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Walden University

College of Education and Human Sciences

This is to certify that the doctoral study by

Jennifer Ann Coggin

has been found to be complete and satisfactory in all respects,

and that any and all revisions required by

the review committee have been made.

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2023

Abstract

Teachers', Administrators', and Staff's Perspectives on Their Role in Supporting Preschool Mental Health

by

Jennifer Ann Coggin

MS, Walden University, 2015

BA, University of Texas, 2005

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Education

Walden University

November 2023

Abstract

Supporting preschool mental health in the preschool classroom can provide early intervention that positively impacts the child's trajectory through adulthood. Quality programs such as Head Start are in a unique position to support student mental health with the use of effective strategies. The problem is that at a local Head Start, educators are challenged in their role of supporting mental health in the preschool classroom. This study was an exploration of the perspectives of educators at a Head Start program in a Rocky Mountain state on their organization's current mental health practices and the barriers to implementing preschool mental health support. This basic qualitative study explored the perspectives of 12 teachers, two mental health staff, and two administrators in regard to supporting preschool mental health in the classroom. The purpose was to more clearly understand how educators in the program supported students' mental health and the barriers to doing so. Using Bronfenbrenner's process–person–context-time model as a conceptual framework for this study provided an understanding of program efforts to impact preschool mental health in the classroom. Data were analyzed to identify themes related to the program's classroom mental health supports. This study indicated that educators were challenged in supporting higher numbers of students with significant mental health support needs. Educators highlighted the importance of agency support in successful mental health implementation. This study can inform positive social change by providing insight into factors that impact teacher support of preschool mental health and indicate a need for additional coaching and modeling, increased staffing, reduction in class size, salaries compensatory to the challenge of the work, and language supports.

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Dedication

I dedicate this dissertation to my family. My daughter, Raven, who believed I could do this even if she thought I was crazy. My three grandsons, Hunter, Wyatt, and Sawyer, who provided me a great excuse to take a break from writing. My parents, Dean and Jean; my brother, Tim; and my cheerleading extended family and friends, especially Tana, Sheryl, Benji, and Bob. I will note that each time I made plans with Sheryl, Benji first made me answer how much work I had completed on my dissertation that day. Thank you to everyone who understood when I could not join in because I had to write. I love you all!

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Chapter 1: Introduction to the Study

Addressing mental health in the preschool setting can lead to the prevention of mental health disorders later in life (Molnar et al., 2018). Early childhood mental health is defined as the capacity of a young child to reach developmental milestones, to experience nurturing relationships, to develop resilience, and to use healthy coping skills (Centers for Disease Control and Prevention, 2021). The role of educators is recognized as critical in supporting the healthy development of mental health (Dogaheh, 2019).

Early intervention programs such as Head Start, which can screen, assess, and provide intervention, can prevent early childhood mental health difficulties, and promote resilience (U.S. Department of Health and Human Services, 2020). Through this study, I explored the mental health intervention practices at a Head Start program from the perspective of teachers, mental health staff, and administrators to gain insight into how best to support teachers in providing mental health intervention within the classroom. It is hoped that the results of this study will enable program administrators to plan for and better prepare teachers to meet the mental health needs of preschool students. This study also addressed the gap in literature regarding teachers' support needs when addressing mental health within the classroom and whether current practice is sufficient. It is not clear if mental health consultation alone is sufficient in helping teachers address high preschool mental health support needs or the barriers to doing so. In Chapter 1, I provide an overview of the history of mental health intervention in Head Start, the problem upon which the study was based, the purpose, the questions, conceptual frameworks that grounded the research, the nature of the study, and the scope and delimitations of this

study on teachers, mental health staff, and administrator perspectives on preschool mental health intervention at a Head Start program.

Background

At the founding of Head Start in 1964, it was recognized in a seminal work detailing the history of mental health support within the program that the social health and emotional health of a child were key components of an educational foundation (Hunter & O'Brian, 2009). Initially described as social competence, Head Start evolved the services connected to mental health to include guidance in the Head Start Performance Standards in 1972. A philosophy and services name change to Mental Health was made in 1973, and a mental health services review was made in 1979. Mental Health was brought back to the forefront of services with the publishing of *Mental Health in Head Start: A Wellness Approach* in 1990 and the founding of the Center for Social and Emotional Foundations of Early Learning in 2002. The founding of the Center for Early Childhood Mental Health Consultation in 2009 outlined the approach to supporting preschool mental health that is most commonly used in Head Start programs today. In the latest set of standards, mental health approaches as outlined by Head Start consist of screenings, assessment, and referral to specialized services, including mental health consultation and the education of families and staff (Head Start Performance Standards, 2016). These positions by Head Start are guided by the principles that children benefit most from a comprehensive, multidisciplinary approach to development, to recognize the impact of collaboration of primary caregivers and early childhood educators in

supporting mental health, as well as understanding the importance of partnering with community resources to build supports.

Research on the topic of early childhood mental health intervention suggests that a child's ability to attain education is the leading social determinant in mental health outcomes, indicating that mental health intervention in early childhood can prevent negative mental health outcomes in adulthood (Reynolds et al., 2020). Increasing focus on addressing mental health needs in the early years has led more program staff to consider gaining access to mental health consultants, leading to a reduction in expulsion (Silver & Zinsser, 2020). Mental health consultants, when available, may offer quick support but have competing demands for attention and have little opportunity to support ongoing mental health intervention in the classroom, according to some teachers (Owens et al., 2020). Preschool teachers are in a position to play a critical role in supporting student mental health, but there are fewer studies on interventions in the preschool classroom (Dogaheh, 2019).

In addition to the preschool mental health consultant as the focal point of intervention, barriers may exist that prevent teachers from carrying out mental health interventions in the classroom. Poor socioeconomic conditions place more children at risk for mental health issues (Howard & Khalifeh, 2020). Typical rates of preschoolers displaying psychological disorders range from 10% to 27%, with Head Start centers serving a higher proportion of students at risk (Hubel et al., 2020). A lack of mental health consultation and teacher support in carrying out intervention in the preschool classroom contributes to high rates of suspension and expulsion (Silver & Zinsser, 2020).

Silver and Zissner (2020) also identified teachers' own stress levels and mental health as barriers to providing effective intervention. Cooper et al. (2020) found a positive correlation between treating mental health in the classroom and a reduction in mental health symptoms in preschool-aged students. Given the higher rates of psychological disorders in Head Start, more research is necessary to closely examine a Head Start program's current mental health intervention practices. This study is important to understanding the perspectives of teachers, mental health staff, and administrators in a local Head Start regarding preschool mental health intervention.

Problem Statement

In the United States, one in six children between the age of 2 years and 8 years is diagnosed with a mental health concern (National Center for Health Statistics & Centers for Disease Control and Prevention, 2020). Children with low socioeconomic status (SES) and high-risk factors more frequently suffer from mental health disorders than their peers (Reiss et al., 2019). Early childhood educators are integral in responding to and supporting student mental health needs (Davis et al., 2021). In the United States, preschool teachers share that supporting mental health in the classroom is challenging and some programs do not always offer teachers the opportunity to openly communicate with mental health consultants (Natale et al., 2020).

A Head Start program in a Rocky Mountain state served 324 preschool students, of whom five had mental health goals on their Individualized Education Program (IEP) plan. Additionally, 39 non IEP students had mental health referrals for significant needs, according to the school's 2019 developmental services report. Therefore, 18% of the

2019 local Head Start preschool population was in need of classroom mental health support. Increasingly, teachers are on the frontline of supporting student mental health needs as part of a whole-school approach (International Board of Credentialing and Continuing Education Standards, 2019). The preschool classroom is a logical setting to provide early mental health intervention to students (Baker-Henningham & Walker, 2018). Even with the availability of mental health consultation, supporting high socioemotional needs in the classroom can be challenging. Teacher A shared that at the beginning of the year, she had three students with high mental health needs in a classroom of 15, and it could be difficult and overwhelming on a day-to-day basis. Teacher B shared that she had worked with multiple students who had extreme mental health needs and felt overburdened when needs exceeded the socioemotional tools of the classroom. Teachers' perspectives on the support needed to successfully provide mental health interventions in a local Head Start were unknown. Teachers struggle in their role of meeting high mental health needs in the classroom (Mader, 2019). The problem was that at a local Head Start, educators were challenged in their role of supporting mental health in the preschool classroom.

Purpose of the Study

The purpose of this study was to investigate how educators support preschool students' mental health. To seek the teachers', mental health staff's, and administrators' perspectives, a qualitative approach was employed. Basic qualitative interviews were used to develop an understanding of current practice and of teachers' support needs.

Research Questions

RQ1: How do Head Start teachers, Head Start administrators, and Head Start mental health staff support preschool students' mental health needs in the classroom?

RQ2: What challenges do Head Start teachers, mental health staff, and Head Start administrators face when they support preschool students' mental health needs in the classroom?

RQ3: What are Head Start teachers, Head Start administrators, and Head Start mental health staff perspectives on possible additional support teachers may need?

Conceptual Framework

The conceptual framework for this study was Bronfenbrenner's process–person–context–time model (PPCT; Bronfenbrenner, 1979). Bronfenbrenner's emphasis on processes as the primary mechanism for development, the individual's role in the process, their context within the interconnected system, and the time that allows development is an excellent background for understanding the perspective and functionality of preschool mental health supports. Recognizing the context of how educators adapt to the relatively new prospect of early childhood mental health classroom intervention is vital to developing an authentic understanding of teachers', mental health staff's, and administrators' perspectives. The research questions were informed by Bronfenbrenner's PPCT model by reflecting the influence of the current mental health support processes and the function of the local Head Start in these interventions. Gathering insights to better

understand, and if needed, improve on current mental health practices was vital for this study. I used this approach to explore teachers', mental health staff's, and administrators' perceptions of current practice and future needs. This conceptual framework will be further addressed in Chapter 2.

Nature of the Study

I used individual interviews to explore the perspectives of teachers, mental health staff, and administrators regarding preschool mental health supports in a local Head Start. Data were collected through virtual Zoom interviews with a representative group of 12 Head Start teachers, two mental health team members, and two Head Start administrators. A basic qualitative study focuses on an approach that documents individual experiences with the goal of understanding observable behavior as well as internal states (Peterson, 2019). Qualitative study design allows for the exploration of barriers to and facilitators of implementation, informs change models, and can measure program impact (Kegler et al., 2019). A social constructivist approach as described by Davis et al. (2017) is commonly paired with qualitative study and aligned with the goal of understanding the perspectives of the teachers, mental health staff, and administrators at a local Head Start. Social constructivism allows individuals to construct their view of reality based on their experiences. I used criterion sampling and employed thematic analysis to identify notable themes. The strategies of open and thematic coding were used to analyze data. Open coding was used to classify initial themes. Initial coding explored analysis of potential themes that progressed to determine patterns aligning with research questions. Data were analyzed, text segments were identified, and a code was assigned to each. Codes were

grouped and synthesized into the following primary themes using thematic coding: high numbers of students needing mental health support and how needs present in the classroom, challenges within the processes and training, teacher work and life stressors, challenges with families, language barriers, salaries, and class size/student–teacher ratio. Through this basic qualitative study, I facilitated the collection of rich data to answer the research questions described in Chapter 2.

Definitions

Head Start: Federally funded preschool program that promotes the school readiness of low-income and at-risk children (U.S. Department of Health and Human Services, 2020).

Individualized Education Program: An education plan or program designed to ensure that a child who has a disability identified under the law receives specialized instruction and related services (U.S. Department of Health and Human Services, 2019).

Mental health: Emotional, psychological, and social well-being (U.S. Department of Health and Human Services, 2020).

Mental health consultation: A consultation with a mental health expert who is typically contracted to advise and inform a Head Start program's mental health practices and policies (U.S. Department of Health and Human Services, 2020).

Socioeconomic status (SES): The social standing or class of an individual or group as determined by a combination of education, occupation, and income (American Psychological Association [APA], 2017).

Assumptions

For the study, it was assumed that the teachers, mental health staff, and administrators who were interviewed were honest and candid in answering the interview questions. It was assumed that these educators accurately shared their perspectives regarding the current mental health processes of the local Head Start and their efforts to provide mental health intervention. For this study of teachers', mental health staff's, and administrators' perspectives of their role in supporting preschool mental health, it was critical that participants' interview responses were assumed to be forthright and accurate because their answers served as data for analysis. This was necessary to the integrity of the study. Qualitative researchers Ely et al. (1991) defined academic integrity as having a focus on the quality, the value, and the accuracy of academic work. As I set out to explore the thoughts and experiences of teachers, mental health staff, and administrators, it was crucial that the data were thoroughly and accurately representative of their perspectives.

Scope and Delimitations

The participants in this study were teachers, mental health staff, and administrators at a Head Start program in a Rocky Mountain state. This study addressed only perspectives on preschool mental health for this Head Start program. Excluded from this study were any teachers, mental health staff, or administrators who had children at the school who received mental health services, as they would be considered both parents and school personnel and the purpose of the study was to explore perspectives objectively. This site was selected for a basic qualitative study because it had a

significantly high number of early childhood students referred for mental health intervention support. The preschool program was selected due to the importance of early intervention in mediating future mental health concerns. Studies indicate that mental health concerns are disproportionately high in children of low SES, but preschool mental health intervention can produce socioemotional gains that are sustained through later educational years (Stefan et al., 2022). I explored the experiences of teachers, mental health staff, and administrators during the early years of focused preschool mental health intervention. Thorough descriptions of participant experiences and perspectives may give insight to those outside of the study to consider their relevance to their own setting.

Limitations

This basic qualitative study was limited to 12 preschools teachers, two mental health staff, and two administrators at a local Head Start in a Rocky Mountain state. Because the focus of the study was on a relatively small group of personnel, the study was representative of this local Head Start only. Although results of this study are not directly transferrable to other early childhood programs, they may inform other programs by providing insight to other schools providing early mental health intervention. The data were derived solely through teachers, mental health staff, and administrator interview responses. The data relied on accurate, authentic interview responses, as well as the efficacy of the interview questions in addressing the research queries. Because I was the sole collector of data, it was critical that I was consistent in my interview approach and delivery with participants. Interview protocols for teachers, mental health staff, and administrators (see Appendix A) aided in ensuring that interviews were consistent and

responses were recorded accurately. I am employed by this Head Start organization as director of administration and support enrollment for the program. I was not a direct supervisor of the education staff or any study participant. There was a risk that researcher bias could influence data coding and interpretation, and it was crucial that I objectively reviewed the data throughout the entire analysis process as patterns and themes emerged. Because I was well researched in the barriers and importance of providing preschool mental health intervention, I needed to be careful not to look for patterns in responses that supported this research while overlooking those that offered new information.

Significance

On a local level, this study may inform the program on teachers', mental health staff's, and administrators' perspectives on supports that can decrease feelings of being challenged when supporting student mental health needs in the preschool classroom. This has the potential to positively impact the daily lives of the students by helping teachers to better meet their mental health needs on a day-to-day basis. The study may lead to positive social change, as implications of this study of educator perceptions may impact administrator implementation of effective practices, professional development, teacher supports, and benefits to increase teacher retention.

Summary

In the first chapter of this study, I included a definition of early childhood mental health and the challenges of providing preschool mental health intervention at a local Head Start program, as well as a brief history of mental health intervention in Head Start. Also detailed were the purpose and nature of the study, conceptual framework, research

questions, assumptions, and scope of the study. The purpose of the study was to acquire insight from the perspectives of teachers, mental health staff, and administrators regarding preschool mental health interventions. This was achieved through qualitative interviews with teachers, mental health staff, and administrators in a local Head Start program. In Chapter 2, I describe the literature review and themes related to parent engagement that emerged from the process.

Chapter 2: Literature Review

Mental health intervention in early childhood positively impacts a student's developmental trajectory and reduces the risk of long-term social-emotional disorders (Walker et al., 2022). The problem is that at a Head Start in a Rocky Mountain state, educators are challenged in their role of supporting mental health in the preschool and classroom. Faculty at a local Head Start indicated that even with access to mental health consultation, supporting preschool health intervention in the classroom was challenging. Administrators desired to better understand the perspectives of educators regarding current mental health interventions and the support needed. With this qualitative study, I explored the perspectives of teachers, mental health staff, and administrators regarding the provision of preschool mental health intervention.

The value of preschool mental health intervention is affirmed by Head Start's Early Childhood Learning and Knowledge Center, as a support to the capacity to develop and express emotion, form positive relationships, and ultimately ensure a foundation of continued health and learning (U.S. Department of Health and Human Services, n.d.). Preschool mental health intervention contributes to the reduction of challenging behaviors leading to preschool expulsion and has a significant positive effect in areas of cognitive, social, and academic development (Albritton et al., 2019). Long-term preschool mental health intervention reduces the risk of social rejection, poor academic progress, juvenile delinquency, and physiological health issue in adulthood (Seabra-Santos et al., 2018). From the educator's perspective, early mental health intervention decreases challenging behavior and improves a child's social-emotional trajectory as they

progress in their education and interact within their community (Waters & Higgins, 2022).

Early childhood mental health is defined as how well a child's social-emotional development progresses from birth to age 3, promoting lifelong well-being (Zero to Three, 2022). The U.S. Department of Health and Human Services characterized early childhood mental health as the child's capacity for emotional regulation and ability to form positive relationships, develop cognitively, explore, and grow in their world (U.S. Department of Health and Humans Services, 2020). Children of low SES are more likely than their peers to suffer from early mental health conditions (Muenchow & C Pizzo, 2018). Though utilization of mental health consultants may help reduce the repercussions of early childhood mental health concerns, there are still barriers to supporting interventions within the preschool classroom (Silver & Zissner, 2020). Teachers are accessing more education on understanding and addressing student mental health needs but can be challenged when working with students who have experienced trauma and its externalizing behaviors (Stein et al., 2022).). The Centers for Disease Control and Prevention (2020) defined early childhood mental health as the ability to reach socioemotional milestones and to develop the resilience to cope with challenges in order to achieve a positive quality of life and health function.

The literature offers perspectives on preschool mental health intervention and support, as well as barriers to providing these supports faced by educators. In Chapter 2 I describe what the research has revealed regarding support of early childhood mental health, as well as the relationship between educators and preschool mental health

intervention. Practices of early childhood mental health intervention are explored, as well as teachers', mental health staff's, and administrators' perspectives regarding supporting mental health needs in the preschool classroom. Finally, best practice in supporting early childhood mental health as described in the literature is addressed.

Literature Search Strategy

A search of the literature was conducted regarding early childhood mental health and intervention is preschools to examine peer-reviewed articles and books written in the previous 5 years, as well as seminal resources related to the topic of early childhood mental health. The Walden online library was used to access the following databases: SAGE Journals, ProQuest, SocIndex, and Google Scholar. Keywords searched in each of these databases included variations of *early childhood*, *mental health*, *preschool*, *value of mental health intervention*, *benefits of preschool mental health*, *Bronfenbrenner*, *process-person-context-time*, *mental health framework*, *mental health theory*, and *preschool mental health challenges.* Approximately 300 scholarly studies were reviewed, and 115 were determined to be applicable to this study.

This research was framed by Bronfenbrenner's PPCT model framework for preschool mental health intervention. Bronfenbrenner (1979) posited that processes are the primary mechanism for change, and the individual within the interconnected system, when allowed the time to develop, is crucial to understanding perspectives regarding the functionality of intervention and supports. According to Bronfenbrenner (1979), development is a result of the interplay of (a) interactions within the proximal

environment, (b) the characteristics of the individual, (c) the social context of the person, and (d) change over time. Proximal process is defined as the interactions that the individual has with persons, symbols, and objects in the immediate environment (Bronfenbrenner, 1995). The child's interactions within the direct environment, which includes preschool caregivers, will affect how the child is supported in mental health. A person is defined as the attributes of the child that contribute, including the child's disposition, temperament, identity, and resources such as intelligence and ability. Aspects of the child's person may affect a caregiver's response. An amenable, happy child, for example, may elicit a more positive and supportive caregiver than a child with behavioral challenges (Casells & Evan, 2020). Context applies to the environmental factors that influence a child's access to mental health support. Children's school environment and the interrelated systems have a bearing on their mental health and whether they have access to interventions to support them (Lucier- Greer et al., 2019). Time or the chronosystem impact how effective an intervention is over time. Interventions performed consistently are more successful (Lundkivist & Sandstrom, 2019). The melding of these factors influences not only the child and how the child is supported by interventions, but also the educator's efficacy in carrying the interventions out.

Lipperd et al. (2017) used Bronfenbrenner's PPCT model for studying the relationships between teacher–child relationships and children's mental health. Using data from the Early Childhood Longitudinal Study (National Center for Education Statistics, 2007–2008), a study of approximately 14,000 children born in 2001, the authors determined that children's early teacher–child relationships were important for

the healthy development of mental health. Teacher–child relationships were defined as the ongoing interpersonal relationships developed over time between teacher and child. Especially relevant to this study, the authors noted that a lack of emotionally supportive practice by teachers increased the risk of children's poor mental health and challenging behavior. The authors reiterated that the emotional sensitivity and mental health support within the classroom positively correlate with students' improved behavior and mental health over time (Lipperd et al., 2017).

Literature Review Related to Key Concepts and Variables

Early Childhood Mental Health

Research points to the positive effects of educators providing mental health intervention in the preschool, and as a result, many state and federal initiatives over the past few years have sought to encourage preschool mental health intervention (Zero to Three, 2016). Recently, the Further Consolidated Funding Act authorized funding to Head Start to boost services to at-risk children for mental health and trauma intervention (Further Consolidated Appropriations Act, 2020, U.S.C. 116 [94]). While Head Start strives to meet the need for preschool mental health support, the focus is typically on mental health consultation, rather than the teacher (U.S. Department of Health and Human Services, 2020). Isaksson et al. (2017) shared that focus must shift from consultation to intervention by teaching staff who have a unique opportunity to support student mental health at every stage of the day. Regarding promoting mental health, the National Association for the Education of Young Children (NAEYC, 2018) emphasized the importance of teachers in supporting the development of positive mental health.

Head Start has characterized mental health consultation as involving members of a multidisciplinary team who help implement strategies to identify and support children with mental health concerns, to support teachers in implementing strategies, and to help provide access to outside mental health programs if needed (U.S. Department of Health and Human Services, 2020). Consultants are tasked with supporting a program-wide culture that promotes children's mental health and overall well-being. Also important is the incentive for supporting preschool mental health, not only for overall well-being, but also as the most positive trajectory for learning and future education (Alderton et al., 2019). More recently, supporting mental health was described as an ongoing process that supports the young child's development of self-esteem, self-confidence, and self-regulation (Fadillah et al., 2020). Recent research indicates that teachers should be the primary supporters of early childhood mental health (Kniegge- Tucker et al., 2020).

Models of Early Childhood Mental Health Support

Early Childhood Mental Health Consultation

The seminal model in the emerging field of early childhood mental health is early childhood mental health consultation (ECMHC). ECMHC was developed to promote social-emotional development, help reduce the risk of challenging behavior, and support teachers in strategizing to reduce the risk of long-term health impact in students (Partee et al., 2023). A team at Georgetown University pioneered a framework of ECMHC using a wraparound planning process that called on stakeholders to define what high-fidelity mental health intervention looked like (Hunter et al., 2016). The framework included plan phases of initiation, exploration, plan development, plan implementation, and revisitation

of plans and goals. The authors determined that the relationships that early childhood mental health consultants build with teachers, families, and administration are at the heart of how their curriculum and intervention are accepted.

Maryland Model of Early Childhood Mental Health Support

Maryland's model of early childhood mental health support focuses on a tiered intervention system that supports the classroom foundation, specific behavior concerns for individual children, and specific intervention for individual children with intensive behavior concerns (Division of Early Childhood and Division of Early Intervention and Special Education Services, 2020). The model's objectives are to facilitate education allowing young children to thrive, to provide educators and families strategies to support socioemotional development, to address problematic behaviors in the classroom, to refer families in need of outside intervention, and to support students to limit expulsion from the preschool classroom. The Maryland framework seeks to align with national infant and early childhood mental health practices.

Zero to Three Mental Health Model

Zero to Three (2022) cited policymakers' keen awareness of the effect of ignoring early childhood mental health and how it impacts cognitive development as well as the financial cost of those who endure long term mental health struggles. The infant and early childhood mental health model (IECMH) adopted by Zero to Three focuses on consultation that may support a specific child's development but more often focuses on systematic issues such as improving classroom climate and offering spaces and strategies for child self-regulation. Other components of this model include offering home-based

programs to improve the practice of home visitors. This model includes processes to identify and to support adult mental health issues to improve the trajectory of the family as a whole. Zero to Three argues that training and supporting practitioners in addressing mental health will improve conditions for student and staff retention.

Pyramid Promotion–Prevention–Intervention Continuum

The seminal process of the pyramid model calls upon Perry et al.'s (2007) framework of promotion–prevention–intervention to provide mental health support. In this case, the consultants are providing intervention to specific children but simultaneously broadening to include promotion- and prevention-level activities carried out by teachers in the classroom. While this model pointed out the importance of teachers taking preventative measures, establishing trust, and improving in managing challenges, this does not replace the effectiveness of direct support strategies by a consultant skilled in mental health intervention (Duran et al., n.d.).

Social Cognitive Theory

Social cognitive theory (SCT, 1986) is a framework based on the fulfillment of emotional needs, predicting that people will learn when they are motivated. This framework can be applied to approaches to teaching mental health intervention. According to SCT, learning is determined by four factors: drives, cues, responses, and rewards. SCT weaves these into six constructs.

As it applies to learning in the field of health, the central concept of SCT is *reciprocal determinism*. This concept applies to how the educator with a learned set of experiences interacts with their environment and the dynamic of how they respond to

stimuli to achieve goals. *Behavioral capability* refers to the educator's ability to provide mental health interventions based on their learned skills. The concept of *observational learning* indicates that when skills are modeled by experts such as the mental health consultant, educators will observe and then apply the skills themselves. *Reinforcements* may be self-initiated or outside factors such as organizational response or student response to intervention that may encourage or discourage continued efforts. *Expectations* that the educator has regarding outcome will factor into continuing interventions. Positive expectations will motivate, while expecting interventions to fail may further deter. The final construct, *self-efficacy*, represents the level of confidence that educators will successfully perform an intervention and support mental health.

A recent study recommended high-quality educational programs as the best place to mediate the negative effects of early childhood mental health concerns (Blewitt et al., 2020). Blewitt et al. (2020) used SCT as a basis for determining the likelihood of successful mental intervention in the classroom, specifically collecting data on how educator behavior adapted through exposure to mental health consultation and intervention tracking. This research is consistent with Bronfenbrenner's (1979) PPCT model because, like Bronfenbrenner, SCT attributes the connection of the educator with the modeling, training, and results as the primary indicators of successful continuation of interventions. Their approach was unique because according to the authors, the educators shared participatory design in developing the preschool mental health curricula model. In this study, the authors used intervention mapping to determine the effectiveness of a mental-health-supporting curriculum to investigate whether it supported teacher

intervention practices. The authors determined that factors that supported educators' ability to successfully provide mental health intervention included knowledge gained from observing and speaking with peers and time to support and to collaborate with each other on which interventions were successful.

Emotionally Responsive Practice

Emotionally responsive practice described the educators' practice of understanding how children's mental health should be supported by viewing it through the lens of the child's experiences (Koplow et al.,2020). Stein et al. (2022) used an emotionally responsive practice approach to create a model that they stated improved mental health interventions because when teachers feel seen, heard, and understood, they in turn see and validate their students' emotions and challenges. The authors suggested that educators should be supported in working through their own traumatic histories in order to then be able to fully incorporate the training they have received to support student mental health. Stein et . argued that preparing the early childhood workforce to provide mental health intervention with a focus on relational and sensitive care will result in better outcomes in child resilience and self-regulation. Emotionally responsive practice encompasses facets of a child's socioemotional development such as the ability to form relationships and to regulate emotions that are necessary to mediate the ill effects of mental health challenges in young children. The study indicated the importance of educators having competency and access to mental health consultants. Results indicated that prolonged exposure to mental health prevention and intervention early in life buffered and supported the children's ability to cope throughout life. This study focused

on a sample of 1,419 educators as opposed to my study, which focused on a small group of early childhood educators in a local Head Start program.

Attachment, Self-Regulation, and Competency Framework

The trauma-informed elementary schools (TIES) program used the attachment self-regulation and competency framework (ARC), (Blaustein & Kinniburgh, 2010), a model used by several schools is rural Appalachia (Rsihel et al., 2019). This framework provides an early intervention for children who exhibit symptoms of chronic stress or trauma. This framework was built on a foundation of the adverse childhood experience scale (ACES) as well as the ARC which demonstrated mental health intervention through partnering with schools and classrooms to provide professional development while at the same time providing specific trauma intervention to individual students. The authors describe the TIES program as a resource which supported teachers in recognizing and responding to trauma indicators. The ARC framework outlines the attachment factors needed to build relationships between caregiver and child that include child's self-regulation, child's awareness and understanding of their internal experience, ability to modulate their experience, and to safely share their feelings with others. The competency opportunities address the child's peer interactions, ability to interact within their community environment, and to engage in learning. Results indicate the TIES intervention was successful in improving two domain areas, keeping in mind the pilot was limited to a small sample of classrooms and schools. Using the Attachment. Self-regulation, and Competency framework as a guide, schools can aid in mediating the

effects of trauma and provide early intervention that embeds coping mechanisms that allow students to find success despite the likelihood of further trauma.

Culture-Specific Consultation Model

O'Neal et al. (2015) asserted a seminal model that consultation should be focused even more specifically with family culture in mind. The authors studied the participatory culture specific model (PCSC) which argues that before you can provide an effective intervention it is first important to investigate client perspectives. The writers argued that the PCSC model was crucial to inform consultation and intervention by identifying themes that allowed more focused faculty training and effective intervention methods. The framework encompasses building relationships with the child's family, learning about the family's culture, and forming collaborations with key stakeholders before interventions and strategies are proposed. Components outlined by the authors reflect cultural strengths and socioemotional challenges, classroom strategies employed to support socioemotional strategies in refugee students, ways teacher motivate and to build relationships with students, and the cultural and contextual factors unique to classroom management and challenges of refugee students. The population of the study is similar to that of the local Head Start in this study and this approach is relevant.

The Relationship Early Educators and Preschool Mental Health Intervention

Research indicates that students benefit in many ways when mental health concerns are addressed through early intervention. In their review of literature, Nichols et al. (2020) determined that preschoolers' emotional and mental health concerns were predictors of later mental health problems. The authors determined factors that impeded

educator's ability to carry out mental health intervention included stress, burnout, and frustration. The authors note the importance of providing educators with mental health consultation time and direct training to increase their knowledge, skills, and competency in providing direct mental health intervention for their students.

Stein et al., (2022) used a preventative approach to addressing early childhood mental health and determined wrap-around training and support from a mental health consultant was effective in equipping early educators with the knowledge to identify mental health concerns early and respond with a strengths-based approach. The study indicates the importance of caregivers' ability to provide mental health interventions onsite throughout the day so that the child has a safe space to have frustrations and emotions contained. To be fully effective, teachers will need to be able to learn and to model problem-solving strategies on an ongoing basis from their mental health consultant.

Who is involved is significant as well. In their analysis of the TIES program, Rishel et al. (2019) determined that while teacher training and support were key factors in supporting student mental health, providing outreach and training to parents is also a needed component to a successful framework.

Hansen et al. (2021) determined that teachers were especially impactful on preschool mental health in areas where mental health services were not readily available. The authors determined that schools were prime locations for serving mental health needs as they did not carry the stigma or barriers to access as other service providers. Teachers are often the first professionals who parents approach for help. The authors determined

that teachers share the ability to assess, to identify, and to provide intervention in a naturalistic environment against a comparison group displaying a range of normative behaviors.

Research suggests that educators can serve as moderators against the effect of adverse mental health experiences especially in those of low SES (Seabra-Santos et al., 2018). The authors investigated the impact of preventative mental health curricula on at risk students. Using an experimental randomized control design the authors used pre and post assessments which linked the curricula to increases in positive social skills and a reduction in internalizing and externalizing negative behavior in at risk students. The reduction of challenging behaviors and improved classroom management as a result also strengthened teacher child relationships.

In a review of the literature that influences preschool student mental health intervention Linden and Stuart (2019) found some correlation between teacher confidence and worry in providing interventions and how successful the interventions were. Of the participants of the studies most had never taken a course or been trained on mental health intervention but also reported being responsible for providing intervention in the classroom. The amount of training and knowledge gained on providing interventions directly correlated with teachers' confidence in carrying out mental health support.

Blewitt et al. (2020) used a collaborative for academic, social, and emotional learning (CASEL) (1994) framework to investigate whether social emotional curricula improved educator efficacy in supporting mental health. Using a systematic review of

peer reviewed studies of SEL curricula, the authors analyzed SEL usage and evaluated teacher outcomes. The study indicated teacher competency increased in proactive and preventative mental health support, increased emotional support, and increased positive climate. The study was limited as it did not produce data on how sustainable this increased competency would be over time. The authors indicated teachers could best mediate the effects of mental health concerns by paring SEL curriculum with professional development and supports, improved teacher level outcomes, and a focus on child level outcomes.

Molnar et al (2018) investigated educator involvement in Boston among at risk children, seeking to understand how the child/caregiver relationship supported mental health. Using the MA-LAUNCH framework, the authors evaluated 200 at risk children receiving mental health intervention to understand if the caregiver relationship positively impacted mental health trajectory, as well as decrease caregiver stress.

Online Learning Communities

Hsu et al. (2019) used the concept of online learning communities as a framework for collecting educator perspectives of mental health intervention. The concept of the online learning community asserts that when educators have access to an online mental health intervention strategy platform, they will have more opportunities to access ideas and to interact with peers and members of the community. Therefore, educators who are involved with online platforms will benefit from the information acquired as far as increased knowledge in identifying mental health and improved competencies on providing intervention, and advancement in their profession. Educators are typically

adept at and have access to an array of digital tools which they may adapt to assist in interventions and to improve their professional and pedagogical skills. The authors determined that while teachers had a strong interest in accessing mental health competencies through online platforms but found teachers also themselves experienced and displayed negativity towards carrying out interventions and symptoms of mental health struggles themselves when using the platform and exposed to other educator's negative perceptions in regard to serving student mental health needs.

Parent–Educator Partnerships

Parent – teacher communication and shared understanding plays an important role in supporting children's mental health intervention and some research points to a need to better understand how children cope with mental health concerns. Davis et al. (2020) used IECMH as a framework for understanding how caregiver and parent dynamics impacted how to approach preschool mental health intervention. The authors determined that when parents and teachers understood and shared information using these tools and the mental health consultant was unbiased in approach, they were better able to identify effective mental health intervention strategies.

Washington - Nortey et al. (2022) determined that while those suggesting mental health intervention could contact parents directly, talking about the need for mental health support was more successful when the early educator-built relationships and were congruent with parents. Educators have typically developed a rapport and partnership with parents and are generally respected when sharing insight and information on the student. When the educator can introduce other players in the multidisciplinary team,

parents are more likely to collaborate on strategies and interventions. Kingsley, Sagester, and Weaver (2022) asserted that educator intervention is crucial to supporting early childhood mental health and that when educators collaborate, provide parent training, and individualize the interventions, outcomes are improved for the child.

In a United Kingdom study, Allan et al. (2020) explored pathways to care to facilitate collaboration between clinicians, educators, and families in addressing early childhood mental health. The study also emphasized ongoing professional development in the area of mental health in order to promote confidence in utilizing family centered approaches to supporting student mental health as teachers are often the first to approach mental health concerns with families.

Dale et al. (2022) determined that while parent-teacher collaborations supported student mental health, environments in place are not always sufficient for facilitating the regular constructive communication, trust, and mutual respect needed for effective collaboration on mental health interventions. Intervention strategizing was more effective when educators had a clear partnership model in place to guide the process. Utilization of the collaborative model for promoting competence and success (COMPASS) allowed for problem solving between parents and educators within a clear framework allowed for data- driven successful interventions that mediated the effects of mental health concerns.

In another study, Syunraini et al. (2022), used a quantitative approach to investigate parent and teacher perspectives on their mental health attitudes and how this affected early childhood mental health interventions. The authors found that there is a need for parents and teachers to have a better understanding about mental health care to

collaborate on successful interventions. The study also indicated that there was still a perception and stigma that could hinder parents' willingness to seek mental health support for their children and a need for strong parent-teacher collaboration factors.

Educator Perspectives on Their Preschool Mental Health Intervention

Research describes multiple educator perspectives regarding carrying out mental health interventions in preschool. Bilbrey et al. (2022), used a school – wide positive behavior framework to investigate educators' perspective on their relation to supporting student mental health with trauma-informed educational practices. The study saw a correlation in educator understanding of trauma-informed practice and positivity, and self-efficacy in supporting student mental health. Educators in this quantitative study felt that their own interpersonal skills and ability to empathize with students when supporting mental health was interrelated to their skills and knowledge of strategies to support individuals, and to successfully scaffold children's resilience and growth in self-regulation.

Datu et al. (2022), in a quantitative study of teacher perception of supporting preschool students' wellbeing, found that teachers felt they could better engage children if they themselves received mental health support. The teachers in the study believed that to support their students' well-being they needed to understand the individual child, be aware of cues that they need mental health support and strategize to meet the child's needs on an individual basis. The study indicated that if fundamental needs such as good mental health by both teachers and students were not met, students would not learn as well.

Eleni (2021) used a qualitative study to determine perception of supporting preschool mental health needs among 115 preschool teachers in Greece. The author used a questionnaire to evaluate how educators felt about their role in supporting student mental health, the extent of the involvement of the school in supporting mental health, and the implementation of preventative services. The examination of the data indicated that teachers were willing to contribute to preschool mental health practices and to strategies as they felt educator support was a significant protective factor that supported student resilience. The educators felt that they were key stakeholders in mental health promotion and were in a unique position to have influence in students' lives. In terms of school involvement, educators identified teacher/student interpersonal relationships as the most critical intervention. Eleni noted that detecting mental health concerns, collaborating with experts, and implementing preventative programs were also critical to supporting preschool mental health.

Confusion on how to support an individual child's mental health in the classroom also shapes an educator's attitude on carrying out intervention. Zhou et al. (2022) used a mixed methods approach how teachers approach preschool students who present with mental health difficulties. The educators described their involvement as a primary supporter of students who presented with mental health concerns as well as other learning domains. The early education field faces instability and high mobility of staff and teachers were concerned with their knowledge and self-efficacy to support mental health. Educators expressed a worry regarding coping with the pressure and challenges of supporting students with high needs. The authors also identified culture as a dimension of

effectively supporting mental health. 75% of the educators in the study alluded to cultural or cultural linguistic factors as a primary issue to consider in any dialogue or strategizing for the students' well-being. The authors determined strong psychological states of teachers could aid the ability to or support mental health needs. The authors determined educators' feelings of self-efficacy and feeling of belonging in their school strengthened mental health implementations.

Kratt (2018) analyzed data from a focus group to investigate teachers' perspective of applying educator mental health competencies to their practice. The author asserted that educators felt they needed greater knowledge of mental health supports and while they supported adopting these, they were concerned about implementation. Kratt suggested in addition to greater knowledge of mental health, educators felt they needed strong support systems, and positive mental health themselves to be effective in supporting students. Kratt discovered that educators did feel they needed to add mental health support competencies to their practice but also felt overburdened and concerned about their ability to implement these practices. Teachers who understood the relevancy of supporting student mental health and considered their own state of mental health to be healthy were more likely to embrace the mental health competency training and to have higher feelings of self-efficacy. Ultimately educators felt that collaboration between school personnel and community mental health providers was a significant component to the success of supporting students. Educators indicated occupational stress most led to a feeling of inadequacy to meet the demands of implementing mental health interventions.

Including educator mental health as part of mental health competency framework and training was found to be necessary.

Luthar et al. (2020) used a Mental Health Literacy survey to investigate teachers' feelings of competency in their ability to carry out mental health interventions in the classroom. The authors categorized the characteristics of the study into an overall need for teachers to increase mental health literacy, a need for culture specific mental health literacy, and an understanding of increased symptoms and identification of mental health needs in youth. Results indicated that educators perceived there to be an increase of young students with anxious depressive symptoms, and these often-required teacher intervention as they presented as aggression and noncompliance frequently. These findings are significant as they indicate that students whose symptoms are internalizing are often not being identified and are not receiving the mental health support they need. The authors determined that educators may lack some mental health literacy but are certainly under stress and pressure to support students who present with external mental health concerns. The authors noted it is important that educators assess and are aware of the mental health needs of students in their schools in order to best identify specific interventions that support their students.

Harding et al. (2018) in a cross-sectional design across 25 schools in South-West England, Southeast and South-Central Wales, learned that teachers' mental well-being was associated with better student well-being. The authors suggested that better teacher – child relationships lowered student psychological stress and mediated the negative symptoms of mental health concerns. The positive teacher child relationship also is a

predictor of how successfully a teacher can implement mental health supports. The authors conclude that steps to support educator well-being should be a focus of any program's mental health support strategies and implementation.

Obee et al. (2022) used a qualitative design based to investigate how educators perceived the demands on them and their competence to aid students with mental health problems. The author explained educators understand was within their role to take on supporting student mental health and they were in a prime position to effect positive change. The author shared that while teachers felt this role was necessary it was also demanding, and they did not always receive sufficient preparation to do so. Results of the study indicated that educator stress in providing intervention was typically a result of a need for professional development tailored to school needs in supporting mental health. A variety of training styles and diversity in trainers is suggested to increase positive perception by educators in their sole implementing mental health strategies.

Educator Paradigms of Preschool Mental Health Intervention

Educator Attitudes and Behaviors

The attitudes that educators maintain about their role in supporting preschool mental health can have significant impact on how successful interventions are. In a qualitative study, Cappella and Godfrey (2019) discovered that educators' mental health, economic background, support system, education, and training are key predictors in how successful they are in implementing mental health supports for students. The authors conducted and instrumental study of multiple research papers on perspectives of those who work with young children in the capacity of supporting mental health in order to

better understand how their own attitudes and backgrounds effect their self-efficacy in intervention. The consensus of the study was that educators work in supporting preschool mental health is challenging, multi-layered, and was more successful when the work was process oriented within a safe space where challenges, failures, progress, and successes can be shared at every stage. For educators who struggle with implementation due to their own internal factors, ongoing scholarship or training that allows for interaction and the ability to dive deeper into specific areas is key.

Davis et al. (2020) conducted semi structured qualitative interviews with ten Early Childhood mental health consultants to understand how educator perspectives on mental health support impact services. The authors discovered that educators had more fear about implementing mental health supports when they did not have a cultural understanding of their students and families, they were not allowed time for reflective practice, and they did not feel they had a safe space to discuss and to explore their own bias or concerns. Educators believed strongly that an open, mutually constructive relationship between teachers, mental health consultants, and other mental health support staff where sensitive topics and struggles could be discussed led to the most success in supporting their students' mental health. Educators did not perceive their own implicit bias or fear was insurmountable and that when given the mutually constructive environment to share they would increase self-efficacy. According to the authors, ultimately it was the educator's responsibility to build empathy for the students they were supporting and build their self–efficacy in supporting student mental health. This perspective infers that if educators wish to successfully support student mental health

they will use empathy, practice self-reflection, and focus on positive interaction. The authors determined that IECMH consultation supported educators in overcoming implicit bias and helped to mediate the negative effects of preschool mental health concerns such as challenging behavior which also led to a drop in expulsion rates.

School leadership can have a tremendous effect on how preschool mental health is supported. In an Australian study that emphasized schools in rural communities, de Deuge et al. (2020) investigated the effectiveness of rural programs and their mental health support. Based on the idea that schools are valuable and critical in supporting preschool mental health, the authors suggested that the success of a preschool mental health intervention relies not in teachers alone but the support and communication of the administration. The researchers employed a mixed methods approach to study perspectives of resilience affecting the implementation of mental health supports. Data were gathered from multiple sources and highlighted the importance of communication and leadership to successfully pave the way for a program's mental health interventions.

In a survey of school leaders in two large Urban Districts in the United States, DeMatthews and Born (2018) discovered that school leaders perceived a lack of access to experts such as mental health experts, school based mental health providers spread thin, and financial means to implement mental health support programs as significant barriers to implementing mental health supports in schools. School leaders also identified a need for community asset mapping to use as a resource when situations require more intervention than schools can provide. School leaders from larger urban schools identified

the number of students needing mental health support as a barrier, especially when the concerns presented in an aggressive manner.

Berger and Samuel (2019) in their qualitative study, determined that when school leadership was perceived as having a lack of emotional support for staff and the inability to accept communication about emotional struggles it then becomes challenging for educators to support their students. In interviewing 55 educational and mental health staff, the authors determined that staff were vulnerable to secondhand trauma and leadership who provide sufficient consultation opportunities, support, and professional development in mental health intervention will more frequently have faculty who are successful in supporting children.

Sudibjo et al. (2022), in a quantitative study related to school leadership perspectives on mental health function used a happiness at work leads to improved mental health framework to study strategies to support teachers. The authors determined that student mental health intervention and support was the greatest need identified by school leadership, and that teacher well-being and job satisfaction is directly tied to their ability to support student mental health. Study results indicated that the mental health of the educators supporting the students was crucial, determining that educators needed to manage and to access support for their own stress and mental health needs to be effective.

Papa (2018) investigated the perspectives of school leaders in relation to being exposed to professional development needed to develop the competencies which address student mental health and to implement program supports in Connecticut. The researcher created semi structured interviews for five renowned mental health experts and school

leaders participating in in-service at Connecticut schools to gather data on competencies they feel are needed to successfully support educators in mental health intervention. School leaders reported that there was a significant lack of preservice coursework in the state to support students with mental health needs requiring child specific interventions. School leaders and mental health experts alike suggested competency categories in understanding mental health, expanding school infrastructure to support it, systems for collaboration, professional development in mental health, and it was suggested that educators be exposed to rich field internships in programs that reflect strong mental health support practices. Exposure to the realities of supporting students with high mental health needs will allow educators to be prepared and to be more effective in supporting all aspects of the child leading to better learning experiences for the student. The author argued that policymakers at the state and national level should be involved in ensuring funding and development of coursework which prepares educators to best meet mental health competencies.

Barriers to Preschool Mental Health Intervention

Hooley et al. (2019) used a task shifting framework to conduct a study of staff and caregiver perspectives on policies or barriers that inhibit the successful implementation of early childhood mental health support. The authors identified several themes that impacted student access to mental health support. The authors identified that many early educators were dual language learners and were concerned that there was a lack of access to materials on mental health literacy in their native languages. While most educators were fairly proficient in English higher concepts and instructions to carry out strategies

were an obstacle when presented in non primary language. The authors recommended consideration of this when training by providing information in other languages or utilizing translation. The authors also noted the perception that parents' own mental health concerns were perceived as a barrier to supporting the child. It was noted by study participants that when aware of their own bias regarding parent competencies, participants should acknowledge the strengths of the family in partnering to support the students' mental health rather than deficits.

Moore et al. (2021) endeavored to gather educator perspectives through a mixed methods study in central California. Teachers and parents from five schools shared perspectives through questionnaires on the topic of attitudes towards mental health screening and support in schools. The research revealed organizational structure issues including financial resources, system capacity for staffing, and professional development in mental health as primary barriers to implementing preschool mental health supports. The authors pointed out that educators did feel mental health screening, identification, and intervention were critical but did not have a deep understanding of the screening process or competencies needed to provide intervention. The authors made an argument for schools to continue professional development and to hire staff who have expertise in early childhood mental health.

Wakschlag et al. (2022) gathered data from literature on developing children's mental health supports to determine perspectives on barriers and improvements. The authors determined that early educators were one system that played a key role in support for early childhood mental health. A developmental system which embedded knowledge

of mental health and how to access supportive practices was noteworthy as a need in implementing successful programs. Funding was also an impact within these systems. Family involvement in supporting their child's mental health can be strengthened by a focus on collaboration with systems such as the child's preschool. Educators, community mental health workers, and parents alike agreed that raising awareness of mental health knowledge and services available could help to foster an understanding that combats the negativity and stigma surrounding mental health discussion.

Bitsko et al. (2022) determined that while parents frequently were interested in seeking mental health support for their children, they were unsure where to start. The study indicated that childcare obligations were an added barrier which led to the recognition of the beneficial connection of schools and educators' position to implement preschool mental health intervention. Rural areas were also noted to be a barrier. The authors also identified that mental health and wellbeing are key indicators of the nation's overall health and equity. Understanding where and how mental health concerns are presented in early education populations helps to access funding and to improve systems.

Reardon et al. (2018) indicated that difficulty in getting referrals for screening and lost wages due to taking children for services as barriers to obtaining preschool mental health support. The authors shared that while increased professional development and skill building of educators is needed, schools have the have the basis of trusting relationships before collaborating on interventions.

Mental health interventions themselves are often suggested by teachers to be a substantial barrier. March et al. (2022) investigated the intervention barrier. The authors

surveyed educators and discovered that often mental health intervention in schools is not sustained after initial research and funding. Nemiro et al. (2022) investigated the effects of approaches, funding, and amount of intervention needed on educators. The authors noted that in general caregivers and educators must be included in mental health intervention planning. Targeted tools and educator training in interventions are necessary to combat existing barriers.

O'Farrell et al. (2022) used Bronfenbrenner's framework in a qualitative study on barriers to implementation of interventions. A review of 19 abstracts was completed. The study indicated that a lack of training in mental health assessment and intervention were key barriers. Educators indicated that a lack of knowledge and support also impacted their ability to provide mental health intervention in the classroom.

Best Practices for Supporting Preschool Mental HealthThe methods educators use to support preschool mental health can have an impact on building children's resilience and mediating the negative effects of mental health concerns. Spielberger et al. (2022) in a study of the early childhood mental health consultation model for improving mental health outcomes, determined that early childhood mental health consultation is associated with improvements in teacher and child outcomes as well as contributing to positive school climate. Expanding mental health consultation beyond the classroom such as in home visiting practice was not as effective.

Shivers (2022) determined that prevention and intervention wield long term positive health effects on students and that targeted early childhood mental health consultation with its rigorous evidence base improved outcomes for vulnerable children

and reduced gender and racial disparity. Reyes and Gilliam (2021) used the early childhood consultation model to examine the best practice for supporting preschool mental health. Monitoring the process within Ohio programs using the model, the study indicated positive outcomes for teachers and students, even those not experiencing significant mental health concerns. Data were gathered from a study of 52 early childhood classrooms and were used to investigate how early childhood mental health consultation supported programs interventions. Teacher and child outcomes with consultation were measured over the period of late summer and early fall of 2018. Early childhood mental health consultation improved center quality as a whole. The study indicated improvements from all students, especially those at risk, and a significant increase teachers' sense of self control when working with students that had high support needs.

Ramaswamy et al. (2022) used the concept of a transdisciplinary approach to preschool mental health through a collaborative support model in low- and middle-income countries. A shortage of mental health workers indicated a need for targeted interventions on early childhood programs to ensure support for mental health of young children. Strengthened support for teachers by multidisciplinary teams and advanced training on dimensions of mental health can strengthen this work. Multidisciplinary support was needed to ensure educators can incorporate and carry out mental health intervention strategies.

Berger and Samuel (2019) noted that supportive school leadership, consistency in routines, and fidelity in intervention were important considerations. Most notably optimal

professional development and support for staff were determined as best practice in preschool mental health intervention. The authors asserted that schools must practice ongoing development to implement multi-tiered trauma support, training, intervention protocol for educational staff, and mental health workers.

Kniegge-Tucker et al. (2020) used an ECMHC framework to establish how consultation supported preschool mental health and improved classroom climate. A community mental health agency provided services to two childcare centers that participated in this study. Significant improvement was noted in classroom climate where consultation was provided when the consultant developed good relationships with center staff, they were frequently present, and involved at the center, and the administration was supportive of efforts.

McCormick et al. (2020) determined effective strategies in supporting preschool mental health included opportunities for collaboration between educators, experts, and families that establish trust, including opportunities for reflective relationships, as well as continued professional development in supporting mental health. Reflective supervision practices allowed for discussion on parallel processes of supporting students, strengthened relationships between collaborating team members, and offered a strong foundation for shared best practices in mental health intervention.

Citing collaboration of key stakeholders as the most significant factor in supporting preschool mental health, Purser et al. (2022) investigated the education and training needs of the early childhood mental health support workforce to ensure best preparation for supporting students. This study qualitatively explored interventions and

practices that identified educational needs of teachers supporting preschool mental health. Results indicated that teachers' ability to integrate early childhood skills and knowledge within and with the support of a multidisciplinary trauma informed system is key to successfully implementing mental health intervention.

Capella and Godfrey (2019) investigated best practices for increasing children's mental health outcomes. The authors cited the importance of considering the individual, strategizing specifically for the individual's needs and adapting support models and practice as needed to enhance implementation and child outcomes.

Summary and Conclusions

Research clearly indicates that mental health intervention in early childhood positively impacts a child's life trajectory and educators are in a prime position to support preschool mental health. There are, however, factors that influence the success of educator intervention, including educator and school leadership program development competency, access to professional development, and the ability to collaborate and to reflect with a knowledgeable multidisciplinary team to ensure best practice in preschool mental health intervention. Early childhood programs may face barriers in funding, access to needed knowledge, competencies, and may need to support families in overcoming negative stigma regarding seeking mental health support for their child. It is therefore critical that educators can access the knowledge they need to build competencies, have supportive program leadership, and are allowed the opportunity to collaborate and reflect on their practice and growth with other experts within the program and community. Effective measures include on-site mental health staff. There is a need to

explore how educators support preschool mental health at a local Head Start and how they perceive overcoming barriers to ensure best practice. Understanding educator perspectives regarding preschool mental health intervention, as well as what it entails, may contribute important knowledge that will assist programs in developing effective early childhood mental health interventions and practices. In Chapter 3, I describe my basic qualitative study specific to a local Head Start to better understand educator perspective regarding preschool mental health intervention. The research design and rationale are described, as is the methodology, participant selection and recruitment, instrumentation, and plan for analyzing data.

Chapter 3: Research Method

The preschool classroom is a logical and effective setting to provide mental health intervention to students (Baker-Henningham & Walker, 2018). When students have access to mental health supports in the classroom, they are better able to mediate the cumulative negative effects of trauma, to perform better academically, to experience better quality of life, and to form healthy relationships (Gueldner et al., 2020). There are, however, many obstacles that may prevent educators from fully implementing preschool mental health supports, including having multiple students with high mental health needs, being at a loss when mental health support needs exceed the socioemotional tools of the classroom, and the struggle to meet mental health needs along with other classroom duties (Mader, 2019). The purpose of this study was to acquire insight from the perspectives of teachers, mental health staff, and administrators regarding preschool mental health interventions. This was achieved through qualitative interviews with teachers, mental health staff, and administrators who were involved in preschool mental health support. In this chapter, I address a gap in research and practice on what teachers need to fully support preschool mental health in the classroom.

In this chapter, I address the methodology, research questions, context of the study, role of the researcher, population, sample, data collection procedures, data analysis, and methods for ensuring validity and reliability.

Research Design and Rationale

The role of the researcher in this study was that of objective observer, as I sought to understand and to record the perspectives of educators at a local Head Start. At the

time of the study, I was also administrator at the local Head Start overseeing the enrollment department. While I directed enrollment and was familiar with the site teams, I was not directly involved with the education teams, nor did I work directly within the sites, and this study was conducted outside of working hours. I did not directly supervise any member of the education team and consequently had no authority over the sites or educators, who were not obligated to participate in the study.

Because of the nature of qualitative research, it was critical that I establish a rapport with the educators to facilitate honest and open responses to the interview questions. I was aware of the potential power imbalance that could be perceived during an interview process and alleviated this by being clear and open about my procedures. During data collection, it was a crucial ethical consideration that participants felt safe to openly share their thoughts and experiences. I wanted each participant to feel confident that I accurately took in their responses and withheld my opinion. I shared the purpose of the study, ensured anonymity, and explained how the study results would be used.

O'Connor and Joffe (2020) described reliability in qualitative research as the consistent manner in which a researcher codes data from multiple time points. It was crucial to ensure reliability by accurately recording and sharing the experiences of the study participants and avoiding my own interpretation of their descriptions. Rose and Johnson (2020) described the need to use methods that ensure accurate capturing of data without losing objectivity.

It was essential for me to be cognizant of my views as I scrutinized the data that I collected, and I was straightforward in recording my reflections and thoughts throughout

the interview process. I also used a colleague who had earned a PhD to serve as a peer debriefer who reviewed my interview notes, asked critical questions, challenged my assumptions, and presented alternative perspectives. I was reflective and forthright in acknowledging my biases when they surfaced.

Tracy (2019) noted the approaches to qualitative research as applied to social science: utilization of narrative research, phenomenology, grounded theory, the ethnographic method, and case study. Each of these approaches involves striving to understand human perspective and realties. The approaches vary slightly, and these differences needed to be considered in selecting the methodology for the study. Narrative research generally focuses on theme-based content of a single individual (Andrews, 2020). Phenomenology supports qualitative research by focusing on how an individual's lived experience helps in understanding their perception of their world, while grounded theory involves an effort to build a theory based on data (Neubauer et al., 2019). Ethnography entails considering how people react in their natural environment over an extended period and acknowledging that those interviewed are entangled with their environment in complex ways (Gherardi, 2018). Basic qualitative studies allow for deep focus on individuals or groups within a specific setting. The basic qualitative study approach aligned with the purpose of this study because it was intended to attain an in-depth understanding of the perspectives of educators in a local Head Start program.

A basic qualitative study approach was undertaken to explore educators' perspectives on preschool mental health support within a local Head Start. Peterson (2019) described qualitative study as an approach in which personal perspectives are

explored with depth of understanding. As data are investigated and analyzed, study design evolves. Vasseleu et al. (2021) described a qualitative study as a strategy to gain insight by collecting an individual's perspective on their own practices, understanding, and observations. The current study offered an opportunity to delve into the perspectives of educators in a local Head Start and provided an opportunity to explore and understand the complexities of supporting preschool mental health in the classroom. The basic qualitative study allowed me to investigate the perspective in this unique setting. The participant pool at this Head Start organization included 43 teachers, five mental health staff, and nine administrators. The local Head Start is a grantee of one district, meaning there was a finite number of individuals available to participate in this study. As such, a sample of 12 teachers, two mental health staff, and two administrators was appropriate. With a participant pool of 57 potential participants who met inclusion criteria, a sample of 16 ensured saturation. While performing a basic qualitative study within a single organization, a smaller sample of participants who could provide quality data to the research was preferable over quantity.

Otani (2020) stated that an important purpose of qualitative research is to acquire a deep understanding of a social model. Qualitative research allows the ability to explore beliefs, values, and meaningful approaches within important circumstances. *Social model* refers to the unique reality that shapes the perspectives of the research participants. This concept was relevant to my study as I endeavored to understand the perspectives of the educators. Educators' social models may have influenced their expectations on how to support preschool mental health and their role in it.

Methodology

The qualitative research method outlines a process of using multiple sources of evidence to fully understand and illuminate decision-making procedures and systems that address a phenomenon in a holistic manner. I determined that a basic qualitative study was the best approach for acquiring an in-depth understanding of the views of educators and current practices of supporting preschool mental health at a local Head Start. In this study, I conducted qualitative interviews with teachers, administrators, and mental health staff. To collect data to answer the research questions, I carried out semi structured interviews with 12 teachers, two mental health staff, and two administrators at a local Head Start. In determining the sample size, I considered the purpose of a qualitative study, which was to explore and gain insights into a specific phenomenon. In an organization where a pool of 57 potential participants met inclusion criteria, a small sample size was appropriate to investigate in depth the mental health practices at this specific Head Start program. The target of this sample was 16 educators total: 12 teachers, two mental health staff, and two administrators. Purposive sampling was used to select the educators who had the information and met the inclusion criteria. The intent was not to select and examine perspectives of a large sample but to study the particulars of a specific phenomenon. A sample of 16 educators at a local Head Start was small enough for me to deeply explore experiences but sufficient to offer a variety of perspectives. All preschool teachers within the Head Start, administrators supporting preschool mental health initiatives, and mental health staff were invited to participate in the study (see Appendix A) with the goal of recruiting 12 preschool teachers and four

additional staff at the local Head Start. The criteria for Head Start preschool teachers are that they are state early childhood teacher qualified at a minimum, with continued coursework towards their associate's or bachelor's degree. Mental health staff had a minimum of a master's degree in the field of psychology or social work. Administrators in the program had a minimum of a bachelor's degree, with at least 3 years of supervision experience. Semi structured interviews with educators enabled me to collect rich data to answer the research questions, which were as follows:

RQ1: How do Head Start teachers, Head Start administrators, and Head Start mental health staff support preschool students' mental health needs in the classroom?

RQ2: What challenges do Head Start teachers, mental health staff, and Head Start administrators face when they support preschool students' mental health needs in the classroom?

RQ3: What are Head Start teachers', Head Start administrators', and Head Start mental health staff's perspectives on possible additional support that teachers may need?

Participant Selection

Participant selection began after Institutional Review Board (IRB) approval was obtained from Walden University and approval was given by the Head Start Grantee where I conducted research. Criteria for participation in the study was that the participant was a preschool teacher, mental health staff member, or administrator in the local Head Start. According to Gill (2020), the primary goal in sampling for a qualitative study is

that there are enough participants and observations to provide in-depth data that offer a rich understanding of the study phenomenon. As such, a small sample size was appropriate to investigate in depth the mental health practices at the local Head Start. The target of this sample was 16 educators total: 12 teachers, two mental health staff, and two administrators. Purposive sampling was used to select the educators who had the information and met the inclusion criteria. As educators in the local Head Start, all potential interview participants met the criteria of having valuable insight to share regarding their experiences. All potential participants had perspectives regarding their roles in supporting preschool mental health and their capacity to do so. The study was open to individuals of any gender, race, ethnic background, or sexuality.

I recruited teachers, mental health staff, and administrators through a letter sent via email to all potential participants in these positions at the local Head Start. The introductory letter invited interested educators to contact me via phone, text, or email to volunteer for the study. I attached consent forms to the invitation letters so that educators could read them and provide their electronic consent prior to the interview date if they wished to participate. My email to the educators included an introduction of myself and was sent through the organization's email system. After gaining consent, I set up a time to meet with all who agreed to participate, outside of school hours, for the interviews. The goal of the basic qualitative study was to deeply explore questions around meaning, perspectives, and experiences within a specific paradigm (Rose & Johnson, 2020). I am confident that the sample of 12 teachers, two mental health staff, and two administrators

was an adequate number to illuminate the perspectives of educators within the local Head Start.

Instrumentation

Through this basic qualitative study, I collected data through qualitative interviews using an interview protocol (Appendix A). Qualitative interviews consisted of asking open-ended questions to gain insight and invite open communication for research (Frost et al., 2020). I created a protocol that addressed the specific topic of educator perspectives on this particular Head Start organization as based on the literature review. The protocol also gave insight on educators against the conceptual framework of the PPCT model. My intent was to understand the unique perspectives of education staff in a local Head Start regarding the program's mental health supports in the preschool classroom.

Interview Protocol

To create the protocol, I aligned the interview questions with the research questions (Appendix B) that were based on the literature review. My intent was to create questions that were clear to participants and to ensure that data were valid in content (FitzPatrick, 2019). The semi structured interview format allowed me to follow up on responses that were related to the research questions but not specifically spelled out in the protocol. This ensured the collection of meaningful data to answer the research questions. A copy of the protocol and my contact information was given to participants at the beginning of the interview that allowed them to view the questions as we spoke.

Procedures for Recruitment, Participation, and Data Collection

Study data were collected through interviews with teachers, mental health staff, and administrators who worked with preschool students and supported their mental health. The process of data collection consisted of individual interviews with 12 teachers, two mental health staff, and two administrators. Procedures for the study are described in this section.

Prior to commencing the study, I obtained IRB approval from Walden University and gained approval from the local Head Start. To recruit participants, I provided details of this study via email to educators who met criteria for this research. With a participant pool of 57 potential participants who met inclusion criteria, a sample of 16 ensured saturation. Including mental health staff and administration ensured triangulation. If a participant had decided to drop out, the pool was sufficient to obtain a replacement. If the number of teacher participants had dropped slightly, I would still have had enough participation to ensure saturation. I did not have difficulty in recruiting administration or mental health staff. The email contained details of the study, inclusion criteria, participant expectations, and the data collection process. Interested participants were encouraged to send an email reply with their consent.

Upon recruitment of participants, I scheduled interviews within 48 hours of receiving consent. Interviews were scheduled at the convenience of the participant. Data were collected through semi structured interviews that took place outside of Head Start hours. As participants may have had concerns about Covid, I offered the interviews via the Zoom platform. Interviews were carried out individually, and questions were open-

ended. Through the Zoom platform, responses were recorded, and I transcribed them verbatim.

The interview protocol was used to guide the process (Appendix A). Young et al. (2018) shared that interviews can be weakened as a source of data collection if questions are unclear or hint at bias, if responses are not accurately transcribed, or if the interviewee caters to what they feel the researcher is wanting to hear. To avoid this, I was careful in the wording of my questions. I shared my protocol with my colleague to ensure clarity. The interview protocol was developed by considering the research problem, purpose of my study, the conceptual framework, and current literature.

The interview structure facilitated a rich dialogue that provided insight into the views and experiences of the participants and answered the research questions. I facilitated the interviews, stayed on topic, kept within the allotted time, and respected the interviewees. The interviews were under 1 hour. Participants were interviewed once.

Interviews were recorded on the Zoom platform and saved on a secure, password-protected file. I used a journal to take notes, record responses, and record observations. I considered notes on eye contact, body language, and tone of voice. Journal notes were stored in my locked desk. Jensen (2020) detailed the importance of collecting data through multiple modalities during an interview. This includes not only listening and transcribing without bias, but also reading the mood or emotions of the interviewee while discerning the context of their experiences. The semi structured format of the interviews allowed me to explore new themes that emerged throughout the conversation. As the interview sessions were completed, participants were given the opportunity to ask

questions that remained about the study, and I shared my plan for completing my dissertation. I offered to provide participants with a copy of the completed project. Stakeholders at the local Head Start will receive a copy of the completed dissertation as well. At the end of the interviews, participants were presented with a $15.00 gift card to a local grocery store and were given my contact information should they wish to provide any additional information or have additional questions. Participants were reminded of the confidential nature of the interview and were invited to contact me with questions at any time.

Because of the nature of this research, there was a possibility that participants may have experienced feelings that they lack competency, or that they are not able to fully support students' mental health. I ensured that I facilitated the interview so that participants could speak candidly, and I was sure that I did not convey judgment to them or to their responses. I achieved this by utilizing effective interview practices described by Payne et al. (2020). I followed up on any questions, remained respectful, was interested in participants' answers, and used active listening skills. When interviews were complete, I debriefed participants, shared again the purpose of the study, and offered to share results, as well as reminded them of their right to withdrawal their consent.

Data Analysis Plan

Data were collected via educator interviews to discern the perspectives of teachers, mental health staff, and administrators at a local Head Start regarding preschool mental health support. An interview protocol based on my research questions provided an understanding of how preschool mental health support in the classroom is perceived

(Appendix A). Additionally, data analysis involved organizing data into units which can be examined and synthesized (Linneberg & Korsgaard, 2019). Data were analyzed based on educator position to compare similarities and differences in perspectives and experiences. Prior to analyzing data, I ensured all recordings were transcribed immediately after each interview session. I left spacing between paragraphs and ensured margin space to make notes of observations.

To analyze data, I looked for patterns and themes through qualitative coding. I used coding methods to interpret data, open coding, and thematic coding. The first four protocol questions were posed to answer research question one, the fifth and sixth questions will be posed to answer research question two, and the subsequent questions will answer research question three (Appendix B).

The analysis of the data was carried out to answer the following research questions:

RQ1: How do Head Start teachers, Head Start administrators, and Head Start mental health staff support preschool students' mental health needs in the classroom?

RQ2: What challenges do Head Start teachers, mental health staff, and Head Start administrators face when they support preschool students' mental health needs in the classroom?

RQ3: What are Head Start teachers', Head Start Administrators', and Head Start mental health staff perspectives on possible additional support that teachers may need?

The initial step in thematic analysis is data compilation. Through transcriptions, a researcher should familiarize and immerse themselves in the entirety of the information collected (Castleberry & Nolen, 2018). As the review occurred initial observations and themes emerging were noted. Concepts related to the study research questions will be identified and highlighted. As codes emerged, I logged them. Text which could be categorized were bracketed and I assigned codes to them. Post it notes were used to map concepts and allowed for easy grouping to define and remove duplication. Following coding I searched for themes and began to interpret and sort the coded data. When overarching themes had been identified I refined the themes to ensure the information collected is meaningful. The themes were defined and interpreted to provide accurate representation of data which could be applied to the research framework. I ensured that I sought out explanations that challenged and did not align with my general findings. I used a negative case analysis which could identify data that did not align with other data in the study. I re-inspected the data for conflicting perspectives and ensured accuracy. Lastly, I provided a thematic analysis on how the data applies to and gives insight to the research questions.

Trustworthiness

Trustworthiness in qualitative research encompasses factors that include credibility, transferability, dependability, confirmability, validity, reliability, and authenticity (Pratt et al., 2020). Trustworthiness was approached in multiple ways with data collection and data analysis. Credibility in qualitative research is defined as the truth value, transferability, dependability, and consistency of the research process (Wood et al.,

2020). Credibility can be an issue in qualitative research when the truth value of research is questionable. Misrepresentation of the responses of interview participants could have impacted data collected. I approached credibility in the study by utilizing the interview protocol with fidelity. I used strategies which supported participants in sharing their thoughts and experiences, utilized active listening skills, and carefully captured and transcribed their answers. Offering each participant an opportunity for transcript checking of their interview via email ensured accuracy by giving participants an opportunity to further clarify or correct points as needed. I also consulted with a colleague who had a PhD, who had no connection to the study, to review my protocol and questions, to ensure I examined my own assumptions or interpretations, and who provided insight. My colleague signed a confidentiality agreement before they reviewed any of my data collected, coding or transcriptions.

Transferability is the reader's interpretation of the study findings as compared to the research of others (Maxwell, 2021). The study provided rich descriptions that detailed educator perspectives of preschool mental health support at the local Head Start. I shared the data in detail that enables readers to determine the relevance of my research. I included excerpts of my transcription to provide clarity on educator perspectives.

I ensured dependability through detailed note taking, audio recorded my interviews, and I established consistent interview conditions. Nguyen et al. (2021). I detailed the importance of an audit trail and included detailed processes of all steps taken in the study process. I achieved triangulation by collecting data from teachers, staff, and administration and collected data from qualitative interviews.

Confirmability is the degree to that the study results mirror the true perspectives of the participants, not just the researcher's interpretation (Haven & Van Grootel, 2019). I secured confirmability by audit and included detailed descriptions of the study process from initial data collection to ensuring data I reported was drawn from participant responses, not my own bias. Throughout the study I documented how I coded data, my musings, and interpretations.

Ethical Procedures

To prepare for conducting an ethical study, I thoroughly reviewed the ethical guidelines provided by the American Psychological Association (APA). Qualitative research brings with it the potential to allow researcher bias and it was important to incorporate careful measures throughout the entire research process to prevent this (Fusch et al, 2018). It was crucial in research to employ a system for collecting and analyzing data that lessens room for bias. Within research studies it was necessary to identify any risks for physical or psychological harm and ensure participant confidentiality. Ethical research was necessary to ensure the validity of study findings, as well as support and protect vulnerable participants (Anabo et al., 2019).

Prior to beginning my research, I obtained approval from Walden's Institutional Review Board (IRB) to commence the study. Upon approval I confirmed permissions from the local Head Start's president/CEO to begin contact of the participants. The research site was willing to support me in this study and had a vested interest in the study results as evidenced by a letter of support from the CEO of the program (Appendix C).

To ensure my research was ethically sound, I needed to anticipate ethical concerns and mediate them through planning clear research procedures. It was crucial to gain informed consent and protect participant confidentiality. Once these steps had been completed, I began recruiting study participants. I recruited study participants through their employee email. The Invitation to Participate and Consent to Participate included a description of the study and detailed informed consent. Informed consent provided the details of participants' rights during the study, and they were presented with a copy. I fielded questions from participants prior to their consent to participate. Once potential participants consented, interviews were scheduled.

As the research began, I disclosed the study purpose to participants, shared with them the importance of their role within it, and ensured that they were aware of free and willing consent. I was clear that participants' responses would be kept confidential and that all answers were appropriate. I reminded participants they may opt out of the study at any time. I provided participants with a consent form via email that included this information as well as my contact information. Ethically, it was important that I ensured participants understood their input was voluntary. I reiterated participant rights when obtaining informed consent at the commencement of the interview process. Should a participant have decided to opt out they would have been treated respectfully and would not have been subjected to repercussions. I was aware of the diversity of participants and ensured I was respectful of religious, cultural, and lifestyle choices. If an interview participant were upset at any time during the interview process, I would have reminded

them they were not obligated to continue the interview and would have offered support as applicable.

Educators who participated in the study were provided with a $15.00 gift card to a local grocery store as a thank you for their participation.

Clear processes for data collection were critical to ethical procedure. I followed consistent processes by utilizing the interview protocol (Appendix A). All data collected were secured, locked in my desk at home, and no one aside from myself had access. I will destroy data after the conclusion of the study. I reported all responses anonymously, with no identifying features. I identified participants using an alphanumeric code. After the study complete, data will be shared with the Head Start Program as requested, keeping participants anonymous by ensuring identifying features are left out of the data.

To avoid researcher bias, I ensured that I accepted study results even if they did not reflect my expectation or align with my beliefs. I remained open to any data collected that did not align with my assumptions gathered through review of research. Through my data analysis process, I documented via notes reflections to ensure I was not being subjective.

Summary

A basic qualitative study at a local Head Start program was initiated to delve into the perspectives of educators utilizing Bronfenbrenner's (1974) PPCT model. I conducted semi structured interviews of educators at a local Head Start to collect rich data on factors that affect preschool mental health intervention in the classroom.

Delving into the perspectives that may influence preschool mental health in the classroom provided beneficial information to Head Start administrators, potentially allowing them to build on current mental health support practice and professional development models to better support faculty and students. In Chapter 4 I described in detail this study's findings. In Chapter 5 I synthesized the study results and will describe the importance of the findings.

Chapter 4: Results

A basic qualitative case study was conducted to explore the perspective of educators on supporting preschool mental health at a local Head Start. Twelve teachers, two mental health staff, and two administrators were interviewed to understand how they support mental health in the preschool classroom. In Chapter 4, I describe the processes of data collection and analysis and present the study results.

Setting

The setting for this study was a local Head Start in a Rocky Mountain state. Head Start serves preschool students for a minimum of 1,020 annual hours on a 10-month schedule. The population of this local Head Start was diverse, with 25 home languages. The majority of the students spoke Spanish, with less than 35% speaking other languages, which included English, Amharic, Nepali, Karen, Burmese, Somali, and Tigrinya. As of January, of the 2022–2023 school year, 22% of the student population carried IEPs. Among the students with IEPs, 38% had service minutes in the area of mental health. An additional 12% of the student population received mental health support outside of an IEP. Within the student population, 95% were socioeconomically disadvantaged. This local Head Start was committed to supporting the diverse student population and students' mental health.

Data Collection

Twelve teachers, two mental health staff, and two administrators were interviewed for this study. The president/CEO of the organization was contacted to obtain permission to conduct the study. After acquiring permission from the president/CEO as

well as Walden IRB approval, I contacted all potential participants via organizational email to introduce my research. Eligible participants who wished to consent to the study were asked to provide an alternate email that was used to schedule the interviews. Fourteen teachers expressed interest in participating in the study. One teacher was not able to schedule an interview due to work, personal, and college obligations. Another participant expressed interest after I had finished data collection. Two mental health staff and two administrators also consented to participate in the study. It was crucial when I was connecting with potential participants that I explained the parameters of my study and that participants understood their role the study.

Fourteen teachers consented to the study, and twelve scheduled interviews. Two mental health staff and two administrators consented and scheduled interviews. Of the 16 educators who participated, two were male, and 14 were female. The pool included eight White participants, seven Hispanic participants and, one biracial participant with an experience range of 3 to 35 years (see Table 1).

Table 1

Educator Participants

Code	Role	Years in ECE	Gender	Ethnicity
E1	Teacher	17	Female	Hispanic
E2	Teacher	4	Male	White
E3	Teacher	3	Female	Hispanic
E4	Teacher	24	Female	Whie
E5	Teacher	1.5	Female	Hispanic
E6	Teacher	17	Female	bi-racial
E7	Teacher	25	Female	White
E8	Teacher	17	Female	White
E9	Teacher	30	Female	Hispanic
E10	Teacher	35	Female	White
E11	Teacher	10	Female	Hispanic
E12	Teacher	23	Female	Hispanic
E13	Mental health	11	Female	White
E14	Mental health	1	Male	White
E15	Administrator	35	Female	Hispanic
E16	Administrator	28	Female	White

Note. ECE = Early childhood education.

One-on-one Zoom interviews were held between August 19, 2022, and October 31, 2022, and ranged in length from 30 minutes to 90 minutes. An interview protocol was used to ensure consistency in the sessions (see Appendices A and B).

Data Analysis

I examined and organized the study data using thematic analysis. I began by reading the teacher transcriptions followed by mental health staff and administrator transcriptions to gain a sense of the data collected and to familiarize myself with the information collected. I reviewed the transcripts to gain an overview of the data before considering analysis of individual items. During this period, I took initial notes. I noted observations and emerging themes. I used direct interpretation to identify emerging patterns and to identify common themes.

After familiarizing myself with the information gathered, I began the analysis process with open coding. During this initial review of transcripts, I identified themes that related to my research questions, highlighting words, phrases, and sentences with different colors. Using open coding, I determined a tentative list of codes to describe the content. As I assigned codes to the text within the transcripts, I was able to collate the data and gain a general overview of the main concepts.

After open coding, I began thematic coding. I transcribed the text segments onto varied color Post-It Notes, grouping similar concepts together. I reviewed the groupings of themes to ensure that they created an accurate representation of the data. I used thematic coding to synthesize my categories and concepts into the primary themes related to supporting preschool mental health at a local Head Start (see Table 2).

Table 2

Overview of Open Codes Organized Into Categories and Emergent Themes and Aligned to Research Questions

Research question	Open codes	Categories	Themes
RQ1	Relationships Safety Connections Support Families Feelings Regulation Implementation/Intervention Observation	Roles of teacher in supporting preschool mental health	Theme 1: Teachers have a thorough understanding of their role in supporting preschool mental health in the classroom.
	Multidisciplinary	Roles of other educators in	Theme 2: The organization

Research question	Open codes	Categories	Themes
		supporting preschool mental health	provides a multi-disciplinary team to aid teachers in supporting preschool mental health.
	Agency process Curriculum and training Data collection Resilience center Level 3 coaching Bilingual Clinical services/play therapy/support groups Secondary trauma Family needs MTSS Collaborative planning meetings/processes	Agency processes and systems	Theme 3: The organization has a focus on mental health and agency processes and systems support preschool mental health.
RQ2	High numbers/high needs Disturbances Struggles Aggressive Behavior Self-regulation Screaming/throwing Attention Anger Non compliance Introverted	Challenges in the classroom attributed to mental health needs	Theme 1: Teachers are challenged by the high mental health support needs in the classroom.
	Burnout Classroom support Lack of time Expectations New teachers Lack of experience Not sure where to access supports	Challenges of teachers within the role	Theme 2: Teachers are overwhelmed within the role of supporting preschool mental health.

Research question	Open codes	Categories	Themes
	Teacher attitude Confidence Challenge Tired Overwhelming Frustration Educator self-regulation		
	Educator mental health Stress Patience Capacity Salary School violence Negative news Inflation Covid Politics	Teacher life stressors outside of the classroom	Theme 3: Teacher’s life stressors impact their ability to support preschool mental health.
	Family/teacher relationships Disagreement Don’t accept resources Don’t listen Don’t understand Lack of trust Barriers Expectations Daycare Babysitter Parent challenges	Teacher/family challenges	Theme 4: Teachers feel challenges with families impact supporting preschool mental health.
	Resources Mental health staff Modeling/implementation of strategies Training Language barriers Salaries Class size	Needs within the system	Theme 5: Teachers have additional support needs within the systems and processes.
RQ3	Self-advocacy Capacity	Barriers within teachers’ roles	Theme 1: Teachers

Research question	Open codes	Categories	Themes
			struggle in their capacity to support preschool mental health.
	Administration support Mental health consultant support Support with families Support groups for teachers Mental health training by the developmental services team	Support needs from multidisciplinary teams	Theme 2: Teachers need additional supports and training from the multi-disciplinary team.
	Incentives Materials	Teacher appreciation/classroom needs	Theme 3: Incentives and materials would aid in supporting teachers in implementing teacher mental health support.
	Staff Class size Salaries Language support	Teacher ideal environment	Theme 4: Staffing issues, large class sizes, low teacher salaries, and language barriers have the greatest impact on teacher ability to support preschool mental health.

Research question	Open codes	Categories	Themes

Once the overarching themes were set, I again reviewed the data to ensure that themes were meaningful and to provide an accurate representation of the data as applied to the research questions and conceptual framework. I used negative case analysis to identify data that were outliers. This allowed me to recognize and to explore alternate viewpoints and identify strengths and weaknesses in my study. A frequency chart regarding participant roles in supporting preschool mental health is included to illustrate commonalities and discrepancies in the participant responses (see Table 3).

Table 3

Roles in Supporting Mental Health

Ways to support mental health	Teachers	Mental health	Administration
Building relationships	12/12	2/2	2/2
Teaching children socioemotional/feelings	12/12	2/2	2/2
Working w/families on mental health supports	4/12	2/2	2/2
Working one-on-one with students who are dysregulated	11/12	2/2	2/2
Working collaboratively to review data/strategize supports	12/12	2/2	2/2
Implementing/deciding mental health support strategies	11/12	2/2	2/2
Ensuring basic needs are met	3/12	1/2	½
Assessing/aiding in access to the therapies	2/12	2/2	½
Modeling for students	2/12	2/2	2/2
Ensuring trauma-informed practice	0/12	2/2	½

Results

Study participants were asked questions to gather their perspectives on supporting preschool mental health at a local Head Start. Alphanumeric codes were used to identify individuals in transcripts and results. The study site is referred to as a local Head Start. In this section, I will present results based on the research questions and report on emerging themes. Themes will be elaborated on further in the sections that follow.

Research Question 1: Supporting Preschool Mental Health

RQ1 was as follows*:* How do Head Start teachers, Head Start administrators, and Head Start mental health staff support preschool students' mental health needs in the classroom?

Teachers, mental health staff, and administrators were questioned on their roles in supporting preschool mental health and how the agency aided in this support. Themes that emerged were that teachers understood their role in supporting preschool mental health in the classroom, a multidisciplinary team aided teachers in the implementation of preschool mental health supports, and the organization shares a strong focus on supporting preschool mental health.

Theme 1: Teachers Have a Thorough Understanding of Their Role in Supporting Preschool Mental Health in the Classroom

The educators' descriptions on their role in supporting mental health were based on the foundation of building relationships.

E12 stated,

> I think especially in the years after Covid, I feel like we should be working harder to support mental health needs, because we don't know what happened at home during that time. I need to build relationships, be a little more affectionate and caring towards the students, I feel like I need to focus on getting the students to a place where they feel comfortable at school.

E11 echoed this approach, stating that the focus needs to be "letting the kids know they are in a safe place and that we care for them." Along the same lines, E9 described supporting preschool mental health as "building those connections with children and encouraging them to have connections with their classmates, or their peers, their friends, and building the classroom family." E1 said, "Supporting the mental health of the students also means creating relationships with the family." E15 emphasized, "We create opportunities to meet the children's needs as well as to supporting the families to support the needs." Similarly, E10 described it as "working with parents, giving them the strategies to use with their children for challenging behaviors at home as well as school that are attributed to mental health."

Educators agreed that supporting preschool mental health included teaching children about their feelings and socioemotional skills. E3 said, "it starts with getting to their feelings, how do you feel, what do you think?" Along the same lines, E7 stated, "We support students when we know how they feel. If we're feeling like this, we can remember to do this, and give students techniques." Likewise, E14 shared, "It's important that we are helping them identify emotions."

Educators described the need to be able to provide individual support when meeting student mental health needs. E13 also said, “It is necessary to meet the needs of children based on their level of regulation.” Moreover, E2 stated, “Supporting children individually is how each child can feel supported and ready to learn. Mental Health is not the same for every child, every child has unique needs.” E1 described it as “working collaboratively to come up with behavior strategies and implementing mental health support plans.” Relatedly E7 noted, “It is necessary to help one-on-one with a child in a mental health crisis, depending on the situation.” E5 shared support as “meeting the child where they’re at and looking for interventions that address supporting what the child was feeling at that time.” Furthermore, E3 said that teachers should “have that conversation one on one with the students so you can know what that child was thinking, because the child can tell you.”

Participants included their role as an observer to help with identification of students who may need mental health support. E8 shared the best way to support in identification was simply “observe them [students], document what’s going on with students, this helps the mental health team or others who may be able to understand what is happening.”

Participants also described their role in supporting preschool mental health as being the solid object students could count on. E7 shared it was crucial that teachers maintain calm. E7 said, “If the teachers themselves are getting worked up, it includes knowing it might be time to take a mental break for everyone in the classroom.” E14 said, “Provide the calm spaces, such as the cozy corners in each classroom, a cozy place to

calm down and process things." E9 shared, "it's also supporting other teachers and practice."

Theme 2: The Organization Provides a Multidisciplinary Team to Aid Teachers in Supporting Preschool Mental Health

The availability of a multidisciplinary team was a layer of preschool mental health that participants valued. E13 shared,

> So of course, the teachers are the primary support, it's the students at the very top, and then the teachers, but behind the teachers, there's family coaches, Supervisors, DST [Developmental Services Team], Therapists, everyone in those spots tend to help us any way they can.

E2 as well said, "Everyone in the organization has a role in supporting preschool mental health." Similarly, E15 stated, "Anybody who walks into a classroom has a role in supporting preschool mental health." E17 described,

> It's really hard where we work to talk about what our roles are because there's a lot of leaning into each other to get things done. Everyone has a role that lines up in supporting the mental health of the children, families, and each other.

Participants shared their perspectives on the roles of administrators in supporting preschool mental health. E9 shared that administrators' "provide vision, direction, and the resources to support and prioritize efforts." Several participants stated that administrators also provided hands-on support. E7 said, "When they [administrators] are in the classroom to support with breaks or when they [students] are not sleeping administrators are a support in the classroom." E17 stated, administrators "need to know what our

teachers need, know our children and know what they need, know our parents and know what they need." E17 continued to say administrators are "adept at prioritizing resources and effort to meet the most pressing need."

Theme 3: The Organization Has a Focus on Mental Health and Agency Processes and Systems Support Preschool Mental Health

The agency's perspective on supporting preschool mental health was noted by participants as another layer of support. E13 described that "We bump up against ourselves because we are always trying to do better, and we are a very reflective group of people. The way supports happen are based on the current need." E17 states the agency, "assures we have the tools we need to assess." E3 shared "We have a pool of experts to support us. They can help us look at observations and determine if it's a mental health concern, whether they may need an IEP or if it's something else like maybe just too much screen time."

E7 stated, "It's apparent to everyone that mental health is a huge part of the program."

Teachers, mental health staff, and administrators described systems and supports that were used to support preschool mental health. Descriptions of systems and supports including curriculum and training, data tools and collection, the resilience center, level three family coaching, and embedded processes.

Curriculum and training provided a foundation for supporting student mental health. E9 defined supporting preschool mental health as "supporting children by picking up the skills and strategies taught in the Pyramid Plus training." E10 said Pyramid Plus

training "provided appropriate tools for children to develop their social emotional skills." Participants described the 45 Hour Pyramid Plus training course all teachers at the local Head Start participated in as foundational for setting strategies, supporting children in healthy interactions, helping students learn to identify and regulate their emotions, and develop healthy peer to peer and peer to adult relationships.

E17 recognized the role the Second Step curriculum played in supporting preschool mental health. E17 said curriculum "helps to establish good routines and healthy interactions. It demonstrates to the students what quality interactions look like." E11 stated that Second Step was her favorite tool to use. E11 described, "reminding the students what we talked about in the second step lesson and then just really being there and supportive is crucial for the children."

E11 also described the use of Conscious Discipline as did E7. E7 stated "daily proactive use of the *I can Calm* book, practicing pretzel, star, and balloon breathing from an early age can help combat mental health issues".

Educators attributed training provided by the agency as building educator capacity to support students' mental health needs. E6 said, "The training received before school started was immense". Six of the 16 participants noted that all educators were trained in Pyramid Plus, Trauma-informed, and Trauma-attuned practices, and had access to training on supporting mental health. E15 noted that this allows "a consistent approach so we can offer consistent language and support to the children that is familiar to them".

Participants cited data tools and collection as vital in understanding how to support mental health in the preschool classroom**.** Educators' descriptions of supporting

preschool mental health included identifying the need for mental health intervention and doing their best to support the child's needs. E17 mentioned the specific assessments of the Classroom Assessment Scoring System (CLASS), Teaching Pyramid Observation Tool (TPOT), and the Teaching Pyramid Infant Toddler Observation Scale (TPITOS) as necessary for assessing educator capacity to support mental health. Other participants described authentic assessment and observation for collecting data. E2 said, "Teachers are the first set of eyes, maybe not the first but one of the earliest". E5 described their role included "collecting observations or using tracking sheets when we think something is wrong, if we see students acting different, or they just have so much more anger." E17 mentioned, "it's not only collecting data but knowing the child very well and knowing what information we already have, reviewing their file, previous assessments, and notes."

Participants mentioned utilizing the data could lead to mental health support through IEPs. E7 stated "Data may lead to an IEP and as teachers we have information to support mental health goals, accommodation, and learn from what is modeled for us." E9 said that "as we identify, model for them [students], and are supporting them in preparing to regulate their mental health at school, it is as well for life. Those mental health strategies are for life."

The launching of the resilience center within the Head Start program in 2022 was noted by participants as the beginning of a new layer of support for students, families, and educators in supporting preschool mental health. The resilience center offers play therapy, individual and family counseling, educator support groups, and training on site at the Head Start program at no cost to participants. E14 said, the center included "hiring

counselors, preferably bilingual, providing clinical services onsite, play therapy, and continuing to create a trauma informed agency supports preschool mental health on multiple levels."

E14 added, "Support groups for staff where they can process the joys and challenges of work is important because we know it can be truly draining, secondary trauma or vicarious trauma." E13 stated, resilience center staff could aide educators in further: "showing them [teachers] what it looks like to meet the needs of the mental health of each student and how to give the child the space they need rather than try to simply fix the behavior."

E13 added, "What is learned strategy wise in play therapy room can support the child's regulation in the classroom too." E15 stated, "I'm not too familiar because it's [resilience center] new but what it's bringing to the table is awareness that mental health is critical for the wellbeing of any human." E5 emphasized she was excited about the opportunity "just to talk to him [Clinical Supervisor] and hear his concerns and maybe he goes into the class and observes to see how he can help too." E8 added, "Having a mental health therapist visiting the classroom can really support us [teachers], mental health teams can support a lot with teaching children socioemotional skills." E5 described, "It could be huge in helping parents in supporting teachers with students if they were also getting support from the resilience center."

Level three family coaching was cited as another level in supporting preschool mental health. Level three coaches are trauma and motivational interviewing trained to support families with high needs. Needs may range from substance abuse, domestic

violence, families involved with CPS, homelessness, or high educational, and medical needs. E13 said, the Level three coaches were "working with the family component of the children with higher levels of mental health needs and trauma, assisting in referrals to the resilience center, or outside services if needed."

E5 stated, "Family coaches help in letting people know, like the parents, if there are any mental health concerns and if they see anything happening at home too." E10 emphasized family coach work "includes supporting the family, which is another way we can look out for the kid's mental health. It helps meet the needs of the kids and family where they are at." E11 shared, "Letting families know we are here for them is important, just letting the parents know that we are doing our best to be here for them too."

Participants cited the agencies embedded processes as helpful in supporting preschool mental health. E11 said,

> Using the Multi-Tiered System of Support (MTSS) process, I think that really does help with hearing what is going on in the classroom and making sure the children that are brought up in the MTSS meetings are getting the support they need.

E6 attributed success to facilitation:

> Having people who know how to run the meetings when we are talking about children is helpful. Knowing that when we are in the MTSS meetings, there is support. Everyone is always there to give us support and give us ideas to help us.E8 described "meeting every month with a special ed. team, mental health, and teachers. Meeting and bringing up the children we think need extra support helps

the students and teachers." E17 added the value of collaborative planning "The Developmental Services Team (DST) co-planning that we are trying, to really be on board, really much tighter communication between DST and teachers is helpful to supporting student mental health." E1 added "All of the support meetings and processes, collaborative planning, MTSS meetings, and DST led check ins are always available for strategizing to support preschool mental health."

In summary, educators defined how they supported preschool mental health at a local Head Start as building relationships with students, helping students identify their emotions, collaboration to develop individual mental health intervention strategies, working as a multidisciplinary team, and an agency wide focus on mental health. The participants also highlighted the systems in place that supported preschool mental health. The agency has a significant focus on mental health that includes the launch of a resilience center which is a step beyond the typical model of an occasional mental health consultant. The multidisciplinary team that includes the in-house developmental services team, mental health team, level three family coaches, as well as other educator support staff provide knowledgeable resources to the teachers who are on the front line of support.

Research Question 2: Educator Challenges in Supporting Preschool Mental Health

RQ2 was as follows: What challenges do Head Start teachers, mental health staff, and Head Start administrators face when they support preschool students' mental health needs in the classroom?

Educators described the challenges that they faced in supporting mental health in the preschool classroom at a local Head Start. Themes that emerged were Teachers were challenged by the high numbers of students needing mental health support and how needs present in the classroom, being overwhelmed in the role, work and life stressors, challenges with families, language barriers, salaries, and class size/student teacher ratio impacted the ability to support preschool mental health.

Theme 1: Teachers Are Challenged by the High Mental Health Support Needs in the Classroom

All participants described that the number of students needing mental health support has risen and the levels of the needs. E9 said, "The percentage of kids needing mental health support is going up. The top tier, that 1% to 3% that need highly intensive mental health support, is also going up." E10 shared, "There are high mental health needs in every building, in every classroom." E17 stated, "There's child with a significant disturbances and needs in every single classroom." E13 shared, "Even if we had the same number of staff as we had before [before Covid], which we don't, we have a high number of high, intense, mental health need children."

Theme 2: Teachers Are Overwhelmed Within the Role of Supporting Preschool Mental Health

Participants described the ways the mental health concerns presented in the classroom as challenging. E12 stated,

> Sometimes noticing a child is struggling and needing mental health support is hard. But in other cases, you can see if they are ok or not ok by how they are, if they're physically aggressive or have any behavior issues.

E12 continued, "sometimes even how they speak can play into it, if they aren't speaking, somethings up, they need some support, and maybe they're mentally drained." Five participants attributed increased challenging behavior in the classroom to mental health concerns. E1 stated, "There are behaviors rising in young students needing mental health support that might be considered dangerous or disruptive to other students." E5 shared "it definitely affects their self - regulation in the classroom, hitting other kids, throwing stuff like toys at peers, approaching and hitting other students, even if they are not being provoked." E9 noted, "they are struggling to self -regulate and it comes out in aggression against others often." E15 shared, "sometimes they just scream, they try and get that attention because they don't know any other way." E10 said, "When I talk to them and remind them, okay, what can you do beside screaming and throwing? It just doesn't work, I tried different strategies and no matter how I tried the child is still encountering these huge feelings." E11 stated, "The ones that need the most mental health support that extra support, their anger is how they are asking for it." E17 described, "The children with the anger management issues, they're very angry but the things they are getting upset about are not what are really bothering them." E1 shared that sometimes mental health is more subtle than anger, "sometimes it surfaces as non compliance." adding "sometimes it's that they can't stay on task because they are always keeping themselves distracted." E13 shared, "Mental health concerns can present as a

freeze response." E2 shared, "they don't know what they are doing or where they are at." E2 continued, "One child in the class was really attuned to her classroom and followed directions but would go home and collapse, it was scary." E9 described "they can be in isolation; they don't want to be a part of the group."

Participants shared the work stressors that affected supporting preschool mental health. E1 shared, "Implementing mental health support so often interferes with working through the daily routine and it adds stress to the expectations of teachers." E9 stated "Supporting high mental health needs means teachers are having a harder time with classroom management and I think they're burnt out." E13 shared, "There is a desire to implement one-on-one support, but the classroom has to come first." E1 said, "Teachers lack the time to support a child who is dysregulated." E12 stated, "expectations for teachers, there is so much that is required, so sometimes it's hard to maintain what you want to be doing when you have 8 million other things expected of you."

Participants described the business of routine interfering with the ability to E3support mental health. E9 shared,

> In the classroom everyone is so busy, and it feels like everyone is just running around like, I got to do this, I got to do that, and we need to stop and say we need to be there for the kids and be responsive to what they need.

E11 said, "I know we have our school readiness goals, and CGI math, and all these things but I think we just need to take some things off the plate of the teachers, just to relieve some of the pressure sometimes."

The program has also seen a rise in educators brand new to the field that can make supporting preschool mental health challenging. E1 shared "New teachers may have not experienced a child with mental health support needs and may not know where to access support."

Some participants also made note of teacher attitude as a challenge in supporting student mental health. E1 described "A teacher needs to be willing and open to learning and have the confidence that they can meet the challenge. It's hard when teachers are not willing." E10 concurred, "No matter what we face with those kids that are having those mental health needs, we are here to support them and it's important to not take their reactions personally. Not every teacher is able to do that."

Participants also noted that it was a challenge to remain positive and implement intervention even for skilled teachers. E11 said, "We started in August and by just mid-September it seemed like we were just tried already and it's only the beginning of the school year." Along the same lines, E1 shared, "It's overwhelming for teachers, especially when multiple children have high support needs." E13 stated, "It's hard to learn interventions and focus on training when teacher attention is focused on the school year when it's happening." E2 shared, that it isn't always challenges just at this particular program saying,

> Sometimes I get frustrated with the work alone. I don't feel that the issues with teaching at the preschool level or education are better in general, it [pay, training, and view as professionals] needs to be fixed at a national level.

E7 said, "Sometimes the challenge is that we [teachers] struggle with their own self-regulation when supporting students with high mental health needs, we need to know when we need to ask for a minute." E6 stated "If we're not calm, the kids aren't calm."

Theme 3: Teachers' Life Stressors Impact Their Ability to Support Preschool Mental Health

Participants shared that life stressors impacted their ability to support the mental health needs of preschool students. E15 said,

> Teachers are working to leave their problems at the door and are very conscious that when they walk in the classroom it's all about the kids, but it is hard to support the mental health of others if you are struggling.

E10 shared, "We [teachers] need to see to our own mental health ourselves so that once we are inside the classrooms, and we can do our best." E2 stated, "A good portion of us need support with our own mental health to be able to support others, we need to acknowledge if we need help." E7 shared, "The ability to access mental health supports for myself is an impact. When I was between insurance, unable to access the medications I take, not having therapy, it was harder to support others." E1 shared, "Sometimes we bring a lot of stress from our home life into our day, struggling with relationships." E10 described,

> there's a lot going on sometimes, you're just tired, sometimes our brain gets really tired, we have to really understand ourselves and know when our patience and lacking and we don't have the capacity to support, we just be a grown up and say I can't be at work today.

E7 said, "Sometimes we can't be consistent in supporting student mental health because we are out sick frequently. We say we're sick because we're physically sick when_really,_we are mentally not able." E7 described, "add in all the stuff going on in the world today, school shootings and whatnot, it's tough to get that out of your head." E8 stated "Teachers and kids are affected by the situations that are happening in schools, lack of insurance and living salary, school violence, everything negative that we hear every day on the news." E9 noted, "Inflation has added another layer of stress." E14 said "add in Covid 19 and the fallout from Covid. The political environment, even the controversy around masks and vaccines, these all-effect educators." E17 shared, "We are all carrying so much, it's like wounded warriors."

Theme 4: Teachers Feel Families Struggle in Accepting Supports for Their ChildParticipants' shared that supporting preschool mental health was impacted by challenges with the families of the students. E2 explained, "I think there is an issue with teachers and families, especially if you work for an organization that is primarily focused on research-based efforts in the classroom." E3 said, "Parents are offered resources and supports for their child's mental health in the program but if families don't attend meetings, or don't agree, then it doesn't really make a difference. The organization does all it can." Likewise, E6 stated, "If parents don't think there's a problem we can't move forward." E12 described a typical response from families "All we get is ok, no acknowledgement from them. We don't get the support from them, so it doesn't allow us to get our full potential." E3 said,

> I feel like the programs and the help that's given to us; a lot of parents don't accept it so maybe that makes it even harder for us. The parents are denying us to help the child. We should be on the same page, so we can help the child.

E5 shared, "Families don't listen to us if we are not like a supervisor or something. If you are not the person with experience in psychology, they don't really listen to what you say." E2 said, "Teachers don't understand the parent's life is difficult, our parents are often poor or overworked." E4 continued, "I don't judge parents, but I don't think others necessarily see it that way all of the time. I think parents feel they are being attacked by teachers and teachers are regularly feeling like parents don't trust them." E10 said, "for sure children and parents need the support but somehow there's a barrier there." E6 described,

> A lot of parents have a hard time hearing their families need support, then we say what supports and the parents are dissatisfied with them. There's some parents that just want more and more and they don't understand what's going on in the classroom and the stuff that we do.

E2 mentioned, "Teachers may struggle communicating to families." E14 shared, "Maybe sometimes families don't want to get help because sometimes they don't understand the importance."

Participants shared that they did not feel that families respected their profession. E7 described that many parents respond with "Isn't this just a daycare?" E11 shared,

> I think I don't know if it drives other teachers crazy but for me, I'm a teacher, not a daycare worker and I wish there was a way we could explain this to the parents.

> For any of us that have gone to college, paid that money for our degree, and then to be called daycare workers, or to be called a babysitter. I didn't do that; I did not spend thousands of dollars for you to call me a babysitter.

E12 said,

> Parents see us as more of a daycare." E10 focused on parent realities "Parents are dealing with the economy, facing issues with transportation, not having a job. A student may be living in a disconnected family dad is living in one place and mom in another and they are not working together.

E14 shared, "Substance abuse is very rampant; it's coming up in a lot of families. Life stressors for families can impact their ability to process or to support their child's mental health needs.

Theme 5: Teachers Have Additional Support Needs Within the Systems and Processes

Participants shared an appreciation for a multitude of resources to support mental health and opportunities to be heard within the agency, but these processes also presented challenges. E1 stated, "the agency provides so many resources that teachers may not know who to go to first." E1 continued, "you almost need a reference form of job titles and roles." With the launch of the resilience center, as well as the mental health team already in place there are a multitude of resources, but participants shared it was still not enough to support the high number of students with mental health needs. E1 described "each site needs a mental health staff member available at any given time to be able to go into the classroom and work with the teachers." E7 concurred, "at minimum we need a mental health staff person for every three classrooms." E1 described the rationale for this

need “there’s not enough modeling of strategies, helping teachers gain confidence in implementing the strategies.” E8 stated, “I need mental health staff in my classroom two to 3 days a week to support more because as teachers it’s very hard to work and supporting student’s mental health concerns is such a high need.” E9 said,

> It’s challenging for teachers, sometimes I think you need that knowledgeable person more accessible to come in and help an individual child learn to function in the classroom and then gradually wean back from that. Otherwise, you have one teacher focusing on the one child and you have the other teacher trying to manage these 16 other kids.

The training offered by the agency is extensive and was cited by participants as beneficial. Participants added that implementation monitoring was needed. E11 stated, “Teachers go to the trainings, they get the information, but implementation can be challenging.” E14 shared, “there is a lack of coaching which can help teachers implement and practice it because that’s how you learn lots of things in the classroom. Sometimes I feel that’s where it lags, teachers don’t follow through.” E10 said,

> The agency offers an abundance of training but there is always a need for more tools and trainings. Educators need the skills not only to identify but know what to do, they need to be able to implement the actual interventions.

E9 said, “We need more intensive training around trauma -informed care.”

Participants shared that language barriers presented a challenge. The local Head Start program serves students who primarily speak English as a second language. Although the organization employs many educators who are bilingual Spanish, there are

24 other language groups served in the population. Participants note that the language barrier can be a challenge in supporting preschool mental health. E13 said, "There is a language barrier. It's challenging to find good trauma informed curriculum and play therapy curriculum in other languages other than English. It's challenging to teach those kinds of concepts to people who don't understand." E3 shared,

> A lot of our, not only Hispanic, but other languages, it's hard for us to have a bilingual person onsite, as far as our own therapists. A lot of our educators don't have these other languages like Amharic or all of those people from Africa or other countries.

E6 described that "we don't always have translators that can make it easier for the families to understand what the problem is or the help that we are providing them. The only thing I felt was truly difficult was the language barrier." E17 stated, "We don't have as many languages as we used to but still the language barrier, language communication, communicating across cultures is challenging."

Participants shared that salaries in the Early Childhood Field impacted how responsive they felt in supporting preschool mental health. E6 said,

> We're never going to be millionaires and I don't think any of us want to be, but I think the issues are just, I mean I was going to say money and staff, but I feel like the reason staff isn't there is money isn't there.

E15 shared, "even though I think we've paid them [teachers] very well in comparison to other organizations, they [teachers] are impacted by their realities of life, the high cost of living." E6 said, "Pay, when you know that your paycheck will cover

your mortgage and your food, and your car, that’s one less stress in your daily life.” E9 shared “we ask a lot of our teachers for low pay.” E15 stated, “At the end of the day, most people I don’t think, want to put in the work for a bachelor's let alone a master's for $20.00 an hour.”

All participants shared that class size greatly impacted the ability for educators to support preschool mental health in the classroom. E5 described,

> There is a lot going on with the kids in preschool and with the amount of kids they have, I don’t think they have enough time to pay attention to that special kid. Less kids, I think if they had 8 kids in each class there would be the ability to support everything.

E8 shared, “We have 17 kids, and we have three that need high mental health support. Three, when only one child that needs high mental health support really effects the classroom, so imagine.” E9 said, “When you have big class size, and you have many children in the classroom that need one-on-one support it really takes away from the classroom as a whole.” E14 shared, “The first challenge they [teachers] have are the numbers. I think if they have too many kiddos, they're not going to be able to provide the quality interaction.” E17 said,

> The biggest thing right now that we are seeing, I think my perspective is, we have a much higher percentage of children who are very needy. They have serious needs, and our classrooms really need to look like 15 with three adults. With the three adults in the room, one of them needs to be seriously trained as special education para or trained in mental health strategies and the like.

Research Question 3: Educators' Needs in Supporting Mental Health

RQ3 was as follows: What are Head Start teachers, Head Start Administrators, and Head Start mental health staff perspectives on possible additional support teachers may need?

Participants described their perspectives on what teachers needed to support preschool mental health in the classroom. Emerging themes were educator self-advocacy, consistency, educator check ins, clear paths of support, modeling of strategies, support in implementation, support with navigating family relationships, wellness supports, incentives, more staff, smaller class sizes, improved salaries, and language supports.

Theme 1: Teachers Struggle in Their Capacity to Support Preschool Mental Health

Participants cited teachers' self-advocacy as a need to be successful in supporting Preschool mental health. E1 said, "Teachers need to use their voice and ask for help. New teachers may not know how to ask for help." E1 added "Let your supervisor know you need help. Request a meeting." E5 stated, "Teachers need to keep talking about it even if you think it isn't going to be heard or something, like by the parents, keep talking about it and help the kids."

Participants also shared the need for teachers to be aware of their capacity to support preschool mental health at any time. E1 stated,

> Be honest that you're stressed, that you're overwhelmed. With everything going on, just taking a step back and counting to ten. Like we teach the kids, we have to use calming down techniques just as much as they do. If we're calm, I think that would help make the kids calm.

E13 said, “Teachers have their own trauma they are dealing with and showing up with really healthy mental states all of the time is not human.” E2 shared that staff need to know when to step back saying “you might just not be as observant as you should be, even if you’re tired, that’s just going to affect your ability no matter how good a teacher you are.” E3 described, “Making sure we [teachers] take a break, like passing it off to your assistant, tag, I’ve got to walk away sometimes.” E17 said, “We’re starting with our own mental health.” E13 described, “Teachers need to take care of themselves outside of work. They need to fill their cup so they can show up healthy and fulfilled, fill their toolbox, the oxygen mask analogy.” E2 said, “Teachers need to take care of themselves. One thing about being preschool teacher is it’s an endurance trial.” E3 said, “Support each other.”

Participants shared that sometimes teachers needed to improve consistency in support for preschool mental health. E1 said, “Teachers need to be consistent in strategies, at least 2 weeks of consistently implementing strategies.” E1 added, “Sometimes teachers only implement strategies when someone’s in the room watching. Like a coach or other support.” E3 shared consistency in being prepared “differentiation and having that different thing to do, that new idea, that new activity.” E3 added, “teachers can improve planning, knowing your child, knowing your co-workers, communication. There has to be a plan, who stays with who, and who and how we can help support students.” E9 described, “Just being very consistent on what they know is needed, being responsive to children’s needs, teaching them social - emotional needs, teaching them what a classroom family looks like, just being really consistent.” E10 said,

it is commitment “doing the best they can, being open and doing the best they can to be ready on a daily basis.”

Educators also touched on some support needs from other roles within the organization. E1 said about administration “Maybe schedule more check ins at the beginning of the year.” E1 added “If teachers are overwhelmed get a meeting scheduled quick like this coming Friday. Remind them how to access support and who can support.”

E17 shared, “[administration] giving coaching and observation and feedback to what’s going on in the room would be nice.” E7 added,

> I think they [teachers] need coaching and I think that would help them. Then modeling in the rooms and things like that, we need to get back to probably more than three coaches, probably need four again. We had five originally so that they can be helping model and implement MTSS and strategies.

E13 stated, “School Readiness Coaches and Mentor Teachers, teachers need one-on-one coaching and mentorships.”

Theme 2: Teachers Need Additional Supports and Training From The Mtheidisciplinary Team

Participants suggested more support from the mental health consultant. “E7 said “we need a trauma mentorship. “E1 described a need for more communication “I didn’t know the name of the mental health support person last year [2021] and when mental health came in, we didn’t know why or who she was looking at.” E5 said,

> [mental health staff] needs to be telling the teachers what to do with these kids because sometimes we just get the feedback of ‘try stuff’ and sometimes it works

> and sometimes it doesn't because they [mental health staff] haven't really spent time with the kids to know.

E12 stated, "We [teachers] need someone providing new strategies for us. Some of the strategies that we already use don't tend to work anymore, despite us trying the strategies for a month straight." E5 said, "We need someone from mental health present more than one morning a week, we need more availability." E5 added, "Spend more time in each class, like with each of the kids, and maybe choose like a week that they are just going to be in one class so they can really get to see."

Some participants noted a need for support in navigating families to best collaborate on preschool mental health needs. E2 shared, "Relationships between teachers and parents are quite difficult, we need support connecting with parents and earlier." E6 said, "Teachers struggle with talking to parents about mental health concerns or what's needed in the classroom." E7 described "if families don't connect with teachers or family coaches on the mental health pieces, how can we help? We need support in that aspect."

Participants identified minimal needs within processes in aiding the support of preschool mental health but did share a few suggestions. Participants shared ideas for the resilience center team. E13 said, "Teachers need focus groups, there's a need to create safe spaces where teaches can talk about their vicarious trauma." E15 shared, "it would be nice to have support groups, not individual therapy." E17 said, "Maybe mental wellness groups for teachers that can be offered, maybe that's a vehicle for perspective sharing." E10 said, "Support groups at each site, which I think would be really amazing

because we can get to go to a safe palace and talk about what we feel and sometimes to let those strong feelings out."

E7 stated a need for "additional training specifically by the developmental services team mental health pieces." E1 said, "Maybe over the summer, mental health support training by the mental health teams specifically." E13 described a need to "continue being trauma informed in our training." E7 added, "More mental health training for family coaches, training on the mental health pieces for communicating with families." E6 described, "I think more mental health classes for us, for the students, can allow us to model it and do it for the students, to help them learn how to get that mental health support for them." E7 also suggested "continuous training on the socioemotional pieces. Continuous pyramid training every 2 to 3 years, kind of like simple reminders about different things that might be more vital than other pieces of it."

Theme 3: Incentives and Materials Would Aid in Supporting Teachers in Implementing Teacher Mental Health Support

Some participants suggested incentives would aid educators in supporting preschool mental health. E10 said, "[teachers] need incentives on a monthly basis." E10 added, "money, but it could be in the form of a bonus, a gift certificate, provide dinner for my family, or a staff appreciation day." E7 suggested "paid mental health days, or a ½ day focused on mindfulness, spa day etc." E15 went further, "Teachers need more breaks. I think every 9 weeks they need a week off."

A couple of participants noted a need for more material items to support mental health implementation in the classroom. E8 said, “We need more materials, more sensory materials.” E11 suggested,

> We need tools, like some of the second step materials are worn out. Just like the classroom budget money would help with sometimes trying to get the stuff we need, or if we ask for things, make sure we get what we need.

Theme 4: Staffing Issues, Large Class Sizes, Low Teacher Salaries, and Language Barriers Have the Greatest Impact on Teacher Ability to Support Preschool Mental Health

All participants noted a need to be better staffed at the local Head Start so that preschool mental health support could be implemented. E11 shared, “over the past ten years we’ve definitely gotten better support than we’ve ever had in the classrooms but right now, we’re just so short staffed that it’s a challenge for all of us.” E17 stated, “We need bodies, qualified bodies, but we lack bodies, like ½ a dozen or so.” E3 shared, “of course we need teachers because of bigger classes we need bigger teams.” E7 said, “Extra help and support would really make a difference for mental health support. It’s just classroom support really that I can think of. More staff available.” E9 shared, “with more needs, we need more people in the classroom.” E9 added, “With short staffing, we can’t figure out how to free up our coaches, coordinators, from classroom teacher roles to support.” E11 shared, “I think everybody's stretched thin; the coaches are teaching in classrooms.” E11 added, “We need to be fully staffed, then we either have to have a third person in the classroom or a lower-class size.” E13 said,

> We are low staff all nationwide. We don't have enough support in the classrooms to where we have three teachers. I think that would benefit us more in supporting mental health needs. I know it's already hard as it is to find one teacher, but I think having more teachers in the building would benefit us.

E4 described a need for "more people. We need a small platoon of subs who are just at the ready. You would have plenty of people to come in on a regular basis to be with individual kids as their needs demand it."

Participants shared that a reduction of class size was needed to successfully support preschool mental health needs. E5 said, "Class sizes need to be smaller. Maybe eight kids in the class so teachers can spend more time supporting students with mental health needs." E3 said, "Like 15 students max is a better size. For some classes you need to have like 12 kids because a lot of children this year are very challenging." E6 shared that "nice small group sizes would help. 14 kids, one teacher for each seven students." E8 stated, "No bigger groups, small class sizes are needed." E9 described that "classroom sizes need to smaller because we're dealing with more children coming in with trauma and needs that I think classroom size would make a big difference." E11 said,

> If you have a kindergarten bound room, I think you can maybe go to 17 or 18 but if we are going with mixed ages probably no more than 14, 15. I think you need to keep them small, 14 or 15 is probably pushing it.

E13 said, "Reducing the number and taking it back to 15 kids in a classroom."

Participants agreed that improvement in educator salaries would support Educators and ensure they were available to support preschool metal health in the

classroom. E14 said, “I think you need to be paid a good wage. I think that’s really important. It’s going to help someone want to do their job at a higher level.” E17 said, “There is a need to drastically raise salaries.”

Participants shared implementation of mental health support would be easier with more access to speakers of student languages. E13 said, “play therapy should be carried out in the child’s native language.” E17 shared, “really developing the resilience center together to work across at least English and Spanish languages and maybe Amharic.” E3 described “having more resources, more locations where there are people that could assess and support families in their home language.” E8 said, “Materials should be available in Spanish at least.”

Discrepancies

Data analysis revealed some discrepancies in educator perspectives on supporting preschool mental health. While most educators had a thorough understanding of their role in support, one educator differed. E5 shared, “I don’t think I’m working with mental health with my students at this age really, they’re too young I think.” Some participants were not clear on some of the multidisciplinary support and systems offered. E5 stated, “I think there is somebody that just got hired but that is really just looking at kids, but not really supporting little ones in a mental health way.” E14 who did have an understanding of the role of supporting preschool mental health did share concerns that systems were not fully in place to do so. E14 said, “Now they’re putting a lot of therapists in schools but again, not really in preschools, I don’t think there is a lot of good clinical work being done in preschools, play therapy for example.” E13 criticized the mainstream model of

mental health consultation. E13 shared, “mental health consultants, as we know them in the preschool world, are not in the classroom enough to really see our children’s needs.” All participants but one felt that they had a voice and channel to share concerns and strategize for students who needed mental health support. E13 disagreed teachers were heard,

> Educators and classroom teachers, no, not enough. I think they talk to each other, but I don’t think they go up [to supervisors, administrators]. I think we could improve there and I don't think it all comes out in one-on-ones. I don't think what shows up in one on one is what's showing up in the gossip circle, they don't line up.

Evidence of Trustworthiness

Trustworthiness is qualitative research includes credibility, transferability, dependability, confirmability, and authenticity (Stahl & King, 2020). Utilizing the interview protocol and consistent approach ensured credibility. I transcribed each interview. Following the interview sessions, I ensured accuracy by having participants review the transcriptions in order to ensure I captured their perspectives and for clarification. I debriefed with a colleague who holds a doctoral degree in order to examine my assumptions and interpretations of data.

Transferability was ensured by providing an accurate picture of participant perspectives. In my descriptions of perspectives, I endeavored to capture individual voices clearly. Descriptions were first individually recorded and transcribed then

participant responses were organized by themes. I included adequate descriptions of the site, participants, my methodology, and my data collection process.

I ensured dependability in the study by taking notes and recording zoom interviews that were then transcribed directly. I ensured that interviews were approached consistently and kept documentation throughout each stage of the research process. Documents include correspondence in my research planning, email correspondence with eligible participants, interview data notes, interview protocols, and themed coding. Triangulation was assured by collecting perspectives of three sources, teachers, mental health staff, and administrators. I used the interview protocol to ensure I asked the same questions of all participants.

I completed an audit trial that ensured confirmability. The audit trail included notes on my research process, dates on correspondence with participants, interviews, data collection, and sending transcripts to participants for clarifications and to ensure I captured their words accurately. During the coding process, the audit trail included my notes on data interpretation. I took time to reflect on my role in the study in order to avoid categorizing data with bias or my own assumption.

Summary

The purpose of this basic qualitative study was to examine educator perspectives on supporting preschool mental health in the classroom at a local Head Start. Twelve teachers, two mental health staff, and two administrators were interviewed to gain insight into their perspectives. Data were coded and categorized by roles, systems, and processes. Data explored challenges in the roles including High numbers of students needing mental

health support and how needs present in the classroom, challenges within the processes and training, teacher work and life stressors, challenges with families, language barriers, salaries, and class size/student teacher ratio. Participants had similar thoughts on their roles and challenges they faced within it. Participants were in agreement that there were opportunities to have a voice on the challenges they faced within the organization, that the agency had a strong focus on supporting preschool mental health and created processes and systems to aid in this. Participants shared that the primary challenges in need were meeting the high numbers of students with preschool mental health needs, teachers who struggle, a shortage of coaching and modeling, a general shortage in staffing, large class sizes, salaries not compensatory to the challenge of the work, and a need for language supports. In Chapter 5 I addressed my conclusions, interpretations of results, implications for social change, and recommendations for further study.

Chapter 5: Discussion, Conclusions, and Recommendations

A basic qualitative study approach was undertaken to explore educators' perspectives on preschool mental health support within a local Head Start. Twelve teachers, two mental health staff, and two administrators at a local Head Start in a Rocky Mountain state were interviewed to determine their perspective on supporting mental health in the preschool classroom. Data were examined and coded, and themes related to challenges within roles and challenges within processes and systems were identified. Themes included educator role in supporting mental health, organizational focus on mental health, the challenges of supporting preschool mental health in the classroom, barriers to supporting mental health, and teachers' needs to aid in implementation. Educators agreed that there were opportunities to have a voice on the challenges they faced in supporting mental health within the organization, that the agency had a strong focus on supporting preschool mental health and in creating processes and systems to aid in this. Participants were aligned on barriers and teacher needs when supporting preschool mental health, advocating for educator self-advocacy, consistency, educator check-ins, clear paths of support, modeling of strategies, support in implementation, support with navigating family relationships, wellness supports, incentives, more staff, smaller class sizes, improved salaries, and language supports. In this chapter, I include my interpretation of the data, study limitations, recommendations for further study, and implications for social change.

Interpretation of the Findings

Conceptual Framework

I used Bronfenbrenner's PPCT model as a conceptual framework for this basic qualitative study. Bronfenbrenner (1979) suggested that proximal processes are the primary mechanism for change and contended that the individual within the interconnected system, when allowed the time to develop, is crucial to understanding perspectives regarding the preschool mental health intervention and supports. Proximal processes in this study pertain to how the educators' interactions with the student support mental health. Participants in the study had a thorough understanding of their role in supporting preschool mental health. Participants shared the importance of building relationships and connections with the students as the foundation for supporting mental health in the classroom. With the foundation in place, teaching about feelings, self-regulation skills, and more specific interventions can be implemented. Teachers extended this role to other members of the multidisciplinary team who also supported them in training, modeling, and providing additional guidance. Participants in the study, however, acknowledged the challenges and barriers that impacted their ability in this role. Factors included high numbers of students with high support needs, being overwhelmed by the expectations for teachers in the classroom on top of supporting student mental health, educators' own work/life stressors, and teacher/family challenges.

While educators understood the importance of connecting with students and providing mental health support as caregivers, there was acknowledgment that they did not always have the capacity to do so. Participants articulated the need to keep open

communication about the demands placed on them and their needs. E2 shared, “we can maintain, we do but it takes a toll.” E12 said, “We all just need a little push to get fully comfortable and ok.” E2 explained,

> It’s not a matter of making an effort, everyone in the agency is trying to do things to help support mental health. It’s a matter of we have to make the effort with a limited amount of ability when considering all expectations of staff.

The construct of person in Bronfenbrenner’s model involves individual characteristics and how they affect interaction in carrying out mental health support. Along with the high numbers of students with mental health needs in each classroom, the manners in which the needs presented created a challenge for participants. Factors participants found challenging were aggression, behavior challenges, lack of self-regulation skills, anger, and withdrawing from interaction. E9 noted, “Several kids seem to have an inability to make connections with other people within the classroom.” E10 described “multiple children who are super emotional, they have a hard time to control their feelings, so they start screaming, being really upset, and no matter how you try to help them they keep escalating in their feelings.” E2 shared, “It doesn’t matter how patient we are, we are designed, and I’m pretty sure, to not want to hear children crying. We want to do something about it, to attend to it.” E17 said, “they [teachers] are exhausted, just exhausted.” E14 explained that “teachers need the supports to not be burnt out because when you’re swamped how you are going to be able to look at mental health, you can’t even.”

The construct of context illustrates the impact of school systems and processes and the impact that they have in aiding the support of preschool mental health. Participants' perspectives on the agency's mental health processes, systems, educators' capacity, attitudes, experience, and understanding of preschool mental health supports are the mechanism for understanding educator needs to ensure effective intervention. Educators' understanding and view of the effectiveness of agency processes and systems influence their thoughts on how these can be expanded. Educators recognized the challenges of supporting preschool mental health in the classroom. Educators also shared their thoughts on the barriers that impede this support, including educator self-advocacy, consistency, implementation of strategies, navigating family relationships, staffing, class sizes, salaries, and language barriers.

While educators in the study recognized the processes and systems in place to support them in implementing preschool mental health strategies, there was an acknowledgement among participants in the study that navigating the resources could be challenging. This was attributed to an array of factors, including a need to better understand who provides what supports within the organization and how to best access these supports, access support in implementation, navigate resources within language barriers, work towards smaller class sizes, and pursue efforts to raise early childhood workforce salaries. Educators voiced a desire to use and help families access the many supports within the organization. E1 stated of the Head Start's preschool mental health supports, "It's not a lack of desire or willingness to provide support and learn because our organization is on fire to learn and implement mental health supports and be the best we

can." E8 shared, "what the organization has in mind for mental health is great. I feel like we have more presence in the classrooms from various professionals, from people who have experience that teachers generally wouldn't have." E15 agreed,

> This is a great place to implement some of those strategies because they [the children] will get them in a manner that is receptive, responsive to the child, and it will continue. So, it's not we're going to try this today, and try this tomorrow, so the child will start to trust the caregivers and the system.

Educators in the study understood the value of their role in supporting preschool mental health; however, there was acknowledgement that educator capacity impacted their ability to do so. This was attributed to higher numbers of students with high mental health support needs, the manner in which the needs presented within the classroom, work/life stressors, teacher attitudes, educator mental health, and struggles with educator/family relationships. Participants expressed a need for additional support to aid preschool mental health strategy implementation. E1 expressed that "teachers need to put into practice what they learn in trainings on supporting students in mental health." E9 added, "We need strong coaching and we've lost our coaching. I'm really worried about Year 3 without coaching because I think they [teachers] need implementation coaching." E11 said, on teacher work/life stressors,

> We have to recognize what is going on with teachers in the classroom because not only are they taking on the burden of what's going on in the classroom, but we don't know what's going on in their personal lives. So, we have to make sure teachers are ok.

E13 expressed, “teachers need the supports to not be burnt out because when you’re swamped how are you going to be able to look at mental health, when you’re struggling with your own.” Participants articulated a need to better connect with families. E8 stated,

> What would really help a lot of classrooms, families, that communication with the family, and bringing what works for the family, what doesn’t work for the family? Or being able to offer help on different behaviors and such that the families are also dealing with.

The final construct is time, which functions on happenings within process and over the course of events and lifespans. Participants shared the importance of consistency throughout the day and school year in supporting student mental health. E11 described consistency in demonstrating school as a safe space and establishing a class family. E7 shared that “consistent teaching of socioemotional strategies, such as the Pyramid collection of strategies is necessary.” E14 stated, “It’s important that there is consistency in the macro level visual of trauma-informed practice at all levels.” E6 was concerned that “there is not enough consistent one-on-one time with the children that need it.” One participant discounted that typical mental health consultant model as sufficient in time to aid teachers in supporting preschool mental health. E12 stated that “they [mental health consultants] can’t devote the amount of time necessary to really be able to see and understand the kids.” E8 said, “I need mental health staff in my classroom 2 to 3 days a week to support more because as teachers it’s very hard work to support these problems.” E5 shared, “teachers lack the time for child-specific interventions and one-on-one time

within the classroom." Some participants shared that time was impacted by staffing. E13 explained, "Getting the extra staff to serve mental health minutes, to commit to the time, and therapy is an issue."

Bronfenbrenner's PPCT model framework describes the interconnected systems that aligned and informed the research questions intended to discover an understanding of educators' perspectives on supporting preschool mental health in the classroom. Participants in the study understood their roles in supporting preschool mental health and felt that the organization had a strong focus on mental health and had a multidisciplinary approach in doing so. Participants were impacted by the high numbers of students requiring mental health support as well as how these needs presented in the classroom. Participants' work/life stressors also impacted their ability to support mental health within the classroom. Participants shared that partnering with families proved challenging as families did not always share the same concerns or view participants as professionals. Participants were able to articulate their needs within the constructs to improve the effectiveness of supporting preschool mental health within the classroom.

Review of Themes

Several themes emerged from this research on teacher, mental health staff, and administrator perspectives on supporting preschool mental health in the classroom. Participants had a thorough understanding of their role in supporting preschool mental health. The multidisciplinary team approach aided teachers in implementation. The local Head Start had a strong focus on mental health systems and had processes in place to

support students, educators, and families. Overall, the participants determined that the organization had supports in place beyond the typical mental health consultation model.

Participants shared the challenge of rising numbers of students in need of mental health support and were overwhelmed with the way the needs presented in students. Teachers were overwhelmed in supporting mental health along with meeting the other expectations of their role. Stressors within the teachers' lives and their own mental health also impacted their ability to support student mental health. Teacher/family partnership was also identified as a barrier. Participants struggled in communicating with families and felt that they were not perceived as professionals. Participants also shared their ideas about additional support and training needs within systems.

Teachers struggled in their capacity to support preschool mental health and requested additional support from the multidisciplinary team. Participants felt that additional incentives and updated materials would be beneficial in aiding implementation. Participants articulated that staffing issues, large class sizes, low salaries, and language barriers had the greatest impact on teacher ability to support preschool mental health in the classroom.

Limitations of the Study

I strove to ensure trustworthiness by utilizing a consistent interview process with an interview protocol. I sent each participant a review of transcripts so that trustworthiness was not compromised. One participant offered clarifications. All participant interviews were held on my personal, secure Zoom account. I checked with participants to ensure that they were in an area they felt was secure and that they were

comfortable sharing information candidly without interruption or others overhearing. One participant accessed the Zoom platform from her classroom after she was off work and a couple of people entered the classroom briefly. One participant accessing the Zoom platform at home was interrupted by her partner. On both of these occasions, the interview was halted, and conversation resumed only when the participant was alone. The study was limited to educators in one local Head Start program and limited only to those who participated in the study. As such, the data were restricted to the perspectives of these persons and within a particular organization. The perspectives were limited to those of 16 individuals who engaged in one interview each over a period of a few months.

Recommendations

Teachers are in a prime position to support preschool mental health through relationships and positive interventions (Waters & Higgins, 2021). Teachers struggle, however, in their capacity to support student mental health within the program.
When educators face challenges and barriers in supporting mental health in the preschool classroom, it can be detrimental to children's socioemotional outcomes and future (Spielberger et al., 2022). Educators need to maintain implementation of mental health support strategies; however, teachers in the local Head Start were challenged by barriers that affected implementation. Systems and processes that aid teachers in implementing strong mental health strategies may result in greater outcomes for student mental health. Understanding the most effective environment in which to support student mental health could lend to beneficial knowledge in the study of early childhood mental health support. Research that investigates optimal educator environments, including systems and

processes, could provide oversight on how to increase teacher capacity to support preschool mental health in the classroom.

Areas for additional research based on this study include investigating how to increase teacher self-advocacy skills and teacher consistency in implementation of strategies to improve student mental health outcomes. The effect of coaching and feedback cycles on improving implementation success within the local Head Start also warrants further analysis, as there are questions about how the limitations of this process during Covid have impacted outcomes. Further research into deepening support beyond the traditional early childhood mental health consultant model is also warranted as a need was suggested for more trauma mentorship, modeling, and hands-on support. Rising numbers of students requiring intense mental health support need more support in place. The impact that improved relationships between families and educators have on preschool mental health outcomes bear further investigation as a need presented for unity to best support4 the child. A study into how teacher support and wellness groups can boost educator self-efficacy would be warranted as teachers indicated a need for this outlet. Further research into the effect of the post-COVID-19 staffing crisis and how it has affected support of preschool mental health is needed, along with considering whether a three-teacher model is more beneficial than the typical teacher-and-teacher-assistant model in the preschool classroom. Study into the effect of the teacher–student ratio and its impact on teachers' ability to support student mental health needs is also warranted, as this was indicated as a challenge, even at the Head Start teacher–student ratio, which is typically lower than most states' maximum teacher–student ratio. Study on

wage issues and their effect on teachers' support with preschool mental health implementation is also needed, as well as how wages can be increased to reflect the professional duties expected of educators. Phenomenological or ethnographic research that explores further understanding of these needs may provide insights that broaden the fields of study on this topic.

The educators at the local Head Start identified multiple barriers to their ability to implement preschool mental health supports including high numbers of students needing high mental health support, the nature of the behavior needing support, the impact of teacher work and life stressors, and challenges with teacher/family relationships. Organizational barriers included a need for new socioemotional learning (SEL) materials, staffing shortage, class size, wages, and language barriers. These factors influenced the effectiveness of implementing preschool mental health support. Further study on expanding on the innovative practices within the local Head Start in light of these challenges could provide useful insight.

Implications

In this section described the positive social change derived from this research. I detailed who may provide the changes, how and who it will benefit, and how changes addressed improving preschool mental health support. Recommendations for positive social change at the local Head Start began with building teacher self-advocacy by clarifying how to access multidisciplinary support in aiding preschool mental health. This would include clarification of different members of multidisciplinary teams and how they provide and support teachers in implementing mental health support. This clarification

would boost teacher self-advocacy by providing a clear paths and procedures for accessing support. A committee within the organization should be responsible for the modification documents on accessing mental health supports through existing processes such as Family Coaching, MTSS, and evaluation, as well as detailing further the processes, procedures, and roles within the newly formed resilience center. These processes should be shared when onboarding new staff, as well as be easily accessible to teachers and their supervisors when needed for guidance. Along with existing policies, resources available from Pyramid Plus, the Center for Excellence for Infant and Early Childhood Mental Health, and local early childhood mental health agencies may prove valuable in identifying clear pathways. Teachers within the organization appreciate the many supports available, but some are confused about who to connect with when accessing support.

The organization should work with educators to create and implement a plan to increase teacher capacity to support preschool mental health through understanding their own bias, trauma, and emotional response. This committee could investigate how to best support teachers in overcoming these barriers and collect input on wellness strategies that they need. Training resources for staff could include Conscious Discipline which offers a series on educator emotional response, Head Start Trauma Smart, and resources from Mental Health First Aid.

The proposed idea of support groups which allow teachers a safe space to explore their challenges and lessen the secondary trauma of their work should be fleshed out and considered by the resilience center staff. Teacher emotional wellbeing impacts both

student wellbeing and teachers' own ability to implement mental health supports (Sandilos et al., 2023.) Efforts to cultivate a safe space for teachers to navigate their emotions may increase capacity to support student mental health in the classroom.

It is recommended that school administration facilitate more opportunities for teachers and the mental health staff to investigate the additional support needs of teachers as well as a plan to monitor implementation of specific child mental health support strategies. Reflective supervision practice is recommended by the Alliance for the Advancement of Infant Mental Health as a practice that is supportive in boosting educator capacity and consistency in implementation of preschool mental health strategies (Shea et al., 2022). Ensuring collaboration and supervision of support implementation will lead to a shared vision of practice and consistency of student support.

Coaching and feedback for teachers by the mental health staff would benefit educators and students alike by providing modeling and consulting on consistent evidence-based strategies and an aligned vision of support. More opportunities to collaborate on child specific support would recognize the perspectives of both teachers and mental health staff, giving each a voice on the mental health support within the classroom. Additional modeling of support by mental health staff and increased coaching within the classroom would benefit teachers and students alike by providing clear instruction on how to carry out strategy implementation.

The educators at the local Head Start work conscientiously to connect with families and ensure aligned support for students. Participants shared however that collaborating

with families can be challenging. Teachers were challenged in communication concerns with families and felt that families did not always share the same concern or their child's mental health or viewed teachers as daycare providers. Healthy, collaborative, relationships between teachers and families are necessary for optimal student mental health support (Smith et al., 2022). Embedding coursework on family communication during in-service with new teachers is essential for navigating subjects like student mental health with families (Brennan & Packard, 2022). Administration should consider this type of curriculum as part of new teacher on-boarding. Coursework including strength –based views of families and avoiding placing self in the position of expert when interacting with families allows space for families to openly converse and collaborate with educators. Face to face experiences with families along with a mentor would be another step in learning how to navigate teacher/family partnerships.

Along with additional training during onboarding, a need was expressed for all teachers to receive frequent trauma –informed training, as well as mental health support strategy training, specifically by the mental health staff and developmental services staff. A comprehensive continuing training plan would allow teachers to increase their self-efficacy and understanding of support. Training most requested was that of specific strategies for supporting high mental health needs, and how to implement them. Training should be followed up with additional coaching and modeling within the classroom to ensure implementation of skills acquired.

Participants had suggestions for materials and incentives for staff who support student mental health. It is recommended that the administration purchase updated

equipment and materials for the organization's Second Step Program. A committee could also be formed that includes mental health staff, socioemotional program staff, and teachers to determine needs for other purchases that would support the implementation of strategies in the classroom that support student mental health. Acknowledging the challenging nature of the work and lower pay in the field, potential incentives could include financial incentives or stipends, gift cards, staff appreciation days, and regular paid mental health days.

The Early Childhood workforce shortage exasperated by Covid has led to a staffing shortage within the organization. As of February 2023, a survey by the National Head Start Association (NHSA) indicated that 20% of Head Start and Early Head Start classrooms were not open and 81% of the organizations surveyed cited staff vacancies as the primary reason (National Head Start Association, 2023). It is recommended that the administration work together with Human Resources to plan new avenues for teacher recruitment including the consideration of a Teaching Apprenticeship program. This program would offer paid internship for non experienced applicants who wish to enter the field including extensive onboarding and shadowing a teacher mentor within the classroom. Resources for onboarding can be accessed through the free coursework on Colorado Shines Professional Development Information System, training internally on the organizations Core Teaching methods, Head Start Early Childhood Learning and Knowledge Center, and agency required trainings. This path will allow the organization to move more candidates towards teacher qualification.

As staffing improves, the administration should consider moving towards a three staff per classroom model. The teacher apprenticeship model may support this, by providing a teacher, teacher assistant, and teacher apprentice but the third staff member could be provided by any position qualified for the classroom such as an additional classroom aide. A 3-teacher model could make an impact by allowing children with high needs more access to individual support and to mental health strategy implementation.

Participants indicated that smaller class sizes would be beneficial in supporting the high mental health needs of students. Theoretically reducing class size would support more individualization and allow staff to positively affect the mental health trajectory of student (Dalgaard et al., 2022). The administration should consider a pilot of a preschool class size of 15 or less students and collect data on the impact this makes on the support and implementation of preschool mental health strategies. If positively impactful the organization can explore ways of meeting funded enrollment with smaller class size while advocating for lowering Head Start classroom sizes without loss of funding.

Low wages have been shown as a key stressor and indicator of turnover and burnout in the early childhood workforce (Hyseni Duraku et al., 2022). Participants in this study agreed that the expectations of educators in supporting high needs deserved a salary that was aligned with the demands placed on educators who are taking on multiple roles within the classroom. The administration should explore pathways to advocate for and to acquire higher wages for educators in the program. Khari Garvin, Director of the Office of Head Start in 2023 has prioritized investing in the workforce as one of five priorities during his administration. Investments the administration should consider which align

with this priority include increases in compensation to ensure wages are competitive with local school districts, secure additional mental health staff to meet the hire number of students needing support, and ensure enough staff for breaks, lower ratios, and coaching.

Other potential additions could include recruiting and hiring more staff who speak the diverse languages of the student population. While the organization has a large number of bilingual Spanish educators, there is a need for more bilingual speakers in positions that support mental health such as mental health consultants and therapists. The administration should actively recruit bilingual staff. Recruiting in the primary languages of the student population including Spanish, Amharic, and Tigrinya is suggested.

Conclusion

Teachers who are able to build warm relationships with students and have access to support to avoid burnout are more effective in implementation of preschool mental health strategies (Granger et al., 2023). In this study of educators at a Head Start in a Rocky Mountain region I revealed distinct themes related to supporting preschool mental health: meeting the high numbers of students with preschool mental health needs with teachers who struggle, a shortage of coaching and modeling, a shortage of teaching staff, large class sizes, salaries not compensatory to the challenge of the work, and a need for language supports. These elements played a role in educator perspectives on how the organization supports student mental health and the teachers needs to implement mental health strategies successfully. Recommendations for continuing positive social change include building teacher self-advocacy by clarifying the process to access support from the multidisciplinary teams, increasing resources and support groups to aide teachers in

processing their one emotional response, incorporating more modeling, reflective practice opportunities to aide teachers in implementation, and embedding coursework to improve educator/family partnership. Incentives and the purchase of additional socioemotional materials, and mental health days for staff could guard against burnout. Exploring a three teacher per classroom model and smaller student ratios would offer more opportunity for individualization and strong mental health supports. Recruitment of bilingual staff in key positions supporting mental health will positively affect implementation of mental health supports for dual language learners. Finally, offering a higher wage that is more compensatory to the expectation placed on teachers as a primary support for students with mental health concerns would aid with consistency of staff and strategy implementation. Early childhood professionals are well positioned to positively impact student mental health but need support to cope (Berger e al., 2023). The educators at Head Start and the organization are committed to their role in supporting preschool mental health in the classroom and continuous improvement supports for teachers. This study can inform positive social change by providing insight into factors that impact teacher support of preschool mental health and indicate a need for additional coaching and modeling, increased staffing, reduction in class size, salaries compensatory to the challenge of the work, and a need for language supports.

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Appendix A: Interview Protocol

I will prepare prior to each interview by:

- Ensuring my recording system is functioning
- Ensuring I have notebooks and writing utensils available
- Ensuring I am prepared to begin the interview session on time

At the beginning of each interview session, I will:

- Ask each participant to confirm their identity
- Share my appreciation for their participation in the study
- Confirm permissions to record and go over informed consent and the participant rights

Script

Welcome and I appreciate your participation today in this interview. My name is Jennifer Coggin, and I am a doctoral student at Walden University. I am conducting a study on supporting preschool mental health as educators, to partially fulfill the requirements for my degree. This interview today will take no longer than one hour and will include several questions regarding your experiences as an educator at this Head Start location. I would like your permission to audio record this interview, so I may accurately document the information you share. If at any time during the interview you wish to discontinue the use of the recorder or discontinue the interview itself, please feel free to let me know. Withdrawing from the study will not impact your current relationship with this Head Start program. Your responses will remain confidential and will be used to develop a

better understanding of how you and other educators view preschool mental health supports at this Head Start program.

I would like to remind you of your written consent to participate in this study. I am the responsible investigator of the study: Teachers', Administrators' and Staff Perspectives on Their Role in Supporting Preschool Mental Health. You and I have both signed and dated each copy, certifying that we agree to continue this interview. You will receive one copy and I will keep the other secured and separate from your reported responses.

Your participation in this interview is completely voluntary. If at any time you need to stop, take a break, or return to a question, please let me know. You may also withdraw your participation at any time without consequence. Do you have any questions or concerns before we begin? Then with your permission we will begin the interview.

Interview questions for educators:

Interview questions for RQ 1

1. What is your primary role within the organization?
2. How long have you been employed by the organization?
3. Have you been affiliated in any other way with the organization? i.e., former parent, volunteer, intern?
4. How long have you been in the early childhood field?
5. How would you define preschool mental health support in the classroom?

6. What do you see as your role in supporting your preschool student's mental health in the classroom?
7. Are there others who play a role in supporting preschool mental health within the classroom?
8. What are the processes and supports the program currently has in place to support preschool mental health?

Interview questions for RQ 2

9. What are some of the challenges from students' educators have faced that you feel are attributed to preschool mental health concerns?
10. What program specific challenges impact educators' ability to support preschool mental health?
11. What outside factors impact educators' ability to support metal health in the classroom
12. What other factors influence how challenging it is to support preschool mental health in the classroom?
13. What do you think educators in the classroom need to successfully support preschool student mental health in the classroom?

Interview questions for RQ 3

14. What efforts does your organization make to aid in the implementation of preschool mental health supports in the classroom?

15. What opportunities does the organization offer to hear your perspectives on what you need to handle preschool mental health support needs in the classroom?
16. How could your teachers', administrators', and mental health staff improve supporting preschool mental health needs in the classroom?
17. What do you feel your organization could offer in addition to current practices which would aid educators in supporting preschool mental health within the classroom?

Potential follow up questions will include variations of the following:

What do you mean by…

Help me understand…

What happened when…

Tell me more about…

Is there anything else you would like to add?

I will thank the participant for their time

Immediately Post interview I will: Complete any notes and secure them under participant code

Appendix B: Research and Interview Questions

Research Question	Interview Questions
How do Head Start teachers, Head Start administrators, and Head Start mental health staff support preschool students' mental health needs in the classroom?	What is your primary role within the organization? How long have you been employed by the organization? Have you been affiliated in any other way with the organization? i.e., former parent, volunteer, intern? How long have you been in the Early Childhood Field? How would you define preschool mental health support in the classroom? What do you see as your role in supporting your preschool student's mental health in the classroom? Are there others who play a role in supporting preschool mental health within the classroom? What are the processes and supports the program currently has in place to support preschool mental health?

What challenges do Head Start teachers, and Head Start administrators face when they support preschool students' mental health needs in the classroom according to Head Start mental health staff?	What are some of the challenges from student's educators have faced that you feel are attributed to preschool mental health concerns? What program specific challenges impact educators' ability to support preschool mental health? What outside factors impact educators' ability to support mental health in the classroom? What other factors influence how challenging it is to support preschool mental health in the classroom? What do you think educators in the program need to successfully support preschool students' mental health in the classroom?
What are Head Start teacher's, Head Start Administrator's, and Head Start mental health staff perspectives on possible additional support teachers may need to support.	What efforts does your organization make to aid in the implementation of preschool mental health support in the classroom? What opportunities does the organization offer to hear your perspectives on what you need to handle preschool mental health support needs in the classroom? How could your teachers', administrators', and mental health staff improve supporting preschool mental health needs in the classroom? What do you feel your organization could offer in addition to current practices which would aid educators in supporting Preschool mental health within the classroom?

Appendix C: Site Approval Letter

November 11th, 2021

To Whom It May Concern:

This is a letter of support for Jennifer Coggin who is seeking to complete a research project at Preschool. Below is the synopsis of her project:

Preschool mental health support in the classroom benefits the child and lessens the negative effects of adverse early childhood experiences. This qualitative study will examine the perspectives of teachers, mental health staff, and administration with the intent of understanding how educators perceive preschool mental health support in the classroom, as well as what supports educators need to carry out thee supports, and factors that may make it difficult to carry supports out. Educator perspectives will be investigated using Bronfenbrenner's Process –Person- Context- Time model as a framework. The study will investigate the Head Start program's processes for supporting preschool mental health and seek to understand educators' perspectives on carrying out these supports.

Our Head Start will benefit from this project. Our mission is to facilitate individual development for children through family support and a nurturing educational environment. Our focus is each child's strengths, while promoting his or her social-emotional, cognitive, communicative, and physical development. With this vision, Jennifer's research has direct connection to our work. As such, I welcome the results of Jennifer's study.

Sincerely,

Researcher Date

Contact details:
Jennifer Coggin
Email: Jennifer.Coggin@gmail.com