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The Mental Health and Social-Emotional Development of Young Children

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Abstract

This thesis seeks to understand better how the mental health of young children, in interaction with the holistic health of their families, impacts their early stages of social-emotional development. The goal of this research is to expand recognition of the relationship between early-life interpersonal relationships, the educational system, and future behaviors. To accurately assess and support students' social-emotional development, growth, and competence, teachers must have an awareness of connections between education and early-life interpersonal relationships. To carry out both tasks, early childhood educators need to acknowledge that young children can have mental illnesses – as can older children and adults. This study explores the interconnections between family support, classroom support, and school-related services for mental health available for young students. This study also explores the importance of a holistic collaboration of systems within the school that supports young children with mental health issues.

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Introduction

This thesis study identifies the need to assess mental illnesses among young children who struggle with social-emotional development during the developmental "ages and stage" of pre-kindergarten. The research also aims to demonstrate early mental health interventions to promote growth and academic success. In doing so, it will answer the question: *how does the mental health of children and families impact children in their early stages of social-emotional development?* To answer the study question, the thesis is presented as a meta-analysis of existing literature related to its topic. Analysis findings and recommendations are also discussed.

Problem Statement

The number of children needing support services for mental health in school settings continues to grow each year. The Center for Disease Control and Prevention (CDC, 2019) reports that 7.4% (4.5 million) of children ages 3-17 years have been diagnosed with behavioral problems; 7.1% (4.4 million) of children in this age group have anxiety; and 3.2% (1.9 million) of them have depression (Ghandour, Sherman, Vladutiu, Ali, Lynch, Bitsko, & Blumberg, 2018). The CDC reports inform the objective of this thesis: advocating for young students in school settings through this research by exploring atypical social-emotional development in young children with possible mental health concerns.

Study Rationale

"Early diagnosis and appropriate services for children and their families can make a difference in the lives of children with mental disorders" (CDC, 2019; U.S. Department of Health and Human Services, 1999). This thesis argues that when very young students are not developing naturally in social-emotional skills, early interventions might provide those at risk for mental health problems with support in social-emotional growth and competence (CDC, 2019;

U.S. Department of Health and Human Services, 2000). Early interventions in school settings

can provide a network of services to young learners with social-emotional concerns, which also

cultivates a community of care and support for them, as early as pre-kindergarten.

Study Definitions

Ages and Stages -- a term used to outline significant periods in the human development timeline. During each stage, growth and development occur in the primary developmental domains, including physical, intellectual, language, and social-emotional.

Attachment -- the child's bond with the caregiver, typically established during the first year of life.

Behavior Assessment System for Children (BASC3) -- a multi-method and a multi-dimensional system used to evaluate the behavior and self-perceptions of children and young adults, from ages 2 through 25 years.

Behavior Intervention Plan -- a plan based on the results of a functional behavioral assessment (FBA) and, at a minimum, includes a description of the problem behavior, global and specific hypotheses as to why the problem behavior occurs, and intervention strategies that include positive behavioral supports.

Classroom management -- how educators run their classrooms, to include behavior and routines.

Early intervention -- the services and supports that are available to babies and young children with developmental delays and disabilities, and their families. It may include speech therapy, physical therapy, and other types of services based on the needs of the child and family.

Hands-On -- relating to, being, or providing direct practical experience in operation or functioning of something.

Internal Working Models of Attachment (IWM) -- a psychological approach that attempts to describe the development of mental representations, specifically the worthiness of self and expectations of others' reactions to the child.

Mental Health -- an individual's emotional, psychological, and social well-being. It affects how we think, feel, and act, handle stress, relate to others, and make healthy choices. It is also essential at every stage of life: from childhood and adolescence through adulthood.

Pedagogy -- the act of teaching adopted by teachers, which shapes their actions, judgments, and other instructional strategies by taking into consideration (a) theories of learning, and (b) understandings of students, their needs, backgrounds, and interests.

Quality of life (QoL) -- a measurement in child psychiatric populations that addresses a wide range of aspects concerning a patient's functional adaptation in his or her context. It encompasses more than simple symptom listing, by emphasizing the patient's subjective satisfaction with his or her functioning in everyday life.

Related Services -- includes speech therapy, occupational therapy, physical therapy, and rehabilitation counseling are associated with services. Related services and supplementary services may also consist of one-to-one tutoring or remediation in reading, writing, spelling, and arithmetic skills.

Resilient Behaviors -- the inability to mentally or emotionally cope with a crisis or to return to pre-crisis status quickly. Resilience exists when the person uses mental processes and behaviors in promoting personal assets and protecting self from the potential adverse effects of stressors.

Social Referencing -- the process wherein infants use the emotions of an adult to regulate their behaviors toward environmental objects, persons, and situations.

Social-Emotional Development -- the process through which children and adults acquire and effectively apply the knowledge, attitudes, and skills necessary to understand and manage

emotions. It includes setting and achieve positive goals, feeling and showing empathy for others, establishing and maintaining positive relationships, and making responsible decisions.

Strange Situation -- the evaluation and classification of an infant's attachment dependent upon the caregiver's responsiveness to the infant.

Therapeutic-Approach -- the lens through which a counselor addresses their clients' problems. The therapeutic approaches of counselors fall into two categories: behavioral and psychodynamic. Behavioral strategies are usually short-term and address behavior and thought patterns.

Research Question and Methodology

This research study seeks to answer the question: *how does the mental health of children and families impact children in their early stages of social-emotional development?* The methodology includes a meta-analysis of existing literature about early childhood development. The selected data was secondary, consisting of qualitative, quantitative, and theoretical works.

Data Collection and Analysis

Data was collected through the use of the University of Mary Washington library's search engine. The inclusion criteria for the study consisted of research that is guided by mental health, social-emotional development, and early childhood development supporting best practices, interventions in educational settings, and intake procedures. In selected data sources, the purpose was to identify (a) restrictions related to intake processes for beginning intervention services within schools, and (b) actions needed through early interventions to support students and families with mental health concerns. The study compared related services and looked for critical issues and similarities in the processes provided or conducted through these resources on behalf of students. The study also explored differences among services to find disconnections between the offerings for students in school settings who suffer from mental health issues. The data was analyzed and synthesized as a meta-analysis.

A meta-analysis is a review of a group of studies "to discover the essential elements and translate the results into an end product that transforms the original results into a new conceptualization" (Schreiber et al., 1997, p. 314). This meta-analysis uses the research question to look at existing literature about the mental health of young children and interpret the results to gain a broader understanding of all existing information in the mental health field. Reviewing past research is significant in understanding the contributions of past early childhood educators

and their approaches to early childhood development. The objective of this study is to bridge the gap between previous interventions and ongoing needs, so children with mental health issues can receive the services they need without age restrictions.

Researcher Positionality

While this study presents empirical data based on published studies, my positionality informs how I organized topics, conducted the meta-analysis, and reflected on the study in my conclusion. Having worked in pre-kindergarten settings for twenty-three years, I have observed an increase in the number of students who have behavioral problems not controlled through basic classroom management techniques. The students who have displayed atypical behaviors also had difficulties in establishing relationships with teachers and peers, played alone, and may have had lower test scores than their peers due to missing instructional time. The students also became more at risk as they missed instruction due to behavioral issues – and consequently struggled academically. The actions of these students impeded on the education of their classmates, because my classroom aides and I had to prioritize managing their behaviors over providing uninterrupted instruction.

Review of Literature

The literature review discusses research concerning the social-emotional development of children from birth to early school-age. Social-emotional development and mental health is the context for the thesis: the relationship between quality of life and mental health, early life development, and impacts of social behavior. Literature on the diagnosis of mental illness and very young children in sparse, reflective of the need for expanded research and practice in this area of education. However, existing studies on the topic reveal recurring themes that guide organization of the literature review. While presented as separate topics, many areas are interrelated in practice. For example, many contemporary scholars cite Ainsworth's (1979) work in theirs, even where their study topics may not perfectly align with hers.

Relationship Between Quality of Life and Mental Health

In a cross-sectional study, Sharpe, Patalay, Fink, Vostanis, Deighton, and Wolpert (2016) found that even though there is a correlation between a child's mental health and their quality of life, the two are not the same in how they impact a child's life. It is imperative to separate the variables of mental health and quality of life in children (p.659). Family functioning and social skills have a more significant effect on a child's well-being than the diagnosis of having an emotional or behavior problem (Bastiaansen, Koot, Ferdinand, and Verhulst, 2004, p. 369). Therefore, based on research: if family functioning shapes the early stages of social-emotional development, then the quality of life obtained by an infant through family functioning is nurtured in a way that shapes social-emotional behavior and can affect mental health (Bastiaansen et al., 2004; Sharpe et al., 2016).

Early Stages

In a longitudinal study, Ainsworth cites the research of John Bowlby (1969) who found bonding as the intense attachment developed between an infant or caregiver in the beginning stages of life, by reacting quickly to the infant's needs and through body contact (Ainsworth, 1979, p. 932). The study called "*strange situation*" evaluated and classified an infant's attachment as dependent upon the caregiver's responsiveness to the infant. She noted that attachment patterns vary from infant to infant (p. 932). An infant's first learned concept of attachment is through experiences of adult care, interaction, and affection – typically from the mother. The sense of urgency the caregiver has in meeting the needs of the infant influences cognitive and social-emotional development (p. 936). The early stage of development is a crucial time for infants to establish bonds with their caregivers, as they communicate their needs through crying, and using their senses and body language. In a longitudinal study, Behrendt, Schark, Herpertz-Dahlmann, Konrad, and Firk (2019) examined outcomes of social-emotional development in infants and reported their emotional development to begin with the relationship between the mother and infant – learning to trust from the mother's body language, touch, and voice (pp. 237-238). A mother or caregiver could scaffold an infant's socioemotional development in connection to the regulation of brain development as the infant responded to an internal and external stimulus controlled by the caregiver (Behrendt et al., 2019, p. 243). The maturity in mental development and communication of newborns through responses to caregivers is a critical factor in the regulation of early brain development (Als, 1995, p. 21; Trevarthen & Aitken, 2001). Through studies, Trevarthen and Aitken conceptualize infants' mental development as a guide to "differentiation of perceptual discrimination, cognitive

development, cognitive processing, memory, voluntary deployment of attention to environmental objects, and executive functioning or problem-solving" (as cited in Schore, 1994, p. 21).

By referring to the work of psychoanalyst Erik Erickson in defining stages of development (infancy, childhood, and adolescence), Prescott (2005) found that infants have opportunities to learn trust or mistrust from their mothers; doing so is influenced by how caregivers meet infants' needs, which later will affect personal growth. Prescott connects the works of John Bowlby and Erik Erickson to an ongoing research program conducted by the National Institute of Child Health and Human Development (NICHD), where children who spent a substantial number of hours per week in daycare settings externalized aggressive behaviors. Nurturing care may be imperative in building and connecting trust in future relationships and brain development (Prescott, 2005, pp.194-196).

Brain Development and Mental Health

A child's social-emotional development is just as important as their motor, cognitive, and language development and needs equal nurturing (National Scientific Council on the Developing Child, NSCDC, 2004; Saarni, Mumme, & Campos 1998; Thompson, 1994, 2001; Thompson & Lagattuta, 2006). From birth to five years of age, children experience the conditions of social competence associated with emotional well-being (Cassidy & Shaver, 1999; Collins & Laursen, 1999; Dunn, 1993; Thompson, 1998). Social competence also affects a child's ability to adapt to school functionally and to form successful relationships with others (Thompson, 2008, p. 355). Early interventions in social-emotional development are just as crucial as interventions in other areas of development. Missed opportunities for interventions will likely reflect in a child's progress later (NSCDC, 2004), because "[s]cience does not support the claim that infants and toddlers are too young to have mental health problems" (NSCDC, 2004; Shaw, Owens,

Giovannelli, & Winslow, 2001). Some children struggle in learning to manage emotions, but do not necessarily have difficulty academically. This may be an early warning sign of future psychological health problems, where children struggle to manage emotions (NSCDC, 2004; Thompson and Lagattuta, (2006). Acknowledging psychological issues early in emotional development, and providing interventions, could be beneficial to children (NSCDC, 2004, p. 1). NSCDC (2012), which explores the emotional development of children, reports that the brain has embedded memories of early emotional experiences. Bowlby's research of these memories is called "internal working models" (Thompson, 2008, p. 349). NSCDC (2012) describes a child's mind as a chronological blueprint that remembers experiences, positive and negative. Children establish relationships with peers and adults using knowledge from these blueprints (Thompson, pp. 350-351). NSCDC further reports the part of the brain that regulates emotions develops slowly, particularly when a child experiences trauma (Delgado, Olsson, and Phelps, 2006; LeDoux, 2000; Phelps and LeDoux, 2005; LeDoux & Phelps 2008).

In the areas of development and learning, social-emotional growth often gets relatively less support as a significant emerging learning objective in the early childhood years. Rushton and Kraft (2014) use research from early brain growth and child development to support the belief that heredity and environmental factors such as socioeconomic stressors interact to build the brain's structure (pp. 3-4). The transference of these experiences has a long-lasting effect on the processes of brain development. As a result, it affects educational achievement, economic stability, health behaviors, and chronic diseases as a result of genetic and environmental experiences (Rushton & Kraft, 2014). Using research that examines emotional behaviors, Tottenham (2017) reports that the region of the brain that controls emotion, the prefrontal cortex, matures last in comparison to the other regions (p. 7). From infancy through adolescence,

children learn from adults through "social referencing" or how to regulate their behaviors toward

environmental objects, persons, and situations (pp. 6-7). "[P]arental cues not only provide

instruction to prefrontal cortex development but may also contribute to the high degree of

plasticity observed in this region" (Callaghan & Tottenham, 2016, pp. 7-9). Prefrontal cortex

development can shape developmental outcomes and social behavior.

Shaping Developmental Outcomes and Social Behavior

Based on theoretical frameworks, the quality of care through caregivers' responsiveness

to infants is associated with infants' behavioral and cognitive development in early life (Howell

& Sanchez, 2011 pp. 1001-1002). Those experiences are in direct correlation to infants' mental

development, and long-term cognitive and social functioning (Clark-Stewart, 1973; Connell &

Prinz, 2002; Howell & Sanchez, 2011; p. 1001). Howell and Sanchez further note, "adverse

experiences could also lead to poor outcomes, which affect social behavior and emotional

disorders, and other psychopathologies; experiences can be physical, environmental, or

neglectful" (Cicchetti & Valentino, 2006, p. 1001). An estimated 10% to 15% of one- and two-

year-old children experience significant social-emotional problems (Briggs-Gowan, Carter,

Irwin, Wachtel, & Cicchetti, 2004). Many children's behavior problems are already onset before

entering school. Early intervention is influential in their future success because it may impact

both their educational and socioemotional development (p. 143).

Anderson and Spaulding (2007) recommend a systematic approach in focusing on

evidence-based strategies for positive behavior support – including teaching rules, informal and

formal acknowledgment systems (good job and predefined rewards, respectively), and planning

for responding to behavior (pp. 27-29). In a 2010 empirical study, Reback noted that it is critical

to be proactive by supporting children through early interventions in school for those with

psychological disorders, and social, emotional, and behavioral problems. These mental health issues contribute to difficulties in non-cognitive skills, low test scores, disruptive classrooms, and impediments on others' learning (p. 698). The school needs counselors to assist with students when behavior impedes their education, as well as the education of others in classroom settings. Although it is hard to determine the impact that counselors have on student outcomes, their influences affect teachers' opinions of the school climate (Reback, 2010).

To analyze risk factors associated with mental health issues Wlodarczyk, Pawils, Metzner, Kriston, Klasen, and Ravens-Sieberer (2016) used the mental health module of the German National Health Interview and Examination Survey among Children and Adolescents (KiGGS), conducted by the Robert Koch Institute from 2003-2008. The Bella (Befragung zum seelischen Wohlbefinden und Verhalten) Cohort study analyzed relationships among variables of mental health problems by age, gender, socioeconomic status, and geographical region for preschool-aged children (pp. 529-530). The results showed that the frequency of mental health problems in preschoolers might impact and influence their education, social interactions, and later childhood (Wlodarczyk et al., 2017). Using a population of pregnant women as a group study, McDonald, Kehler, and Tough (2018) extended the Canadian study of All Our Babies and All our Families (AOB/F) developed in 2008 to investigate relationships between prenatal and early childhood outcomes for infants, children, and mothers. Their study reports that 5-20% of preschool-aged children under the age of five years old exhibit social-emotional behavior problems (p. 2). For this study, the Early Development Index reports as these children transition to kindergarten, 40% are at risk of having social-emotional health issues (McDonald et al., p. 2). When children are at risk for social-emotional development, behavioral problems are observed in preschool settings. Behavioral problems can later lead to "psychiatric disorders, and poorer

academic achievement, which is associated with social-emotional delays and behavioral issues"
that are present during school-age (McDonald et al., p. 3).

Assessment and Diagnosis

Due to insufficient diagnostic tools, there is an under-diagnosis of mental health disorders
for children between the ages of 0-5 years old (Briggs-Gowen et al., 2004; Wright, Holmes,
Stader, Penny, & Wieduwildt, 2004). In 2002, the Work Group on Research of the American
Academy of Child and Adolescent Psychiatry recommended the Research Diagnostic Criteria-
Preschool Age (RDC-PA) as a valid classification system for ages 0-5 (Wright et al., p. 502).
Their research explores the validity of the Child Behavior checklist, Diagnostic Classification
System 0-3, Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), and the
Diagnostic and Statistical Manual (p. 496). Individually, these tools are limited in their diagnosis
and are not interconnected to identify social, emotional, and behavioral problems in children (p.
499). Insufficient screening tools are a contributing source of the underrepresentation of children
receiving help from an interdisciplinary team during school age.

Interdisciplinary and Mental Health Team of Experts

Occupational services assist children at risk for mental health issues in areas of work,
education, social participation, and activities of daily living (ADLs), generalized across a variety
of environments (American Occupational Therapy Association, AOTA, 2008; Arbesman, Bazyk,
and Nochajski, 2013, p. 120). Investment in systematic collaboration between caregivers,
educators, counselors, social workers, psychologists, family physicians, administrators, and the
community is vital across all environments to promote mental health (Arbesman et al. 2013).
Mahaffey's (2016) systematic review suggests that occupational therapists can support students
by recognizing the early stages of mental health illnesses. These professionals have the authority

to make decisions about interventions for children who are at risk for failure, and to use a child-centered evaluation process to determine what factors affect a child's ability to be successful in activities, schoolwork, and self-care (Arbesman, Bazyk, & Nochajski, 2013; Mahaffey, 2016). In 2010, several rural school districts partnered with a local university in the Midwest to conduct an interdisciplinary study to implement and adopt a school evidence-based social and emotional learning (SEL) program to address children's mental health needs (Meyers, Tobin, Huber, Conway & Shelvin, 2015). The committee consisted of a team of diverse professionals, including teachers, administrators, special educators, psychologists, and social workers, in addition to members of nonprofessional constituent groups such as parents, students, and community members (Meyers et al., 2015, p. 110-114). The project is an example that community partnerships and collaboration requires buy-in from all parties (p. 122).

Consultation and Collaboration

This group of studies look to best practices by collaborating with preschools to identify behavior problems among children at risk for mental health issues. The collaboration included partnerships with home, school, and community to work together for student success. Hodges, Hernandez, and Nesman (2003) present a developmental framework for interdependent problem-solving for the improvement of services for children with mental health issues and their families, through collaboration (p. 292). To meet the needs of children and families, Frauenholtz, Mendenhall, and Moon (2017) use a framework for collaboration that guides efforts to transform the children's mental health system and emphasizes that agencies must "share resources and work together" (p. 73). Curricula-based interventions in school settings help young children and their families in the areas of health care, early childhood care, learning, special education, early intervention, mental health, and family services, to address behavior and social-emotional

development (Powell & Dunlap, 2009). In a pilot intervention program with two Head Start

Programs, Green, Malsch, Kothari, Busse, and Brennan (2012) found that a holistic approach to

include children and staff is necessary. The pilot program included restructuring, strategic

planning, training, and staff wellness (p. 123). The Center for Disease Control and Prevention

(2020) states, Head Start is a federally funded program, that services low-income families

focusing on essential areas of early learning, health, and family well-being, while engaging

parents as partners (Cruickshank, Jenkins, & Metcalf; Essa, 1996; National Center on Early

Childhood Health and Wellness (NCECHW), 2019). The performance standards for Head Start

includes a mental health focus that requires the program to complete a mental health assessment

screening for all students (Early Childhood Learning and Knowledge Center, (ECLKC) 2020).

Synthesis of Literature

When discussed more broadly, existing literature tells a clear story about a need to better

support very young children with mental health needs. Social emotional development and mental

health starts during infancy. All infants are unique in how they learn and the rate at which they

learn social-emotional development. The primary caregiver teaches the infant its first lessons in

trust through meeting their needs. Although the frontal part of the brain develops at a slower rate,

infants learn from their environments how to internalize and externalize the information; this

affects brain development. Caregivers are essential in the development of the mental health of

children. As children get older, their mental health state is exhibited though behavior often seen

during the preschool age. The number of children with mental health issues is on the rise and the

school system has not provided services to young children. As a result, these behaviors get worse

and get externalized in behaviors that are not typical for healthy social-emotional development.

The cumulative effect of behaviors occurs where students suffer socially, academically, and

behaviorally. One possible solution is early intervention.

Analysis and Findings

This section presents three significant findings from a meta-analysis about mental health and the social-emotional development of young children: the recognition of resilient classroom behaviors, interdisciplinary teams in schools, and family partnerships.

Recognizing Resilient Behaviors in The Classroom

First, classroom teachers must recognize atypical behaviors compared to developmentally appropriate ones for the "age and stage" of a young student that exhibits resilient behaviors that expand mental health concern. Experienced teachers know the importance of promoting a safe environment by teaching age-appropriate expectations and behaviors. Erik Erickson developed the psychosocial theory that "ages and stages" are the significant periods in the human development timeline. During each "age and stage," growth and development occur in the primary developmental domains, including physical, intellectual, language, and social-emotional (Essa, 1996, pp. 128-129).

Classroom management. Through the technique of classroom management, teachers establish a safe environment, and students learn appropriate classroom expectations and behaviors (Anderson & Spaulding, 2007; Barrish, Saunders, & Wolf 1969; Colvin & Lazar, 1997; Evertson, Emmer, Clements, Sanford, & Worsham 1984). The teacher is responsible for organizing a well-managed classroom which has a set of procedures and a predictable routine to teach structure within the school (Anderson & Spaulding, 2007; Cruickshank, Jenkins, & Metcalf; Essa 1996; Friend & Cook 2010). Teachers can provide students with practical preventative strategies and clear expectations. Implementing a daily schedule and ensuring a positive climate will manage some negative behaviors and promote a safe environment. Typically, pedagogical classroom management techniques include: (a) modeling positive

behaviors; (b) letting students establish classroom rules; (c) offering students positive

reinforcement and praise for desired behaviors; (d) providing a daily schedule and routine; (e)

allowing natural consequences; and (f) praise and rewards; (g) and non-verbal communication

(Cruickshank, Jenkins, & Metcalf, 2006; Anderson & Spaulding, 2007; Heroman, Burts, Berke,

Bickart, 2010; Wong & Wong, 2005).

Classroom rules. Classroom rules are strategies that teach children basic behaviors to

help them direct their emotions and control their behavior, allowing for an environment that is

conducive to learning (Anderson & Spaulding 2007; Cruickshank, Jenkins, & Metcalf, 2006;

Wong & Wong, 2005). Teachers promote the mental health of students by developing classroom

rules, classroom routines, discipline strategies, and individual responsibility. This management

plan fosters mental health in the classroom (Anderson & Spaulding, 2007).

Behavioral curricula. When students exhibit atypical behaviors that include wanting to

play alone, having no established friendships, and missing instructional time, their social-

emotional development does not flourish in a program that provides an appropriate curriculum

and pedagogy using best practices (Anderson & Spaulding, 2007). The social-emotional

development of a student can bring concern for mental health when behavior is disruptive,

whether verbally (yelling, crying excessively, threatening, cursing, etc.) or physically (throwing

dangerous objects, fighting, etc.). When students display disruptive behavior (physical or verbal)

and are not able to self-regulate, they may require direct support from an interdisciplinary team

of experts with a holistic perspective (Green, Malsch, Kothari, Busse & Brennan, 2012).

Resilient behaviors are not typical socioemotional behaviors for pre-kindergarten students who

are 4-5 years old (Thompson & Lagattuta, 2006). According to Essa (1996), "[o]ne correlate of

prosocial qualities in children appears to be the development of self-control. She also asserts,

"self-development leads to self-regulation, in which the child's judgment about the situation

dictates the response" (p. 440). Wlodarczyk, Pawils, Metzner, Kriston, Klasen, and Ravens-

Sieberer (2017) recognized connections between internal and external risk factors, and innate

and learned behaviors, as connected with possibly significant impacts on a preschooler's mental

health.

The Center for Early Childhood Mental Health Consultation (2020) partners with Head

Start to share a variety of evidence-based curricula for children, teachers, and families. The

curricula include programs to cultivate socioemotional skills, self-control, problem-solving

abilities, and healthy decision-making in children ages 3-8 years old (Powell & Dunlap 2009).

Social-emotional learning (SEL; Meyers, Tobin, Huber, Conway, & Shelvin, 2015) promotes

skills in the areas of interpersonal functioning and self-regulation among children (Greenberg et

al., 2003; Meyers et al., 2015; Zins & Elias, 2006). The use of comprehensive programs for

fostering positive behavior support places emphasis in three areas: 1) defining and teaching

expected behavior (i.e., creating rules), 2) acknowledging students for exhibiting prosocial

behavior, and 3) responding to discipline problems fairly and consistently (Anderson &

Spaulding, 2007, p. 27).

Teacher relationship and bonding. In pre-kindergarten settings, the teacher is the

primary caregiver for students. As with infants who bond with their primary caregivers, students

must bond with their teachers. In an early childhood setting, forming a relationship with adults or

bonding with teachers is a social-emotional learning objective for young children (Meyers,

Tobin, Huber, Conway & Shelvin, 2015). Establishing positive relationships with the teacher, as

well as with peers, shows growth in social-emotional development (Berk, 2006; Bronson, 2006;

Heroman, Burts, Berke, & Bickart, 2010; Howes, 2000; Howes et al. 2008; Palermo, Hanish,

Martin, Fabes & Reiser, 2007; Pianta, 1999). All areas of development – cognitive, social-

emotional, and speech and language – are learned through adult care, interaction, and affection,

typically from the mother, but maybe any caregiver (Ainsworth,1979).

A Whole-School Approach from an Interdisciplinary Team

 When providing support in the classroom for the mental health wellness of all children,

the interdisciplinary team can implement strategies in the school so that educators implement an

approach that "defines and teaches expected behavior, acknowledges students' prosocial

behavior, and responds to discipline problems fairly and consistently" (Anderson & Spaulding

2007). The interdisciplinary team will consist of members of multiple disciplines to include

counselors, psychologists, occupational therapists, behavior specialists, teachers, administrators,

and mental health agencies – each providing knowledge in their field of expertise to support

students (Frauenholtz, Mendenhall, & Moon, 2017). Because the number of young children with

mental health issues continues to increase, educational institutions also need to use strategies that

allow school staff to work together in addressing behavioral problems. Rather than teachers,

administrators, and support teams reacting individually to disruptive behavior, a systematic

school change as a proactive approach and could improve the functioning of all children

(Meyers, Tobin, Huber, Conway & Shelvin, 2015). Through this process, students who have not

responded to a system of strategies may have mental health issues (Green, Malsch, Kothari,

Busse, & Brennan, 2012). Therefore, the common goal should be for professionals to work

together using a whole-school approach to cohesively create support for students (Green,

Malsch, Kothari, Busse, & Brennan, 2012). The Centers for Disease Control and Prevention

(2019) reports that nearly half of the population of children in the United States with mental

health concerns do not receive any kind of support services. Children who have mental illnesses

will also continue to increase (Ghandour, Sherman, Vladutiu, Ali, Lynch, Bitsko, & Blumberg, 2018). A barrier in the treatment of children with mental health issues is the stigma for school staff and parents who may lack perception and awareness of mental illness symptoms (Frauenholtz, Mendenhall & Moon, 2017). The CDC reports, "Early diagnosis and appropriate services for children and their families can make a difference in the lives of children with mental disorders" (American Psychiatric Association, 2013). To support students with mental health concerns, a school-based mental health interdisciplinary team would need to 1) identify behaviors, and then conduct a 2) problem analysis, 3) intervention and 4) evaluation (Anderson & Spaulding, 2007; Green, Malsch, Kothari, Busse, & Brennan, 2012). Early intervention can have a significant impact on a child's ability to learn new skills and overcome challenges, and can increase success in school (Thompson, & Raikes, 2007).

Professional development. Part of the whole-school approach includes training teachers and staff (Arbesman et al. 2013) to support the collaboration of the stakeholders. During professional development, staff can learn about the curriculum. Professional development includes team meetings, staff participation in strategic planning, staff wellness, and training. To integrate social-emotional learning (SEL) into the classroom, teachers and interdisciplinary staff need training in the curriculum. The school's culture must have leadership and project "buy-in" of the social-emotional learning program or model to provide care for children with behavior and mental health problems (Frauenholtz et al., 2017; Green et al., 2012; Meyers et al., 2015).

Family partnerships. Educational institutions must first build positive family relationships to promote school readiness through interpersonal frameworks that support home, school, and community connections (Frauenholtz et al. 2017, as cited in Allen-Meares, 2013). Since parents are their child's first teachers (Ainsworth, 1979), including families in the

beginning stages of the whole-school approach to address mental health concerns is beneficial to

the school. Partnerships are essential, because a member of the interdisciplinary team teaches the

social and emotional learning (SEL) program to the parent (Powell & Dunlap, 2009).

Transparent communication with parents about mental health and social-emotional development

concerns can be discussed by sharing data and explaining what these data mean. The leadership

in the school will communicate with families on developing training, conducting workshops, and

listening to parents (Ferrara, 2011).

Conclusion

The meta-analysis of literature strongly suggests that establishing socioemotional support in a child's early years of school can change their education experiences and positively impact their holistic development. Educational programs, such as Head Start, provide opportunities to promote young children's mental wellness (Green, Malsch, Kothari, Busse & Brennan, 2012; Powell & Dunlap, 2009). Their socioemotional behavior is a natural process developed through positive interactions, and with the support of trusting relationships with adults during the preschool years (Heroman, Burts, Berke, and Bickart, 2010; Rubin et al., 1998; Smith & Hart, 2002; Howes & James, 2002). Although these educational settings may provide support to young children through the use of evidence-based curricula and teacher training, the number of children at a young age who (a) continue to struggle with the development of social-emotional and life skills, and (b) have experienced mental health issues, increases (Powell and Dunlap, 2009). Educational institutions need to provide support for the social-emotional and mental health care of young children and families. To assist classrooms with support in mental health, institutions can be proactive in the acknowledgment of resilient behaviors (NSCDC, 2004; Shaw, Owens, Giovannelli & Winslow, 2001; Rubin, Burgess, Dwyer, & Hastings, 2003; Vasey & Dadds, 2001). Once they have acknowledged resilient behaviors, collaboration can begin to provide a whole-school approach in the classroom from an interdisciplinary team (Arbesman, Bazyk, & Nochajski, 2013; Anderson & Spaulding, 2007; Mahaffey, 2016). The collaboration will also include establishing transparent communication with parents about the mental health concerns of children (Green, Malsch, Kothari, Busse, & Brennan, 2012; Powell & Dunlap, 2009).

Recommendations for Future Research

Researchers and practitioners might look to the models of Head Start to understand a holistic approach in serving at-risk students and their families, which then allows for early detection of mental illness. Green, Malsch, Kothari, Busse, and Brennan (2012) partnered with Head Start to establish a model of strategies, to ensure that mental health services for very young students are ongoing through strategic planning, supporting staff wellness, and effective use of mental health consultants. The results proved beneficial for Head Start and other preschool programs. Overall, programs felt supported, less stressed, increase collaboration, and shared a vision for student support in mental health (Green et al., 2012). The implementation of a collaborative program benefits the mental health of children and families.

The intervention included action steps that have been suggested by many of the studies cited in this meta-analysis. The implication of the research suggests that families, teachers, administrators, stakeholders, and interdisciplinary teams need to work together to support children and families with mental health problems (Center for Disease Control and Prevention, 2020). The focus on the "whole child" and the "whole family" includes the components of Head Start's Program: education, health, parent involvement, and Social Services (Thompson & Raikes, (2007). In looking at the mental health of young children, the literature supports the need for programs such as Head Start in all of these aspects of holistic support for young students.

Findings and conclusions about the mental health of children suggest areas for further study in restructure using the existing services already in schools - borrowing best practices from Head Start; the following actions may support this thesis:

- Conducting mental health screenings during registration;

- Implementing accommodations (504 plan) if needed at the beginning of the year;

- Providing staff and parents with professional development addressing mental health;

- Facilitating in-class lessons by mental health professional-play therapy; and

- Providing mental health support for staff and parents.

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