A COMMUNITY MENTAL HEALTH CENTER'S INTERACTION WITH THE PROJECT HEAD START PROGRAM

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On February 19, 1965, the Commissioner of Mental Health for the Commonwealth of Massachusetts received a letter from Sergeant Shriver announcing "Project Head Start" and inviting agencies in the community to participate in this program. Within five months of this appeal, the South Shore Mental Health Center was actively involved in administering six Head Start nurseries in four towns and serving as a collaborator and consultant to the Quincy (Massachusetts) School Department which had undertaken to operate nine nurseries within that city.

How does a community health center become so involved in this type of a program? For the South Shore Mental Health Center there are three answers to that question:

1. Since the Center has had extensive experience in administering preschool nurseries for retarded children for the past six years, it was able to undertake this new program in stride.

2. For the past twelve years the Center has built up close consultative relations with all the school systems in the nine cities and towns which it serves. In the four towns where it established its own Head Start Nursery Programs, it had the active and full support of the community. In Quincy, the Center helped the school department write the "Head Start" proposal and subsequently had the responsibility for hiring the mental health staff.

3. The Center is highly committed in its philosophy to planned social change and is thus naturally predisposed to involvement in

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these types of community intervention programs. It is this spirit of commitment that led the Center to initiate one of the first Commonwealth Service Corps projects involving the use of volunteers with juvenile delinquents, to collaborate with the Quincy Welfare Department in a work experience program for Aid to Dependent Children mothers, to teach a behavioral science class to fourth graders in two public school systems, and to collaborate fruitfully over the years with school personnel, ministers, police, court personnel, social agency, staff nurses, and members of lay organizations in the community.

For the purposes of this discussion, we shall describe first the Center's role as a consultant in the Quincy program and then its administrative function in the four other towns where it initiated and supervised its own nurseries.

**The Quincy Program**

It was estimated that there was a potential pool of approximately 235 prekindergarten children who would be eligible for enrollment in Project Head Start Nurseries. Of these, approximately 90 children were from Aid to Dependent Children families, 30 children were from families receiving assistance from the Veteran's Services Department, and about 115 children were from families with an income under $2,000.

To interest the families in enrolling eligible children in the program, questionnaires were circulated, social workers made personal visits, and parent volunteers were utilized to disseminate information. Some of these parents, comprising an Action Committee, were solicited for their ideas concerning the development and activities of the program.

Each nursery class had assigned to it one school teacher, a mental health person (who was either a guidance counselor, psychiatric nurse, psychologist, or social worker), a paid parent, and one or more volunteers (who was either a high school student or a volunteer parent). The nursery was in operation five mornings a week for eight weeks. After each session, a staff conference was held to discuss the day's activities and plan for the morrow. Each member of the school team had specific long-range assignments. The mental health
person observed children, gathered data, and made home visits. The teacher, in addition to her teaching tasks, filled out several forms on each child: The Preschool Inventory, the Teacher’s First-Day Impressions report, and the Teacher’s Two-Week’s Impressions report. The other participants filled out the Worker’s Attitude Scale and the Worker’s Evaluation of Operation Head Start Scale. In addition, the teacher was asked to rank-order each child in the classroom in terms of his potential for academic success in future years. The mental health person made an independent rank-ordering on the same basis. Then, both sat down to compare their rankings and arrive at a consensus. Each of these three rankings was filed away for future comparison with actual outcome. Finally, the top three and bottom three children on the consensus ranking list in each class were administered the Stanford-Binet Intelligence Scale in order to explore the nature of the relationship between intelligence (as measured by the Stanford-Binet), and prediction of academic success (as subjectively defined by the teacher and the mental health person).

Each of these children was given a thorough physical and dental examination, and a medical history was taken on each child. Each child was administered the Peabody Picture Vocabulary Test near the beginning of the program.

A gross mental health screening and a predictive assessment were made on each child by a psychiatrist utilizing a Psychiatric Observation Schedule. This scale was developed by the Mass. Division of Mental Hygiene to explore seven categories of behavioral functioning: (1) general behavior (e.g., fearful, obsessional preoccupation, alert); (2) motor behavior (e.g., hyperactive, stereotyped); (3) play (e.g., destroys toys, uses objects as intended); (4) relationships (e.g., attitudes toward teacher and other adults, attitudes toward peers); (5) speech (e.g., echolalia, nonfluencies); (6) adaptive abilities in the classroom (e.g., deterioration of function, flexible adaptation to routine functions); (7) symptomatic behavior (e.g., masturbation, nervous mannerisms).

Drawing from the above information, the psychiatrist was asked to rate the child’s level of mental health functioning along a continuum from “minimally or not disturbed” to “seriously disturbed,” commenting upon the possibility of such contributory factors as brain damage, mental retardation, general or specific immaturities.
Finally, recommendations for further study or placement were made as well as a prediction of future academic success. On the basis of these observations and recommendations, eight of the children were subsequently evaluated more fully at the Center and five are currently in treatment.

As the summer program progressed, the Center continued to play an important daily role.

1. It provided mental health consultants who participated in the staff conferences and who offered consultation to the teachers and/or mental health person (when requested) regarding the behavior of a particular child.

2. It provided social workers and psychologists who met with mothers and administered psychological tests.

3. It provided emergency diagnostic evaluations to those children whose behavior appeared bizarre, phobic, immature, or notably non-conforming.

4. It relayed information and recommendations regarding the disturbed child to the teacher and helped her with the handling and management of this child in the classroom.

5. The Center is now engaged in a follow-up program in collaboration with the Quincy Schools. All first grade teachers are asked to rank-order their children according to the criterion of academic success. The children who attended the Head Start nurseries will be compared with another list of children who were eligible for “Project Head Start” but who, for a variety of reasons, did not enroll in the program.

THE DIVISION OF MENTAL HYGIENE PROGRAM

In most respects this program duplicated the Quincy model. The teachers were selected by the school officials from their respective school systems. A number of indoctrination meetings were held for these teachers before the nurseries commenced. Two of the mental health persons were advanced psychology trainees from the Center; the other two were paid guidance counselors. Their functions were similar to those described above; namely, testing, conferences with parents, mental health consultation, and home visits whenever deemed necessary.
The two psychology trainees undertook a research project to determine the change in the relationship, if any, between intelligence (as measured by the Peabody Picture Vocabulary Test) and creativity (as measured by the Category Test developed at Duke University) during the eight-week period. In summary, they found the greatest positive changes in those youngsters who first measured low in intelligence and high in creativity. On the other hand, children initially measuring high in both intelligence and creativity actually showed a slight decrement in the creativity rating at the end of the program. These findings tentatively suggest that if, in the future, resources are limited, the low intelligence-high creativity group be given first preference for this type of enrichment experience for maximum benefits.

**GOALS**

The objectives of the preschool program were set forth as follows:
1. To develop a positive self concept.
2. To increase language and cognitive skills.
3. To develop enrichment techniques so as to provide a broader environment.
4. To provide an opportunity for the improvement of the child’s physical health.
5. To assist parents in understanding and aiding preschool children.
6. To broaden the scope of ongoing activities and to coordinate learning for projected future programs.

In the application of these objectives, primary emphasis was placed on the development of the self concept, broader opportunities for language experience, and environmental exploration under the guidance of trained personnel.

The foregoing provides a wealth of ideas for fruitful evaluative research. If this kind of a program is to have any long-term meaning, systematic evaluative research by agencies such as the mental health center becomes essential. Aside from its consultative function, this is the area in which a center can make its most significant contribution. In the process it can help to establish productive ties between the Center and the schools and enable each one to develop a realistic respect for the contribution of the other as a meaningful social change agent in the community.