

## Q&A Fireside chat with Office of Head Start Director Khari Garvin

Brije Smith: Good afternoon. Thank you for joining the Office of Head Start for today's discussion around mental health awareness. Today's discussion will be facilitated by our speakers, the Office of Head Start Director Khari M. Garvin and Behavioral Health Lead, Sangeeta Parikshak. Thank you.

Sangeeta Parikshak: Thanks so much, Brije. Hello, Director Garvin. It's so nice to see you today. Thanks for joining me to have this conversation on Mental Health Awareness Month.

Director Khari Garvin: Super excited, Sangeeta. Great to be with you as well.

Sangeeta: Khari, may I call you Khari or would you like Director Garvin?

Khari: Khari is just fine.

Sangeeta: I figure we're having a nice informal conversation today. It's mental health, health awareness month. Let's just be humans Talk to each other. Head Start has a really long history of providing comprehensive services alongside the early education services and mental health has always been integral to those services. But I feel like in the last couple of years, The Office of Head Start has really re-upped its commitment to addressing mental health as part of the overall health and well-being of children and adults.

And the focus has really been on supporting a program-wide culture that promotes mental health and really integrating, baking in those mental health supports effectively into Head Start programs. I think that when we're talking about mental health, it's really important to first understand and de-stigmatize what is meant by mental health.

Because I think there's still some confusion about what we mean, and when we throw around language. I think in like pop culture sometimes it can come across as really stigmatizing. I'm going to give you a little pop quiz, if that's okay, Khari, let's just start off. Put you on the hot seat for a second. When you think of mental health in an early childhood setting, what comes to mind for you? What do you, what do you think it means?

Khari: And I appreciate that. Maybe I should you ask if you can call me Khari? Maybe I should call you Dr. Parikshak shot since that that would be fitting and you're quizzing me now. I'm going to answer your question and hello to everyone who's tuning in and thanks so much for being with us and we know that there are teachers hard at work in the classroom, even right now. But you know what, we're recording this and so hopefully they'll get a chance to be part of this dialogue as well.

But you asked me specifically about what comes to mind. with mental health. First of all, and probably most more important than anything as far as I'm concerned, this notion of young child's mental health, which is often referred to as early childhood mental health, or sometimes by its acronym ECMH. I want to be clear that young children's mental health is not mental illness. That's the first thing that comes to mind. It is not mental illness. Instead, it actually, believe it or not, is the same thing, as social and emotional development, and well-being. It's just another term for that. And I know that many of us are familiar with that term.

When we talk about social and emotional development and well-being, we're talking about a child's capacity to express her, express her emotions or regulate her emotions. We talk about a child's capacity to form trusting relationships or for that child to be able to explore, to learn. But all of that happening in the cultural context of both that child's family and community. That's what comes to my mind. I'm going to ask you the same question, Dr. Parikshak, what comes to your mind with mental health in an early childhood setting?

Sangeeta: Oh my gosh, so many gold stars right there. In my previous life working as a mental health consultant or working in the clinic, the kids called me Dr. Geeta. That was my nickname, a little fun fact there, but you can call me Sangeeta for today. I appreciate that. I would say that that was perfect. I would add a couple of things. I think one is, that we want to make sure that when we're thinking about early childhood mental health and putting in those supports that we're supporting every child's development of social emotional skills.

In addition to providing those specialized supports, for those kids who may be experiencing more pronounced mental health or social emotional concern. Let's make sure everybody gets the right foundation from the get-go from birth. That is our goal. And then we can kind of increase those supports as needed for certain kids or families. I also think I'm really glad you thought about and I gave you those thumbs up about, we often think of mental health is mental illness, but it's actually in fact about wellness. It is more than the absence of illness. And I think when we think about early childhood mental health, it's really that feeling of safety and security for the children and also for the adults that care for them.

I think in this conversation, I really want to emphasize that. We're talking about, at a basic level, those secure relationships, and connections that adults make with children, but also that staff make with families and that staff make with each other. I think those are really important. The next question that I want to throw out there, and this can be a little bit more interactive and I think we're going to look at some pictures. Why don't we look at pictures of kids and, and staff in the classroom and really, think about how maybe each one. May or may not be about mental health. Does that sound okay?

Khari: It sounds great. And as they say, picture paints a thousand words. Let's take a look at what you've got.

Sangeeta: Not quite Jeopardy, but close here we go. This first picture here —I've been talking a lot. Why don't you go. What comes to mind when you look at this photo?

Khari: I mean, again, it just by seeing this picture, it seems to me that there's a child clearly. We don't know the back story, but who needs for one reason or another, some comforting. And we see an adult in this child's life who's doing that — kind of, messing close in together. There seems to be a sort of a hole there and endearing hold and just comfort is what I see here. To me, his would be a great example of supporting a child's mental wellness.

Sangeeta: Yeah, I would agree. And I also feel like we talk a lot about big feelings that kids have and big behaviors and big feelings. And I feel like this is just a perfect example of how a caring teacher can really help a child self-regulate, slow down and manage those big feelings.

Khari: You have more. You do that more.

Sangeeta: Oh yeah. What about here? I feel like this is not as clear-cut as maybe the last picture was when we think about mental health.

Khari: I was going to say that, but, but, but I really want you to speak to it because, because I think to the untrained, I just might look like a healthy adult-child interaction, but, but there's probably more beneath the surface. Tell us what, what do you see in here in the name of mental wellness? Yeah.

Sangeeta: Well, I love that, the teacher is not sitting in a chair way above the child. They're both sitting on the floor engaged in a positive learning experience together. It really promotes the child's feeling of security. I think. It's also about following the child's lead in this picture. I think sometimes, as adults, as a parent myself, sometimes we're so caught up in OK, What do we need to tell the child to do next?

And like, what is their response going to be? But instead taking the time to kind of slow down, sit with them, and follow their lead and see what they're interested in. It really builds their confidence. It builds their social skills to have those types of relationships with adults. I think it's a really great picture of, of how mental health and mental wellness can be promoted every day in a Head Start program.

Khari: You have more?

Sangeeta: Oh yeah, here we go. This one's fun. I like those a lot.

Khari: Well, it is fun. I mean clearly everyone's having a good time. But I'm gonna go out on a limb a little bit and say that, that what I think I see in here is supporting. Sort of the supporting, the daringness, or the courage of a child to, to kind of be in this moment to take the risk, but to feel supportive, taking the risk on this, on this play structure here and feeling comfortable to do that.

Sangeeta: No, I agree. And I also love that. We talk a lot about mental health and health and physical health kind of being intertwined. And I feel like this is a great example of how they are intertwined. This is about relationships again, but it's also about how these relationships can support both physical development and psychological well-being. Next one. I feel like this one takes people by surprise. They're like, wait, this is a baby. I thought you were talking about mental health. Is this surprising to you? Do you have thoughts on this? Would you like me to go first? What do you think?

Khari: Well, I mean, I would just agree. I won't attempt to analyze this with you here with me, but I would just say, but surprising. Yes, because I mean, this is an infant. This is not, this might not come to people's minds immediately about that. There are also social, emotional needs or mental health, wellness needs and children are selling as well. Talk to us about this.

Sangeeta: I really like that this is showing that a diaper change happening because. I mean, we know that parents and teachers probably changed hundreds of diapers, and like, maybe hadn't thought about it as an opportunity to promote social and emotional development and mental health. But I just love that there's eye contact happening in this picture. There's clearly a bond developing between the baby and the teacher.

She's taking the time to engage with this baby. It's really promoting attachment, which we talk about or keep building blocks for social-emotional development. And really, I mean, I think that piece about, emotion regulation starts here. This is the place. This is the time to really start to help kids self-regulate self-soothe. And feel as though they have that warm, trusting relationship with somebody.

Khari: I love that.

Sangeeta: Are you ready for my favorite picture?

Khari: Sure.

Sangeeta: Here it is.

Khari: I love that. I love that. This young, this young fella looks like that. He is about to take a check, the chance of his life right now, but he's gonna do it, but he's got someone there to support him in this journey. That's what I see here. And I love that. I love it.

Sangeeta: I love it too. And my favorite part about this is this is like, so much trust is happening right now. I mean, just look at that, that little boy's face. I just love to look at the kids behind him and how they're kind of smiling. This just an amazing, picture and this is an amazing, teacher, the staff members doing such an excellent job. And it also just reminds me about, and I know we'll talk about this later today, but just this idea of being well as an adult. I mean, these things cannot happen without the adults really taking care of themselves first and having the energy to do all those things as much as you might love kids. They're super cute. If you're tired,

you have your own stuff going on. It can be hard to go that extra mile and do what this teacher is doing. And so, I just wanted to highlight that as well.

Khari: I really appreciate that. Also, too, I didn't even pay attention. I was so fixated on him that I was not even looking at the Children behind him. They're very invested in what's about to happen here as well. They're very engaged. I think in some ways it's probably even supporting them when their turn comes up to do the same thing in this lot. Thanks for pointing that out.

Sangeeta: You're welcome. Now Jeopardy is done. I'm going to stop. That's all I got for today, but many more in the future we can have more discussions and pictures. But thanks for playing along with me on that and I and I feel like it just, again, highlights that piece about relationships. I mean, that's really number one here. I feel like in everything that we do, and we talk about. We had the surgeon general on a year ago, actually, in a fireside chat similar to this, and he talked about the power of connections and actually the power of love. And I saw a lot of that in those pictures as well.

Khari: I think those visuals are really great. I'm glad you really did have those today.

Sangeeta: That's great.

Khari: Thank you for sharing. Yeah.

Sangeeta: Sure. I hope that we're feeling comfortable, a little bit more comfortable now talking about mental health and what we mean by it. But I wanted to actually pick your brain a little bit, being the director of the Office of Head Start. I know you've been traveling a lot around the country, and I know this because I stopped by your office and you're never there. I know you're out seeing everybody. Meeting with grantees, doing these round table discussions. But so, what have you been hearing are the biggest needs when it comes to mental health?

Khari: Thank you. Sangeeta just outed me in front of everybody on the, yes, I'm never there, I am traveling a lot. But your question I think was what I have been hearing, I guess, and as I'm honest in terms of the biggest needs. I appreciate that question, there are two things that I would point to that I'm hearing. First of all, I hear, these themes of trauma and anxiety and grief and loss. Seems to come up more and more and all of the more as events are happening around, the world or even in local communities. I mean, you might recall, what happened, in Lahaina, Hawaii and the Maui area with the fires and all of that. And that sort of contributed to what both staff and children were feeling.

That's just one example of many, we had tornadoes recently and just things going on in people's lives. Again, trauma, anxiety, grief loss, but then also I hear about, things about self-care and, and stress management. That seemed to come up, as I talked to more and more staff across the country. And then, as significant, I'm hearing, over and over again, how staff burnout, is really, coming into focus here. I'm hearing staff talk about concerns about their own mental health wellness, and that's related to all sorts of things.

Including the fact that compensation is not where we want it to be. And then there, there may be some underlying issues of trauma in their families that kind of lead to burnout of staff. There's been a super increase in challenging behaviors that staff are experiencing and many just do not feel as equipped as they would like to be or need to be to handle those things. These are kind of the things that I'm hearing and I'm going to ask you the same thing. I mean, what are you hearing? What are you seeing? What are you reading about in our Head Start programs?

Sangeeta: I think those are really spot on. A lot of the things that I've been hearing. I'm glad you mentioned Lahaina, as you know, I was there after the wildfires and, was sort of trying to be supportive to the staff and provide some psychological first aid and during that time you have lots of conversations, with folks about what have you been doing to address your mental health and this I mean, one of the reasons we're having this conversation is because so many people have said, well, there's such a stigma and fear of the mental health system.

It feels like a system that's going to diagnose me and tell me I'm crazy. And they would say this very openly and I appreciated those conversations, and it made me realize we really need to continue to focus on really educating ourselves on what we're saying when we're saying mental health. I think another thing that I've been hearing is that every Head Start program needs to have a mental health consultant, but it's the understanding of what mental health consultation is for us in Head Start, but also for the field is still needed. You know that it's really about having someone like Someone said to me, I didn't know that the mental health consultant could be there for me as a staff member.

And I said, that is actually their job. They are there to help the adults who are caring for the children. They are not there to come and diagnose. That is not their number one job. Maybe they could do that, but that's not what, they have to do. I think that's something that, that we're continuing to have conversations about. And I think the final thing, and I think this is real, is that people are saying there's a continuum of services that are needed, sometimes at a higher level beyond mental health consultation, and so I think that those are the main things that, that have been really standing out.

Khari: For me, I would say that you have your finger on the pulse of what those are really good. Seriously, those are really good things. Thanks for calling those out. But yeah, they're real. And there are things that our programs are really facing and voicing every day. Thanks for pointing those out as well.

Sangeeta: Yeah, I don't want to have to just say all the things that are difficult and then leave. I think we should talk about some strategies for folks today. Definitely. I don't have all the answers in the world, but I do want to highlight that the Office of head start did just release an information memorandum. And I am on strategies and recommendations for supporting mental health, came out yesterday. There was a big rollout of it. We had the HHS secretary there talking about the importance of mental health. And that was all really good because I think it, it again leads to this conversation of de stigmatizing mental health. So many people are talking

about it. And so, I thought maybe what we could do is just based on what we're saying today, kind of what we've seen and heard and, and what we've already talked about. Maybe we can lift up some of those strategies for the IM because it's pretty long. What we what is out there and could be overwhelming. I thought it might be a nice opportunity for us to lift up some things that that maybe you and I think would be helpful.

Khari: I think we should do that. We did, as you pointed out, we did release this information memorandum for all programs. I'm going to turn the tables on you a little bit. I really, I really want you to, if you don't mind, just because I know you're so close to this issue. I am too, but, but would really like to hear you talk us through what's in there. I'm going to lift two things, but really, we'll come back to you to ask you to get deep further into the weeds for us. But I'll just frame it out by saying that we were very intentional with this information memorandum to focus intently on families and the connection That families have in the in the impact that families have on this issue.

Once again, repeating myself because I said this earlier when you asked me about just kind of what comes to my mind about mental health wellness. Again, mental health is a child's capacity to express his or her. emotions or to regulate, those emotions to form trusting relationships, to explore, to learn, and again, all, in, within the cultural context of that family and community. And so then, so then we understand if we accept that definition, then we understand that if we focus on, the social determinants of health, and that's a term that gets used often, but by then.

By focusing on the social determinants of health, we're really talking about focusing on those conditions in which an individual is born, where the conditions where an individual or family grows, lives, where they work, where they age. If we focus on those components, and if those components are healthy, then they can lead to better mental health outcomes and prevent future, concerns, and issues there. That's one of the things that we tried to convey broadly in the information memorandum. But I want you to tell us what else do you think is worthy of lifting out of the IMF?

Sangeeta: I'm glad you're kind of reiterated that piece about cultural context of family. I'd like to start with families. I think that would be, that would be the best way to go here. I've heard that parenting and I felt it before. It can be a really lonely experience and we've heard parents and families. Say that and they say that also head start is home for them. And I think when I hear that, I feel like that's when we have created those authentic partnerships with families that we talk so much about.

So often the focus is on the child and it's understandable that that's why it happens. But really, You're, you're doing yourself a disservice if you're not first creating those partnerships with the family unit, I think bringing in the adults in the child's life and saying, I see you, you are the child's first teacher. I want to hear how you are doing. What do you have to say about your child? It can really go a long way to building that trust and to building the understanding of kind of maybe why the child is behaving a certain way or what the child is going through. And that can really help in all areas of development.

And when I think about also, families in general, I think about expected families too, right, that are enrolled in early Head Start services. I think we really need to include a mental wellness check during the newborn visit. We have that lifted up in the I am —the, you know, that a program must provide to each mother and baby within the two weeks, you know, these mental wellness checks are really geared towards the parent or family members caring for the child, and it can be incorporated very easily into a daily health check again, remembering, like, yes, the child is there.

We're there to help the child, but. But the parents need to be well, and we need to make sure that they're doing okay. And we help them in whatever way they can because the child is going home at the end of the day and going back to that environment. A few other things we lifted up for parents is just, you know, creating a parent group, either virtually or in person. And in some of my travels to programs, I've really heard of this I think it's really important to have a family that's being successful, making parents really feeling like even if I can't get in and see somebody I can log in on zoom. If I'm doing something else and just see these familiar faces and feel like I'm connected with this larger family that I have.

And I think it doesn't have to be always a formal kind of thing either. Also creating informal check ins with families finding ways to build it in during a parent teacher conference or creating a drop box for parents so they don't. Feel like they have to talk to you directly, but they can do things discreetly. And this other piece, I think that we don't talk about enough is teaching families how to navigate the mental health system. I don't think this is an I am, but I just want to lift it up for us because I think the mental health system is, is complicated, and I think sometimes the fear that parents have of like the mental health consultant or something like that could be addressed if they felt more empowered, they understood what mental health was, and they understood what it might look like if a child gets a screening or assessment and it says something. I think we need to work toward on that a little bit too.

Khari: I knew we had the right one. I knew you were the right one to answer. All good. And again, all of that anchoring back to making sure that those again talking about the social determinants of health, if all of those factors surrounding a family, so to speak, are strong, robust, healthy, then that can help lead to better outcomes. I thank you for that. I'm going to, I'm going to switch up on you. You asked me a lot of questions. I've taken the lead. You've answered a lot too, but, but now I want to actually ask you one if I may. And, and this kind of focuses a bit on, again, what, what we hear a lot about and so-called behavior problems, if I can use that term.

We do understand behavior problems, keep coming up in our discussions around mental health. We've also heard that there is a reported rise in behaviors that adults are finding increasingly more challenging and concerning. We've also heard of a rise in developmental concerns as well as those, and, and, and those kind of go hand in hand. If a child is not meeting their developmental milestones in speech, let's say, for example, then they need to find an alternate way to communicate. That could, end up being really difficult to manage in an early



childhood setting. All of that build up to get to this question. What strategies would you lift up from that information memorandum on this particular topic, behavior problems?

Sangeeta: Well, I'm glad you brought up the piece about meeting their developmental milestones. I'm going to start with what we just talked about. We need to partner with families the sooner the better. We need to understand their development. What are their strengths? What is their temperament like? So that we can establish those predictable routines for them. Come up with, Strategies for transitions. Transitions can be hard, right? Maybe one type of strategy works really well for one type of child.

Another strategy works well for somebody totally different. And so how can we kind of find the right one that's going to work for a particular group of kids, I think is really important. We need to first partner with families to do that. I think the 2nd thing is we talk in the I am about implementing an all-hands-on deck approach to mental health. And what we really mean by that is it's not just the mental health consultant that can do all of this. It's not just 1 individual in the program. Even if you hire. A mental health consultant to be there full time. It's not about just that one individual. There are so many touch points that the family and the child have throughout their time in a Head Start program.

And so many individuals that may have a different type of training than the mental health consultant, who can really provide a different perspective. And I think, having, you know, a group of staff members that can do this together would be really useful, especially in addressing these behavior problems or preventing them before they even occur. I think I mentioned earlier, psychological first aid is a type of training that that we did and in Lahaina. But I think it's just really important that, you know, we train staff, consultants, volunteers to have just this basic knowledge of developmentally appropriate strategies to support positive behaviors.

I'm not saying to stop challenging behaviors, I'm saying to support positive behaviors. Kind of that preventative approach trauma informed care is something we've been talking about. This idea of shifting from what is wrong with you to what happened to you, or more importantly, how can I help you? And I think that type of training could go a long way. And I think making sure that learning environments are designed to support children's ability to self-regulate.

We talked earlier in those pictures about self-regulation. How can we set it up in a way with cozy spaces for kids who maybe need to take a break? Similarly spaces that kid who's really active, they need to express their energy. How can we set it up in a way that kids can be successful? And I think the last thing that I would highlight for us is just making sure we use the expertise of the mental health consultant and, and like anybody who has, kind of that child development background or professional in a way that is actually useful. Ensuring that findings from a developmental screening and social emotional screening are being used appropriately. Using the expertise of the mental health consultant at the program level, they could help program leaders and, and staff design policies and procedures related to supports for mental

health for staff wellness, for screening and assessment practices. There's lots of ways that we can appropriately use these professionals.

Khari: I mean, once again, you've answered well on this and I appreciate that. And if I may, I just want to underscore, that. Some of the some of the things that you sort of lifted for us here just remind me that it doesn't always require, going out and spending money or to do things. I mean changes to the environment changes to the approach. I mean, being thoughtful about those things can make a big difference to base on the learning environment. That is to say, the classroom environment. I just wanted to look at it as well. I really appreciate that. This is great feedback.

Sangeeta: I muted myself for a second, Khari, because, for some reason, there's something loud happening next door. I don't know what it is. Can you hear it?

Khari: I cannot hear it.

Sangeeta: Great.

Khari: No.

Sangeeta: OK, good. Circus has come to town. Something is happening.

Khari: Sorry.

Sangeeta: Thank goodness. It's Friday TGIF. And it's really actually very nice to have this conversation with you on a Friday. It feels good. Next question. It's my turn, I think, to throw something back out there. I've been talking and you have as well about staff and the importance of staff wellness. And I know in, back in 2021, Office of Head Start released and, and I am just. Focused on staff wellness and supports, but we thought it was really important to lift some up into this information memorandum as well. And we link some of those strategies. We have new ones. Are there any, that resonated with you that you would like to share?

I mean, of course, I mean, again, they gave it usage from 2021, so this was 3 years ago, but I still think that there are lots of relevant points in there. Again when we talk about staff wellness, staff of wellness supports, pardon me. Yeah, I'm reminded that we sort of call program leadership, to be mindful of foundational training and, that's available and supporting their workforce. The workforces, mental health needs, and, and, and one, one very, very specific example is through, what is known as the National Child Traumatic Stress Network. Again, National Child Traumatic Stress Network, sometimes referred to by its acronym NTCSN. And this body offers resources, trainings.

On a range of topics that will include things like strategies to prevent, or recognize our and address secondary traumatic stress, which is something that may be experienced by Head Start staff. of caring for children who have been affected by trauma. It's this idea that if you're

caregiving for a child who him or herself has experienced trauma, that that can have a residual impact on you. It's really focusing on it. I think that's an important consideration. Another thing I would raise from that IM from three years ago is, for programs to give some thought to establishing. Communities of practice within their program or reflective supervision groups that help directors and managers kind of focus on created a safe environments and communications that convey to staff that it is safe to talk about and disclose and receive support if and when those times come that they experience mental health challenges. And by the way, you mentioned that I travel a lot and I'm in the field a lot. Just last week as we were in the, in the South, we were in Arkansas, Nebraska, and Iowa.

And with one of the programs, where we visited last week, this program, has every week, what they call wellness Fridays. Wellness Fridays is an opportunity for their teachers to come together. And sort of informally, but they treat it as sort of a group therapy moment where they can kind of talk through the challenges of the week and really just sort of get out and express and even troubleshoot and think about, man, well, I experienced this. First of all, just to get that out, but then to say here's some strategies of how you could address.

I just think it's just a phenomenal thing they're doing there. And then last thing I would mention as a reminder is many, I know, programs have through their human resources benefits, but just not to neglect or underestimate the value of employee assistance services, employee assistance programs, programs. And to build culture, within the program to address that stigma, that sometimes is associated with seeking help, from mental health professionals to raise employee's awareness around free or low-cost mental health supports that are available and options that are available, such as benefits included in and health insurance plans. These are, I think, are important practical ways that programs can really address these things.

Sangeeta: Thank you for that, Khari. I'm glad you mentioned the National Child Traumatic Stress Network because that is where we did, we got the psychological first aid training I mentioned to you, and it is free on that website as well. A lot of people like downloading it, looking at it and kind of lifting it up for their, for their staff. I think the other thing I was thinking about as you were talking, what we were talking about before, which is addressing challenging behaviors, and in classrooms or in programs and also kind of the importance of adults needing to keep it together. I think I also want to lift up for us around the staff wellness piece that it is fine as an adult to say, I need a break and I think 1 of the things that I'm not sure where it is. And I am. I think it's in a different section than staff wellness, but we highlight something called a tap in tap out system.

And basically, what it is when a staff member is feeling overwhelmed or dysregulated or just feeling like I need this break. This is too much. It allows for that staff member to go to a predetermined list that the program has for them to say. I'm going to choose this person. I need to tap out. Can you tap in and cover this class? I think we need to also allow ourselves as adults to recognize that we might need a break. We definitely deserve a break. And sometimes we just need to ask for what we need. And our leadership needs to; our directors and program leaders

need to be part of those conversations to help us address that and come up with these different strategies. I just wanted to highlight that too.

Khari: No, I agree with you. And if I may, I just want to add one more. I mean, again, as I visited programs, I'm discovering more and more that programs are embedding in the very centers where children are being served, not like in the administrative building where there are no children, but in the actual centers where children are being served, they have these so-called wellness spaces. And I've seen them decorated in or outfitted is probably a better word in many ways. I mean, massage chairs these high-tech speakers and lighting for mood to set the mood. Even sounds sort of waterfalls and all this, but it's really just a place where folks can deescalate and just relax. And so that is another thing that I would really encourage.

Sangeeta: I love that. I feel like early childhood staff deserve that more than anyone. I mean, maybe I'm biased, but that is how I feel. I'm so glad that you lifted that up and I'm glad you're saying that people are able to do that. Are you going to throw another one at me or can I ask you more questions?

Khari: I don't know we should we flip a coin here or why don't why don't we split. How about we split it right alright so I'll how about I ask. I'll ask. I'm going to flip the script on it, and then we'll sort of, we'll see where we both land. But we'll listen. Well, no, in fact, you can ask, but then I'm still going to come back to you. How about that?

Sangeeta: That sounds good. I think we can all agree, or at least hopefully the two of us can agree, that we can't address mental health comprehensively without having strong community partnerships. We mentioned at the beginning in those definitions of mental health, community, and family. We need these strong community partnerships. And I know that you, in your previous life, are also a Head Start Collaboration Director. You have a lot of knowledge about this work, and I'm just wondering if you could start with what you know. You would raise up a strategy related to building community partnerships and mental health specifically.

Khari: Yeah, I'm happy to do it. And yes, I was a for many years about 10 years shout out to his star collaboration office directors across the country. Yes. And also, in the great island of Puerto Rico. I don't want to forget that collab director either, but yes, I've done that work, but we also have, I'll just point out family community partnership managers in local programs as well, who could also probably already doing these things, but certainly can if they choose to. But I always say that, look, we need to be on the hunt for resources that offer expertise and culturally grounded mental health practices. That's important. It's not one size fits all. We've many times in this conversation that we've been having, we've been talking about, services that fit the cultural context of both family and community.

We want to make sure that any resources that we're looking into, really keep that in mind. One very specific example would be like partnering with tribal healers. Right, that a tribal healer doesn't bear the title mental health consultant, but yet is a valued person and a valued resource in tribal communities who, who connect families to traditional ways of healing in that

way. So being mindful of that. There are other things there are partnerships that can be realized with, for example, local colleges and universities that can provide kind of sliding scale mental health services through their mental health training clinics. That's another thing to think about or another resource to think about.

And the sliding scale is kind of this flexible fee structure or payment system that asks really a client to pay based on their ability to do so. For some, there might not be any cost for some based on how they're financially situated, but others, it might be a bit more and so on and so forth. And by the way, I do want to point out that as we, in some cases, these collaborative relationships will need to be brokered. I mean, meaning that there'll need to be someone who actually takes the lead to say it doesn't exist today, but I'm going to be the time to, and I'm going to be the one to bring the two groups together.

It's not always finding a ready resource. that's sitting there available. Sometimes you have to go and actually cultivate the relationship and establish. I just wanted to name that. I'll just say one more thing here in this space, or maybe two more. One is to, that I think it's important to facilitate, facilitate, pardon me, access to community enrichment activities that can really both protect as well as promote child and family mental health. Sporting activities or cultural events, religious organizations, farmers markets things like that. And then really to take stock or assess the barriers that might exist to obtaining mental health services and then provide supports based on that assessment to facilitate that access that could include providing transportation from the program to a clinic or whatever that source or resources. These are things that come to my mind. Would you add anything to that list?

Sangeeta: Well, that was very comprehensive. Clearly, you did this for 10 years. And I would argue you're still doing it obviously. But I think that first point that you made around culturally grounded mental health practices. I think that's really important. And tribal healers to connect families. I think when we started this conversation around mental health and de-stigmatizing mental health and the mental health system itself that people feel kind of wary about, there is a reason why historically people feel wary about the mental health system across a wide variety of groups. I think it's very important to think outside the box of what we traditionally think about mental health and say, it's very important to meet a family where they're at, hear from them.

What is their ways of healing? I find that if you use the word healing, that can be, a way in with families or with staff, instead of are you having a problem? What are some ways that you heal? What are some ways that you cope? And I find that. A lot of people will say, well, I go to church and I experience, a great feeling of healing when I am in the presence of that space and all of that, that that community has to offer and others say I have this, traditional background that I come from, and these are the things that we do. It might be some type of food we eat, it might be some kind of tea we drink but those types of things are really healing for people. I think just kind of bringing it down. It doesn't have to be so academic. I just love that. That is how you kind of introduced this conversation.

And I would also say, I have a lot to say about this, obviously, but like great. I would also say that this idea of providing transportation, some people think that this is just a small thing. This barrier to obtaining mental health services. I think we often will say, well, we have done what we needed to do. We provided the screening we followed up. And now we have them, we have families on a waitlist, they got off the waitlist, now they need to go and get their services. But in fact, if we don't take the time again to meet with families, hear what their life is actually like, we might not realize, they need transportation. Or there's something else that's stopping them. It's not that they are trying to be oppositional. Or it's just about the fact that they don't want to go. Oftentimes it could be, they don't want to go, but then there's all these other barriers and we need to figure out how to best support them in that space.

Khari: Eighties.

Sangeeta: Well said, Dr. —

Khari: Brickshaw.

Sangeeta: I, well, I'm saying yes it was. I'm also, I also feel like we, the last piece that I want to, that I want to lift up from what you were talking about was mental health consultants and partnering with those colleges and universities. And making sure that we don't leave any stone unturned if we can, if we can find a way to make those connections and partnerships you don't really know what you're in store for. And it doesn't, again, doesn't have to be that traditional have this title mental health services all the time. If you have a mental health consultant that has that title, that's great. But these additional community supports are the things that you were talking about, that I want to lift up and make people feel a little bit more at ease that they can think outside the box.

Khari: Well said. How are we doing? Did we get it all? Is there, did we leave a stone unturned in our conversation today?

Sangeeta: Well, I know we have like 10 more minutes. And I think we started this conversation with let's be human. Let's just talk to each other. I think one of the things we haven't talked about is like how, you know, well, we did talk about how you travel everywhere, but we haven't talked about how we personally have done self-care ourselves in challenging times. We've had challenging times. Are there strategies that you want to lift up for folks around ways that that you think it's good to care for yourself? Or do you want me to go first? It doesn't matter. But that's the only thing.

Khari: We're really getting personal here.

Sangeeta: I'm not analyzing you. I don't have my doctor. I'm not sure.

Khari: Yeah, we'll have a conversation after our meeting is today. Look, I seriously don't mind answering the question. I mean, this might seem intuitive, but first of all, for any kind of self-care or, or strategies that I use, it has to begin with me.

Admitting that I am being impacted in a way that's probably not healthy for me. I do have to acknowledge. Those moments, no matter what it is, I mean, no matter what the circumstance or context that I do have to acknowledge that that something's going on with me, that I need to look after. But for me, I'm gonna tell you that there, there are a few things. I'm originally from South Florida, so being around water. And some like whether it's a lake or a beach and, is very comforting for me. It really brings me down. I — the ability for me to do something like take a drive somewhere, take a walk somewhere just to be around water, whether it's sitting in a park, I can get in front of a lake.

Really helps to sort of help me to deescalate. That is one strategy that I use often. And then also, believe it or not, the ability for me just to kind of talk through things with someone who I know or trust. And by the way, I need to talk to you when we're done. But seriously, being able to talk through does sort of help me to make sense of like what I'm feeling and, and am I overreacting because this happened or really, is it legitimate for me to feel the way I feel so I can unburden myself with what's so heavy for me in those moments. Those are two things. And then I guess the last thing is, look, many people who know me know me well, that my comfort food is peanut M&M's. Having a good handful of those never hurts either.

Sangeeta: I am writing that down. I had no idea.

Khari: That's me. How about you?

Sangeeta: Did you know my New Year's resolution was to stop eating chocolate at night. I moved it to eating chocolate for the day? That was my New Year's resolution. I love chocolate.

Khari: Yeah.

Sangeeta: I would — and I'm not, I'm also surprised you didn't say a bubble bath a lot of people say bubble baths when I ask them this question. I appreciate a different approach though. Thanks. One of the things that I've really been thinking about when it comes to my own wellness for a while now is how intentional it has to be. I think that is something that I didn't realize for the longest time. It's like work to get to a place to be well. And what that means for me is like scheduling out things in advance. Of what I'm excited to do and setting boundaries for, like that work life balance saying, OK, at this particular time I am done. I'm actually going to take mental health days, believe it or not. And that mental health day might have to fall on a weekend.

It's not necessarily, it's not like I have lots of leave, Khari, but I'm just saying like you, your mental health can be at a time like, like separate from work, it can be on a weekend setting boundaries, however that looks for you. I think that is something that I've been really thinking

about. I've been listening to a podcast recently about that. Adam Grant is one of my favorite organizational psychologists and he has a great podcast out there. Those are some of the things that that I've been doing recently. Plus, lavender bubble baths, but well, look, you know what, I appreciate that. Since you called me out again about the mental health day, so saying that I am public, I am publicly announcing. All right, that I am going to give you both tomorrow and the next day. So amazing. Thank you. Mental health day, Saturday, and Sunday.

Khari: I'm giving you the next two days off. Just, so look, don't, don't thank me. Don't worry. It's all good. I'll cover it, but I'm just letting you know that that is my gift to you.

Sangeeta: Appreciate it. You bet. This has been great. It has been a great conversation, Khari. I don't know if you have any last words, but I just want to thank you for joining, and May is Mental Health Awareness Month, but I think we need to celebrate mental health year-round. Always, always be a little bit more focused than we have been on our own mental health.

Khari: Well, I agree with you, and I want to thank you for being our lead on this effort just more broadly and leading our work from within the office head start with this so thank you for that. And, and I know you put your money where your mouth is, and I know that you do help support programs that sort of sometimes find themselves in crisis. Again, we talked about Lahaina and other things as well. Thank you for that. And I just want to just thank all of our professionals. First of all, we have teacher appreciation week, which is significant. So heartfelt thanks.

To all of our Head Start and Early Head Start teachers and teacher assistants, we also have home visitors as well, for the hard work that you do, for really, and including, and sometimes in contexts where it's less ideal and challenging. Thank you for the way that you show up every day, not just this week, but always. We, Lahaina do hope, that you will take us at our word when we say that, that we do appreciate you, but also want you to embrace the strategies that, that we have talked about today. And we want to hear from you. Let us hear from you as well about how things are going. But thank you, and I hope everyone has a great weekend.

Sangeeta: Thanks, everyone. Bye.