reported externalising behaviours. Findings were mixed on reductions in internalising behaviours. The reliability of the conclusions is uncertain given high risk of error and bias, unclear study quality and incomplete reporting of details of review processes.

Authors' objectives
To describe core features of early childhood mental health consultation models and assess their effects on children's social, emotional and behavioural outcomes.

Searching
ERIC, Dissertation Abstracts International, PsycINFO, Social Services Abstracts and Social Work Abstracts were searched. Several more databases that focused on early childhood publications were searched (further details reported in the full paper). Several grey literature sources were searched (websites of national organisations were examined for conference proceedings and relevant research reports). Search dates were not reported. Search terms were reported. Experts in early childhood mental health were contacted to identify additional unpublished papers.

Study selection
Quantitative, qualitative and mixed methods papers on early childhood mental health consultation in children (up to six years) completed between 1985 and 2008 were eligible for inclusion. Papers had to be published in peer review journals and report child outcomes; unpublished papers with rigorous designs and comparison groups were considered. Studies where mental health services addressed only direct intervention with children (such as provision of positive behaviour supports) were excluded. A definition of early childhood mental health consultation was provided for the purposes of the review.

Most of the included studies were conducted in programmes that served preschool students in urban low-income neighbourhoods. The included children were from ethnically diverse backgrounds. Approaches to consultations, qualifications of consultants and intensity of services were varied. Studies were screened for eligibility at a meeting of review team members. The authors did not state whether an independent procedure was used in the screening process. Reported outcomes were models, frequency and duration of early childhood mental health consultation services, problem behaviours and prosocial outcomes.

Assessment of study quality
The authors did not state that they assessed study quality; information on whether studies were randomised was reported and methods used were described.

Data extraction
Data on consultation features, consultation intensity, consultant qualifications, study methodological factors, measures used and main study outcome measures were extracted.

The authors did not state how many reviewers extracted data.

Methods of synthesis
Studies were summarised narratively using content analysis techniques. The authors stated that insufficient sample sizes and a lack of equivalent control groups precluded statistical analysis.

Results of the review
Fourteen studies were included (total sample size unclear): two randomised controlled trials, nine non-randomised
comparative group studies and three non-comparative group studies. Sample sizes ranged between 86 to 490.

Models of consultations in the childhood programmes varied from manualised consultation (approach driven by a manual or a set of programme guidelines) and consultation delivered through an established curriculum to individualised consultation services (based on the needs of teachers, classrooms or programmes)

Frequency and duration of early childhood mental health consultation services:

Two studies reported outcomes for the effect of dose of consultation on child outcomes. One study found the frequency of consultation activities to be associated with teacher reports of child outcomes. In another, the number of consultation service hours a child received was found to predict improved composite child behaviour scores.

Mental health consultants’ education, training and supervision:

Most of the studies employed mental health consultants with a masters degree or higher; many were provided with additional training and supervision (10 studies). Level of education was not associated significantly with improvements in child outcomes (one study).

Problem behaviours and prosocial outcomes:

Early childhood mental health consultation was associated with reductions in teacher-reported externalising problem behaviours (such as defiant behavior, hostility, hyperactivity; 12 out of 13 studies). Evidence for improved internalising child behaviours was mixed (six studies).

Prosocial outcomes:

Early childhood mental health consultation was associated with increased social and emotional outcomes for young children (eight out of nine studies). No effect of early childhood mental health consultation was found in one study.

Authors’ conclusions

Early childhood mental health consultation services were consistently associated with reductions in teacher-reported externalising behaviours. Findings related to reductions in internalising behaviours were mixed.

CRD commentary

The review addressed a clearly defined question. Several databases and sources of grey literature were searched, which minimised potential for publication bias. It was unclear whether any language restrictions were applied, so language bias could not be excluded. It was unclear how many reviewers selected studies for inclusion and extracted data, so reviewer error and bias could not be excluded. Only two randomised controlled trials were included; reported data consisted largely of study designs with high risk of bias.

The decision to summarise studies narratively was justified given small sample sizes and significant differences in interventions. The authors acknowledged the limitation that most data were from teacher reports of outcomes.

The reliability of the authors' conclusion is uncertain due to high risk of reviewer error and bias, unclear study quality and incomplete reporting of details of review processes.

Implications of the review for practice and research

Practice: The authors stated that early childhood mental health consultation can be used to help support families and childcare professionals seeking to address challenging behaviour in young children (those with a mental health diagnosis as well as those at risk of developing clinically significant problems). The authors recommended that consultants work to build capacity of parents and early care and education professionals to enhance positive social-emotional development in young children.

Research: The authors stated that further studies that independently assess children’s behaviours, isolate key components of effective consultation and identify consultant qualifications and characteristics that lead to child behaviour changes are needed. They suggested that studies should determine how long and with what intensity services
should be delivered in early childhood mental health consultation models. Studies should also assess impacts of early childhood mental health consultation on children's social skills, value added by group versus individual clinical supervision and assess whether changes in children's outcomes are mediated by gains in teachers' skills or practices and fidelity of intervention implementation. Studies with more rigorous designs were recommended.

**Funding**
Not stated.

**Bibliographic details**

**DOI**
10.1080/10409280903475444

**Original Paper URL**
http://www.tandfonline.com/doi/abs/10.1080/10409280903475444

**Indexing Status**
Subject indexing assigned by CRD

**MeSH**
Child; Child Behavior Disorders; Child Development; Child, Preschool; Early Intervention (Education); Humans; Mental Health Services; Schools

**AccessionNumber**
12011002115

**Date bibliographic record published**
22/06/2011

**Date abstract record published**
03/02/2012

**Record Status**
This is a critical abstract of a systematic review that meets the criteria for inclusion on DARE. Each critical abstract contains a brief summary of the review methods, results and conclusions followed by a detailed critical assessment on the reliability of the review and the conclusions drawn.