

## Mental Health of Early Childhood Care Providers

### *Workplace Determinants of Provider Mental Wellness: Background and Overview*

#### *High stress levels*

Mental health support is infrequently discussed in the context of childcare work despite the evidence of childcare-related stress and burnout (Fish, 2005). Even despite the negative correlation between stress of childcare workers and children's engagement in the classroom, organizations have not paid enough attention to the high turnover rates in childcare providers caused by stress (Lessard et al., 2020). Personal care and service workers, like childcare workers, exhibit the most depressive symptoms out of all occupations (NSDUH, 2007). The percent of depressive symptoms in childcare-providing women is roughly double the rate that is found in the total U.S. population of adult females (Gerstenblatt et al., 2013). Finally, the pandemic has exacerbated the grief, loss, and trauma of childcare workers who have recently lost family members and business, with 9 out of 10 providers serving fewer children after the pandemic total (Mongeau, 2020).



FIGURE 1: KIWANA BRUNSON WITH TWO OF THE INFANTS IN HER CARE AT CHRISTIAN TABERNACLE CHILD DEVELOPMENT CENTER, BILL O'LEARY/THE WASHINGTON POST.

Figure 1. Past Year Major Depressive Episode (MDE) among Full-Time Workers Aged 18 to 64, by Occupational Categories\*\*: 2004-2006 Combined



FIGURE 2: SAMHSA, 2004, 2005, AND 2006 NSDUHS.

#### *Inadequate income*

Income likewise accounts for burnout and stress in childcare workers, who tend to earn low wages close to the poverty line (\$11.17/h versus \$18.50/h for all occupations). More than half of all providers are enrolled in at least one public support program like Medicaid. These providers often



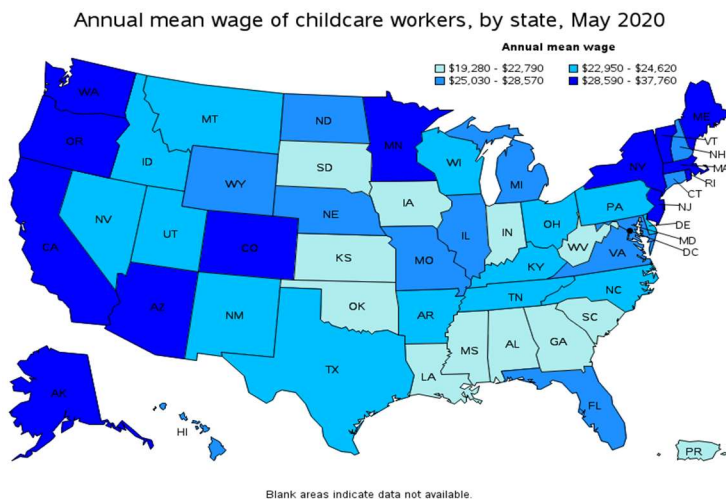


FIGURE 3: U.S. BUREAU OF LABOR STATISTICS, MAY 2020.

belong to marginalized groups already at a financial disadvantage—most are women, and disproportionately, women of color (Lessard et al., 2020).

According to Witherell (2013), increasing wages can reduce burnout and turnover: higher wages are importantly associated with better quality of care provided to children. Little opportunity for professional advancement contributes to the sense in childcare workers that there is little reward for a high amount of stress (Witherell, 2013).

Finally, financial compensation for childcare providers is not sustainable, with 55% of a studied suburban population—demographically similar to Iowa—worried about bills; 24% are worried about feeding their own children, related to a general food insecurity in childcare providers (Whitebook, 2018). Those who earn less are more likely to work at centers where there are few supports like health insurance or paid family/sick leave (Otten et al., 2019). 15% of childcare providers receive employer-sponsored health insurance, compared to 49.9% in other occupations (Lessard et al., 2020).

### *Professional identity*

How can networks like ECI (Early Childhood Iowa) maintain high quality of care for children while childcare workers are often more likely to develop clinical depression,

earn an income near the poverty line, and are often undervalued and disrespected in their professional identities (Fish, 2005; HHS, 2012; Tuominen, 2003)? Curbow et al. propose that the highest risk of negative mental health outcomes occur in childcare workers who face many demands with limited control and few resources (2000).

On top of these stressors and strains, childcare workers navigate an undervaluing of their professional responsibilities by employers and the public. There is a discrepancy between the demand for childcare workers and their overall treatment and valuing in public perception (Tuominen, 2003). An ongoing stressor for childcare providers is a sense that parents do not treat childcare providers professionally. Thus, childcare providers face a high cognitive load in choosing between a steady income and protesting disrespectful treatment by parents (Gerstenblatt et al., 2013; NAEYC, 2021).

## ***Interventions for Facilities, Policymakers, and Childcare Providers***

### *Facilities and Policymakers*



FIGURE 4: HEALTHY MINDS, 2021.

Burnout is likely caused by inadequate pay, low administrative support and lack of supervision, attitudes towards the workers by clinicians, feelings of powerlessness, and a sense of role estrangement (Fish, 2005). Fish (2005) encourages childcare facilities to enhance the amount of supportive supervision to produce self-growth and a

sense of significance among providers. Furthermore, this study encourages institutions to pay higher salaries to these overly burdened workers (Fish, 2005). Wage increases and provision of meals for teachers and children most benefit those facing food insecurity (Otten et al., 2019). These authors advise offsetting the cost of benefits, reducing the ratio of teachers to students to mitigate stress, and funding floater workers through subsidies. Lastly, funding mental health consultant work for children's behavioral problems would shift the burden from childcare providers in individual interventions (Otten et al., 2019).

Specific changes in facilities' and employers' behaviors include being approachable for one-on-one conversations with providers. Employers should encourage providers to find their voices in terms of problems in their work environments and in center policy. This study demonstrates the value of a suggestion box and holding regular staff meetings to platform workers' concerns (Witherell, 2013).

Employers should familiarize themselves with the symptoms of anxiety, depression, and burnout and regularly connect providers with mental health resources in the Cedar Rapids community (Whitebook, 2018; see Figure 6). Positive reinforcement, incentives, and benefits can increase workers' motivation; these can include providing providers with significantly reduced cost for childcare (Witherell, 2013).

Policymakers can fund and partner in "needs specific and context driven" research to ensure mental wellness in childcare providers and children's developmental success (Corr et al., 2014). Policy change through organizational frameworks, statewide standards, and legislation will guide childcare's future (Corr et al., 2014).

### *Childcare providers*

Childcare, according to Gerstenblatt et al. (2013), can be a daily confrontation with isolation; therefore, providers benefit from

## 5 Ways to Support Employee Mental Health



**Promote Mental Health Awareness in the Office**  
When you openly talk about mental health, employees are more likely to feel comfortable about the concept, and reach out to managers or co-workers if they're struggling.



**Offer Flexible Scheduling**  
Work-life balance, or a lack thereof, can affect an employee's mental health. To help employees better balance their work and personal lives, employers across the country are embracing workplace flexibility.



**Address Workplace Stress**  
Nearly 80% of Americans consider their jobs stressful. Common job stressors include a heavy workload, intense pressure to perform at high levels, job insecurity, long work hours, excessive travel, office politics and conflicts with co-workers. While it may not be possible to eliminate job stress altogether for your employees, you can help them learn how to manage it effectively.



**Evaluate Benefits Offerings**  
Reviewing the offerings that your organization provides to ensure coverage for mental health services is essential to creating a culture that supports employee mental health.



**Train Managers**  
To ensure that no stigma surrounding mental health exists at your organization, it's important that you properly train management in recognizing the signs of mental illness, excessive workplace stress, workplace bullying and fatigue.

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**FIGURE 5: INW, ZYWAVE INC., 2020.**

organizational and peer support and advice instituted at an organizational level. Professional identification as a teacher, providing parents with boundary and policy-setting resources, maintaining a work-life balance through physical space (like a designated center in the home), and holding regular hours of operation decreased stress in childcare providers (Gerstenblatt et al., 2013).

Specific strategies providers can adopt for their own mental health are positive stress-reduction activities, like Acceptance and Commitment Therapy (ACT), Mindfulness-Based Stress Reduction (MSBR), and the three-good things intervention, each designed to teach coping skills, meditation strategies like being aware of stressors in the moment, and savoring of positive events (Brinkborg et al., 2011; Gold et al., 2010; Bono et al., 2013).

### Action Points for ECI

- Survey of childcare provider mental health specific to Cedar Rapids community
- Creation/funding of panels, infographics, or mapping on mental health supports
- Fostering communication between mental health support providers and childcare providers; evaluating insurance available for therapy + psychiatric service

Mental Health and Financial Services in Cedar Rapids, Iowa		Phone Number
<b>Abbe Center for Community Mental Health</b>		319-398-3562
<b>Consumer Credit Counseling Service of Northeastern Iowa</b>		319-234-0661
<b>Crisis &amp; Assessment Services Mercy Medical Center</b>		319-398-6476
<b>Family Psychology Associates</b>		319-378-1199
<b>Financial Counseling Center</b>		319-373-8297
<b>Four Oaks Mental Health Services</b>		1-844-364-0259 x6
<b>Horizons, A Family Service Alliance: Credit &amp; Financial Counseling</b>		319-398-3576
<b>Planned Parenthood of East Central Iowa</b>		319-363-8572
<b>The Olson Marriage and Family Therapy Clinic</b>		319-368-6493
<b>Waypoint Domestic Violence Program</b>		Business: 319-365-1458 24-hour Crisis & Support: 319-363-2093 or 800-208-0388

FIGURE 6: MENTAL HEALTH AND FINANCIAL SUPPORTS, LINN COUNTY, 2021.



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