



Educator Perspectives on Mental Health Supports at the Primary Level

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Abstract

During the early years of formal education, young students develop a number of formative academic, motor, behavioral, and socioemotional skills that lay the foundation for future learning. Since student mental health in the early grades predicts academic achievement in later grades, mental health interventions are essential at the primary school level. Not only are teachers expected to provide academic instruction, they are now involved in providing students with mental health services, despite a lack of training to do so. The current study sought to gather the perspectives of 38 primary-level educators to gain understanding about mental health knowledge, current approaches to mitigating mental health challenges, and barriers that prevent them from successfully addressing student mental health issues. Using thematic analysis, three themes developed: (1) Educators indicate supporting primary students' mental health is within their role; (2) Systems-level constraints prevent effective mental health supports; and (3) Staff desire increased mental health resources. Implications for educators and practice are discussed.

Keywords Student mental health · Educator perspectives · School-based mental health · Primary level

Introduction

The primary grades are foundational for supporting the development of students' school readiness across multiple domains (Pace et al., 2019; Sabol & Pianta, 2012). Young children are rapidly developing academic, behavioral, and socioemotional skills essential for academic success and student well-being (Brovokich & Dirsmith, 2021). Later school success and positive academic achievement have been found to depend on early student development of socioemotional skills and competencies (Pace et al., 2019; Papadopoulou

et al., 2014; Russo et al., 2019; Sabol & Pianta, 2012). For instance, a longitudinal examination of over 1300 students determined readiness skills upon entry into kindergarten, such as language, academic, and socioemotional skills, were found to significantly predict socioemotional and academic performance through fifth grade (Pace et al., 2019). Children with specific academic and emotional and behavioral challenges in preschool often continue on that problematic trajectory as they move into middle school and may be at higher risk for school dropout (Fitzpatrick et al., 2020; Gettinger et al., 2010).

For our present purposes, we define *mental health* (MH) in childhood, including children through age 8, as:

a broad label that encompasses a range of mental, emotional, social, and behavioral functioning...[and] occurs along a continuum from good to poor and varies over time, in different conditions, and at different ages. Good mental health in children includes indicators such as the timely achievement of developmental milestones, healthy social and emotional development, and effective regulatory and coping skills...Poor mental health and patterns of symptoms that are severe, are persistent, and cause impairment or dysfunction can develop into mental disorders. (Bitsko et al., 2022, p. 1)

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In young children, the development of socioemotional skills is associated with executive functioning skills such as decision-making, planning, and problem-solving; emotional skills such as emotion recognition and emotion regulation; social skills such as prosocial skills and establishing peer relationships; and intra-personal skills such as frustration tolerance and managing conflict (Papadopoulou et al., 2014). Unfortunately, young children are not immune to mental health challenges (Cree, 2018), and increasingly, educators are reporting higher prevalence rates of students with significant socioemotional needs (Danielson et al., 2021) and an overall lack of readiness for school (Russo et al., 2019).

Student Mental Health in Primary Grades

Based on parent report, approximately 17% of children between the age of 2 and 8 in the United States (US) have a mental, behavioral, or developmental disorder (Cree, 2018), consistent with international prevalence rates (von Klitzing et al., 2015). Diagnosis and identification of mental health concerns is difficult for children at a young age (McGorry & Mei, 2018). Numerous risk factors related to the child, family, and environment have been identified that may contribute to the mental health challenges displayed by young children and often have an “additive” effect such that multiple risk factors lead to increased likelihood of negative outcomes (Gettinger et al., 2010). Approximately one in six young children—ages 2–8 years—in rural areas have mental health challenges, a prevalence rate higher than children in urban areas (Robinson et al., 2017). Additionally, children in the child welfare system have significantly higher rates of mental health disorders as well as trauma exposure (National Child Traumatic Stress Network, 2013). Parental stress, mental health challenges, and marital problems have all been linked to an increased risk for mental health concerns in children as well (American Academy of Child & Adolescent Psychiatry, 2015). Minoritized youth are also at an increased risk of mental health concerns (Suldo et al., 2014). Despite this, few children with mental health challenges actually receive any type of mental health support in the US (Costello et al., 2014; Merikangas et al., 2010; U.S. Department of Education, 2021).

Calls to support early childhood mental health have come from policy makers (Nelson & Mann, 2011) and the health-care (Wakschlag et al., 2019) and education fields (Suldo et al., 2014). These calls focus on the importance of early screening (Wakschlag et al., 2019), supporting the development of early childhood professionals, including educators, to recognize early warning signs in young children (Nelson & Mann, 2011), and early intervention to support early childhood socioemotional well-being (McGorry & Mei, 2018; Wakschlag et al., 2019). Additionally, implementation of school-based mental health services via a multi-tiered

system of support, particularly for young children, is gaining attention (Brovokich & Dirsmith, 2021; National Association of School Psychologists [NASP], 2015).

Systems-Level Approaches to Supporting Student Mental Health

School-based mental health (SBMH) services are those delivered by school- and/or community-based personnel to meet the varying mental health needs of children in the school setting (Doll et al., 2017). Addressing mental health needs in schools reduces barriers to access and makes mental health support more accessible for the school community while also reducing stigma, ensuring consistency in services, and promoting healthy development (Doll et al., 2017; Little & Akin-Little, 2013). Early intervention in the school setting aimed at addressing the effects of risk factors such as trauma and other adverse childhood events has been found to mitigate negative effects by meeting the socioemotional needs of students (Stegelin et al., 2020). A recent meta-analysis of forty-three controlled trials examining over 49,000 students found SBMH services delivered small to medium effect sizes in decreasing elementary school-aged children’s mental health problems, most notably when the mental health services were integrated into academic instruction as well as implemented multiple times per week (Sanchez et al., 2018).

Schools have increasingly begun to adopt a multi-tiered system of support (MTSS) framework that integrates student needs and school services across academic, behavioral, and socioemotional domains (NASP, 2016). Within MTSS, socioemotional strategies can be implemented to help youth acquire the needed knowledge, attitudes, and skills “to develop healthy identities, manage emotions and achieve personal and collective goals, feel and show empathy for others, establish and maintain supportive relationships, and make responsible and caring decisions” (Collaborative for Academic, Social, and Emotional Learning [CASEL], 2020, np). Implementing mental health interventions in a school setting can lead to long-term improvements in reducing anxiety and behavioral problems, and increases in positive attitudes, prosocial behavior, and academic outcomes (CASEL, 2020; Stegelin et al., 2020). Within an MTSS framework, universal school mental health supports are typically taught within elementary school classrooms, most often by classroom teachers (Franklin et al., 2012), and are intended to provide students opportunities to practice socioemotional skills.

Primary Teachers’ Role in Meeting Student Mental Health Needs

An important aspect of the effective delivery of mental health services in school is the integration of the services

within academic instruction (Sanchez et al., 2018). Indeed, the role of *teacher* has expanded beyond creating and delivering academic lessons to include supporting student mental health needs (Reinke et al., 2011) via the delivery of classroom-based mental health supports (Franklin et al., 2012). Research has demonstrated no significant difference in the effects of an intervention based on the personnel who delivered the program, such that teachers delivering mental health interventions produce comparable results to mental health providers (Franklin et al., 2012). While classroom teachers are uniquely positioned to understand the needs of their students and play a critical role in the implementation of interventions to address those needs (Berzin et al., 2011; Whear et al., 2013), and they reportedly value implementing these types of interventions, they do not always feel prepared to meet the mental health needs of their students due to a lack of training to support student mental health (Baweja et al., 2016; Berger et al., 2021; Ohrt et al., 2020; Reinke et al., 2011), a finding relevant across the US (e.g., Baweja et al., 2016; Ohrt et al., 2020; Reinke et al., 2011) and abroad (Berger et al., 2021; Ohrt et al., 2020).

Study Purpose

Although mental health providers such as school psychologists and school counselors are known as experts in delivering SBMH services, school staff with various levels of training and expertise are involved in delivering such services (Franklin et al., 2012). Thus, this study explored educator perspectives related to current perceptions of student mental health as well as the perception of existing resources to address student mental health needs at the primary school level. For the purposes of the present study, we referred to *primary* as children enrolled in kindergarten, first, and second grade. We posed the following research questions to be answered via participant interviews:

1. What are the perceptions of school staff at a primary school in relation to student mental health?
2. What current resources are in place at the primary school to address student mental health?

We conducted one-on-one interviews with teachers, staff, and administrators within the school to understand their perspectives and knowledge related to student mental health.

Methods

Setting and Participants

Participants were recruited from a large primary school in a Midwestern US school district. The National Center for

Education Statistics (2006) classifies the school's locale as suburb: midsize. The school serves approximately 600 students and employs approximately 45 teachers. Ninety percent of the students enrolled identify as White, 5.6% of students are Multiracial, and 2.8% are Hispanic. Approximately 35% of students receive free and reduced-price lunch, and approximately 17% of students are eligible for special education services.

Thirty-eight school staff members consented to participating in an interview. Participants included classroom teachers, special education teachers, related arts teachers (e.g., music, art), support staff (e.g., instructional assistants), administrators, and other licensed special education personnel (e.g., occupational therapist, speech language pathologist). Informed consent was provided prior to beginning interviews. All procedures adhered to and complied with the university's Institutional Review Board standards and requirements for the protection of human subjects. Data analysis was supported by grant funding and the authors do not disclose any financial conflicts. Given the homogeneous population of educators employed by the school and to protect participant anonymity, we did not collect gender nor racial demographic information. Participants had been working at the school between 1 and 22 years with an average of 8.7 years. Total number of years in the education field ranged between 1 and 24 years, with an average of 11.6 years in education. Of the 38 interviewees, 47% were classroom teachers, 31% were support staff, 16% were special education staff (including licensed staff), and 3% were related arts teachers and administrators, respectively. See Table 1 for additional information about participants.

Interview Procedure and Instrument

Recruitment was conducted on a volunteer basis via an online sign-up sheet. The link to the sign-up sheet was sent to all school staff members, including administrators, general education teachers, special education teachers, and other service providers via an email drafted by the researchers and delivered by the building's principal. Interviews took place in the Fall of 2020 and were conducted via an online video conference platform (Zoom) due to COVID-19 restrictions. After sharing a visual copy of the consent form via "screen-share," participants provided verbal consent to participate in the study. Only one person did not consent, in which case the interview was still conducted and not utilized for research purposes but included in an executive summary shared with the school. Of about 45 teachers and staff members invited to participate, 38 signed up for an interview and consented to participate in the study (i.e., ~85% response rate). Upon completion of interviews, participants were awarded a \$15.00 Amazon gift card. Interviews were conducted by five members of the research team, which included four doctoral

Table 1 Participant identification codes and demographic information

Participant ID	Professional title	Years at study school	Years in education
T1	Kindergarten teacher	9	9
T2	Kindergarten teacher	11	15
T3	Kindergarten teacher	8	15
T4	Kindergarten teacher	< 1	< 1
T5	Kindergarten teacher	6	8
T6	Kindergarten teacher	13	13
T7	Kindergarten teacher	7	7
T8	Kindergarten teacher	3	13
T9	Kindergarten teacher	6	13
T10	1st grade teacher	19	20
T11	1st grade teacher	5	8
T12	1st grade Teacher	9	11
T13	1st grade teacher	3	7
T14	1st grade teacher	< 1	7
T15	2nd grade teacher	7	14
T16	2nd grade teacher	18	24
T17	2nd grade teacher	7	7
T18	Teacher	N/A	N/A
T-RA1	Related arts teacher	3	5
T-SPED1	Special education teacher	15	15
T-SPED2	Special education teacher	15	15
T-SPED3	Special education teacher	1	5
T-SPED4	Special education teacher	12	21
SPED1	Special education certified staff	22	23
SPED2	Special education certified staff	11	11
OS1	School administrator	13	24
SS1	Instructional assistant	13	15
SS2	Instructional assistant	4	15
SS3	Instructional assistant	< 1	1
SS4	Instructional assistant	16	16
SS5	Instructional assistant	1	1
SS6	Instructional assistant	1	1
SS7	Instructional assistant	5	5
SS8	Instructional assistant	16	16
SS9	Instructional assistant	< 1	6
SS10	Instructional assistant	5	5
SS11	Library assistant	11	15
SS12	Interventionist	14	15

Key: T#=Classroom teacher; T-RA#=Related arts teacher (e.g., Physical Education, Music, etc.); T-SPED#=Special education teacher; SPED#=Special education personnel (e.g., Speech Language Pathologist, Occupational Therapist, etc.); OS#=Office staff (e.g., administrator); SS#=Support staff (e.g., instructional assistants; library assistant, interventionist)

graduate students and one school psychology faculty member. We adopted interview questions from Ormiston et al. (2021), found in the ‘Appendix’, which addressed student mental health within the primary school, and individual and systemic practices currently in place to support student mental health concerns. As stated previously, all interview data was collated and shared with school administrators and staff via an executive summary, as a mechanism for member checking. Participants noted the findings seemed consistent with anecdotal evidence obtained from working in the school building.

Research Team

Our research team consisted of one school psychology faculty member, four doctoral graduate students, and one educational specialist student. Four team members identified as White, one identified as Black/African, and one identified as Filipino/White. According to Braun and Clarke’s (2020) recommendation, we acknowledged our positionality and its potential impact on this research. All research team members were affiliated with the school psychology program in the same university, which claims a social justice orientation. Thus, despite our selection of an inductive thematic analysis design, a method that seeks to minimize potential bias (Braun & Clarke, 2006), we recognized we viewed the interviews and resulting data analysis through a school psychology and social justice lens.

Study Design and Procedures

By using multiple data sources (i.e., teachers, administrators, school staff) and multiple researchers, we employed crystallization to provide a thorough understanding of participants’ perspectives on SBMH practices in their school (Tracy, 2010). Foundational to quality qualitative research, we sought to establish trustworthiness, or credibility, through our use of a thick, rich description of our research process and findings (Tracy, 2010).

Thematic Analysis

We conducted an inductive thematic analysis to develop and analyze potential themes. Three of the research team members were involved in data analysis. We began data analysis by familiarizing ourselves with the data, reading the transcripts of all 38 interviews independently without identifying anything that stood out to us. Once completed, each researcher was assigned 25–26 out of the 38 transcripts to read through again and extract initial “interesting” ideas and topics (i.e., codes). Each interview was analyzed by two of the researchers. After extracting codes, we individually sorted them into potential themes by relevance to each other.

Braun and Clarke (2006) recommend to “consider how different codes may combine to form an overarching theme” (p. 19). Subsequently, two of the researchers met to refine their themes to “form a coherent pattern” and “consider validity of individual themes in relation to the data set” (Braun & Clarke, 2006, p. 20–21). We developed sub-themes to further delineate the scope of each theme, before all three researchers met to further refine the themes and finalize them. We checked to ensure each theme was distinct such that each code only fit within one theme. In the final phase of the thematic analysis, we identified and extracted the data from the interview transcripts that best represented the central ideas of each theme, excerpts of which are presented below.

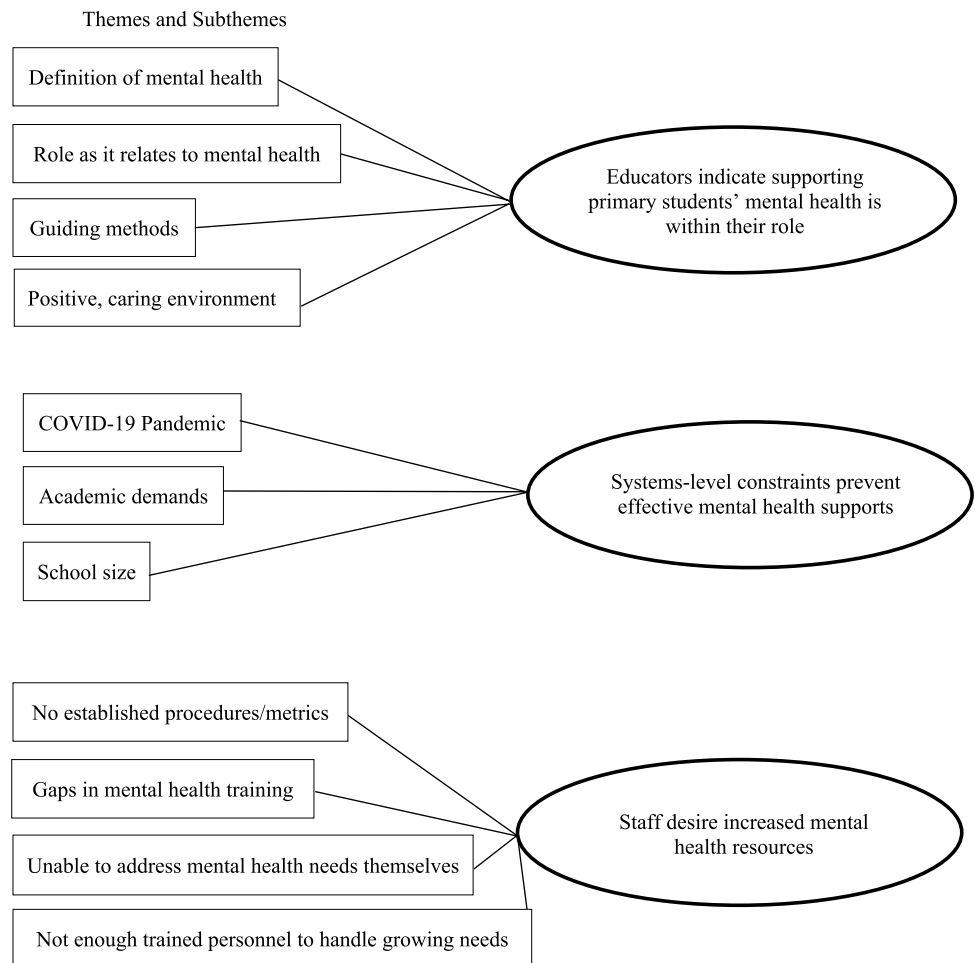
Results

Results of the thematic analysis highlighted the following themes: (1) Educators indicate supporting primary students’ mental health is within their role; (2) Systems-level

constraints prevent effective mental health supports; and (3) Staff desire increased mental health resources. These three themes suggest that, although there are various ways of addressing and approaching mental health at the current primary school, school personnel desire more opportunities and resources to be able to provide mental health support to their young students. All themes and subthemes can be found in Fig. 1. Please note “school staff” and “school personnel” are used interchangeably when results encapsulate perspectives of diverse roles; when perspectives are specific to one sub-group (e.g., classroom teachers), the specific role is reflected in the results discussed.

Although our primary aim is not to quantify the qualitative nature of participants’ responses, for the sake of clarity and consistency we describe our results based on the frequency with which those ideas were endorsed by participants as follows: “few” refers to 3 or fewer participants, “some” refers to 4–9 participants, “many” refers to 10–19 participants, and a “majority” refers to more than 19, or more than half of our 38 participants for whom that idea was endorsed.

Fig. 1 Themes and subthemes



Educators Indicate Supporting Primary Students' Mental Health is Within Their Role

Staff members' interpretation and definition of mental health and mental health services for students varied based on their role, responsibilities, and position in the school. For example, certified teachers often referred to classroom accommodations and procedures such as offering breaks to students when needed, and daily check-ins to identify students' current emotional states (e.g., SS3, T10, T-RA1, T-SPED1). A majority of teachers also described their roles as it relates to building relationships with students and being a person students can trust (e.g., T3, T5, T6, T17, SS7).

I think as a kindergarten teacher, I have a very important role, where I'm a lot of times, these first kiddos' contact in school. Or it might be their first experience just being outside of the home. And so, we're there to see—we're there and we need to know the signs to look for or help [the] identification of students who might be experiencing mental health struggles or emotional struggles and that might need those extra supports. (T2)

In contrast, those who do not work as intimately with students (i.e., those who are not classroom teachers), described their role as implementing interventions or providing resources for students when asked about mental health (e.g., SS1, T-SPED2). For example, "Well, I don't know for sure how much it impacts the mental health. But I mean being in Title I, sometimes the kids I see have a lower reading ability and the frustration is there" (SS1). Another staff member indicated her "role could be supporting in books that include diversity of feelings, current events, past events that affect us now. Things like that. And then just listening" (SS11).

All staff members, regardless of their relationship with students, were able to identify ways in which they support students with mental health issues even though it may increase their emotional strain. For instance, one teacher indicated:

Just the other day I had a student come in and like, hmm, something's going on...you can just tell in his face. But I always feel like I'm more of their therapist and I'm like their caregiver...So that brings a lot of whatever they're going through onto me. (T15)

Educators described the ways they support student mental health, indicating that all school personnel contribute, in one form or another, toward improving student well-being. Some staff members highlighted district-wide initiatives (e.g., Connected Learning Assures Successful Students program) that target professional development, promoting the use of a universal vocabulary to help students articulate their mental health needs (e.g., SPED1),

in turn helping school staff connect students to services (e.g., T2, T18, T-SPED2). Additionally, many teachers referenced a collaborative work environment in which staff work together to provide adequate mental health services to students (e.g., T11, T-SPED4, SS5, SS6). Classroom teachers described approaches they implement directly with students:

In my room I would focus on the mental health needs of my students, and the students I see every day. We do a lot of typical [socioemotional learning] type lessons. Giving them strategies that they can use if they ever need them. And then there are always those students that need a little extra support, and one-on-one time. So I try to do that when I can. (T11)

At the time of conducting interviews, the school district and the local university had recently begun partnering to establish an MTSS framework and this effort was reflected in numerous responses (e.g., SPED2, SS10). Participants made comments regarding the "SEL [socioemotional learning] team," suggesting that initial efforts of the partnership had been noticed and appreciated by school staff:

We end up discussing SEL needs and referrals. We make a lot of referrals to the SEL team. I feel like previously, it was to social work. And now with the expanding SEL team...I feel like we just—we have a lot more options, a lot more resources. And just—it's great. I feel like we have a lot more options to be able to refer kiddos. (SPED2)

Many staff members also highlighted the "positive community" that their school has (e.g., OS1), and the ease of collaborating with others to ensure each student receives adequate support (e.g., SS11). One teacher mentioned "for the most part...we are very collaborative. Each grade level works really, really well together to try to come up with the best plan for the kids on a day-to-day basis and long-range basis" (T16). Similarly, others discussed collaboration and the strong sense of community that is felt throughout the school:

We're big but we're small. And it's a small community that's growing. I feel like there's always someone you can reach out with for those kids. I mean if it's not me working with them, then I know that I can talk to probably three or four other adults in the building for help for them. (T15)

Within this theme, staff and teachers recognize the importance and need for supporting the mental health needs of their students. The collaborative nature of school personnel has provided teachers with support in offering students needed services. Teachers also understood the importance of development of socioemotional skills in young students,

illustrated by many mentions of socioemotional lessons and referrals to the newly implemented SEL team.

Systems-Level Constraints Prevent Effective Mental Health Supports

Systems-level issues such as funding, lack of personnel, and lack of universal metrics to track mental health interventions hindered staff's ability to feel fully competent in their ability to address student mental health needs (e.g., OS1, SS2, SS3, SS4, T1, T9, T12, T-SPED-3, SS8). No participant was able to identify specific metrics the school utilizes to track whether a mental health intervention was effective. This suggests there are unclear guidelines and procedures for referring students for and providing mental health support. Teachers also felt as though the academic demands placed on themselves as well as students are preventing them from adequately meeting the persistent mental health issues students face (e.g., T10). A classroom teacher stated:

So I feel like we barely have any time in the day to do our instruction for reading, and math, and all the subjects. And then social, emotional, or mental health just kind of falls down through the cracks. So it's not getting handled as much. (T18)

Another stated “teachers are now having to do everything. We have to figure out the problem. We have to figure out how to get them help... You have to do everything” (T16).

Academic demands, coupled with large class sizes and the global pandemic, have left teachers feeling overwhelmed. One teacher stated, “It's very, very hard in a big school to really see each kid... because of the size, it's really overwhelming” (T8) and another “started out the year with 37 [students], which was quite a lot to manage, but right now I'm down to 32” (T4). Some teachers indicated the additional stress the COVID-19 pandemic placed upon both students and teachers:

I would say if there's anything right now, it's the stress that teachers are under. Because right now we're on a hybrid schedule. So we are only seeing our students, some of our students, two days a week. So we see half of our students on Monday, Tuesday and then the other half on Thursday, Friday. So we're having to, for lack of a better term, jam this curriculum down their throats for two days. And so we have to teach them something because they were out of school for almost nine weeks last school year. (T14)

A special education teacher indicated “the academic requirements are strenuous, the class sizes are large, so the teacher—classroom teacher, the person that the students feel more comfortable with—has the least amount of time to connect with them daily, one-on-one” (T-SPED1).

Some expressed concern about the number of school- and district-level initiatives (e.g., T7), resulting in minimal time to reach out to students they think need help.

I think sometimes we take on so many new initiatives that certain things can get left on the back burner. And I think we also take a lot of initiatives to just improve how we're instructing curriculum. We're very, very curriculum driven. And so some days... I do think when I leave at the end of the day, “OK, did I touch base with every single one of my students?” Because you just kind of hit the ground running, and it's like go, go, go. I've got to do this. I've got to do this. And so I think sometimes... certain things might get put on the back burner because we have all these other plates we are juggling at the same time... we wear many different hats when we're teaching. (T10)

Meeting academic demands during the COVID-19 pandemic and trying to adapt to new, district-wide initiatives emphasize the stress teachers are under. Teachers are, however, able to recognize mental health concerns and make attempts to provide services to students although teachers perceive they are unable to meet the persisting needs of all the students they encounter.

Staff Desire Increased Mental Health Resources

Although there were a number of positive responses indicating teachers and staff utilize current resources and services to address student mental health needs, many school personnel still desire more programs designed to address mental health (e.g., T15). School staff stated they feel “resources are thin” (T16) and limited in areas such as programming, time, funding, resources, and mental health staff members (e.g., T9, T14, T-SPED2, SS12). They also indicated it is difficult to address intensive student needs:

If we could just have more bodies to help us with talking to these kids and helping them sort through their feelings and their situations at home and their—a lot of them have seen a lot of things and been through a lot. And they need as much support as they can get. So we need the bodies and the people to know how to deal with these situations and help these students learn how to cope. (T1)

Many teachers (e.g., T-RA1) also mentioned the desire to have consistent language across the district to maintain appropriate supports and have consistent procedures for referring and evaluating students for mental health issues:

So it would be nice to have something that is school-wide, whether it's like terminology or a system or something so that way if you've worked really hard

with someone that struggles in kindergarten with this type of thing, when they come to first grade, I'm able to use the same terminology as like the kindergarten teacher used to help with that. So maybe we were all on the same page as far as like ways to cope or some kind of system, that might be nice to have like a school-wide thing set in place. (T13)

School personnel are desiring more resources, such as additional training (e.g., SS9) and supports in hopes to better serve their students. Teacher perspectives on what is needed at the district-, school-, and classroom-levels are important for making improvements in areas of student mental health to improve the overall well-being of students at the primary level.

Discussion and Implications for Practice

Obtaining primary school educators' perspectives related to SBMH practices provides a valuable contribution to the existing literature since a teacher's role is everchanging and expanding to accommodate student needs (Reinke et al., 2011; Whear et al., 2013). In the current sample, school personnel highlight barriers to SBMH initiatives stemming from the need to balance academic demands, behavior, and mental health, and the need to meet mental health challenges with limited funding and a shortage of resources. Teacher concerns regarding balancing academics and mental health during the school day is consistent with the extant literature (Baweja et al., 2016; Willis et al., 2019). Advocates for student mental health suggest this takes priority in schools during these early years and emphasize the importance of providing students with the foundational socioemotional tools needed for future academic success (Gettinger et al., 2010; Suldo et al., 2014). Certainly, earlier access to mental health services, such as making referrals for students in need (e.g., SPED2), lowers the probability of needing long-term mental health services to address mental health needs (Okado et al., 2017).

Academic demands dominate a teacher's role within our sample yet teachers also indicate supporting student mental health is within their scope, similar to other findings (Papadopoulou et al., 2014). Teachers are active agents in teaching socioemotional lessons (Franklin et al., 2012; Reinke et al., 2011) and connecting students to support within an MTSS framework (von der Embse et al., 2018). As one participant noted (T2), teachers, especially kindergarten teachers, are often a child's first contact in school and are therefore responsible for identifying students in need of extra socioemotional support. Since teachers view themselves as the first line of defense in identifying students in need of support and providing universal instruction on socioemotional

competencies (Ormiston et al., 2021), teachers should have the training to identify students with mental health challenges (Papadopoulou et al., 2014) and are encouraged to be a regular presence on multi-disciplinary MTSS teams (Brovkovich & Dirsmith, 2021). Universal school-based socioemotional programs delivered by classroom teachers foster a common language and improve social and emotional skills, behaviors, and academic achievement (Durlak et al., 2011). Given the current rate of students with MH needs (Cree, 2018), universal instruction delivered by classroom teachers is an efficient way to ensure students receive at least a baseline of socioemotional instruction. While this has happened with some success (Franklin et al., 2012), teachers consistently report not having enough training or knowledge to know how to best support their students (Baweja et al., 2016; Berger et al., 2021; Ohrt et al., 2020). Although teachers in our sample have experienced the added stress of the COVID-19 pandemic, findings remain consistent with previous literature in that teachers continue to desire training in mental health to best support their students (Reinke et al., 2011). As such, tools such as universal socioemotional screeners can be used to identify students at risk (von der Embse et al., 2018) even though fewer than 15% of schools utilize universal screeners to assist in their SBMH referrals (Bruhn et al., 2014). Participants from this study reported no such mechanism, suggesting a need for the continued expansion of this practice. However, participants caution the adoption of too many new initiatives, raising a concern for sustainability, consistent with concerns identified by Splett et al. (2018) regarding the implementation of universal screening and a school's capacity to serve the number of students identified.

Preliminary research and data into the impact of the COVID-19 pandemic suggests mental health needs for students and teachers have increased (Lizana et al., 2021; Wang et al., 2020). Teachers have been made responsible for meeting the needs of their students with limited additional support and as a result of the sudden shift to a new learning modality, teachers have experienced an increase in workload, which contributes to a higher level of distress (Aperribai et al., 2020). Even though students are back in school "as normal," teachers will likely be responsible for getting students caught up academically and meeting the increased socioemotional needs of their students for years to come. In light of these challenges, it is especially important that teachers are supported, receive the necessary training to support their students, and ensure their voices are considered in the development of a plan to meet the needs of so many students.

Teachers in this study discussed collaboration and the importance of the student–teacher relationship when it comes to supporting student mental health. Relationship building amongst school staff and with students and families

is key in promoting a safe, positive school climate (Cohen et al., 2009). A positive student–teacher relationship has often been found to be an important component to supporting the emotional and behavioral well-being of children (Papadopoulou et al., 2014). However, when teacher mental health is negatively impacted, as indicated by participant T15, the effects filter down to students such that student mental health is affected as well. The reverse is also evident, such that positive teacher mental health has been associated with improved student well-being and lower rates of mental health concerns (Harding et al., 2019). Even collegial relationships—as discussed by our current sample—have been found to impact the mental health of students and staff (Milkie & Warner, 2011).

Limitations

Several limitations to the current study should be addressed. First, due to public health concerns related to the pandemic, interviews were conducted via a web-based platform. The lack of in-person interviews could have impacted the quality of the interviewer-interviewee dynamic, thus limiting the responses of participants. Additionally, the school was already in the initial stages of implementing an MTSS framework due to a grant the district received. Staff may have been influenced by the changes already made—albeit limited given the pandemic and time the interviews took place during the school year—but this is a confounding factor that must be considered. Finally, the study took place in a relatively homogenous, Midwestern US district. Results from the present study are limited when examining teacher perspectives related to mental health in other locales and with more diverse populations.

Conclusion

The current study presents results from interviews with staff at a Midwestern US primary school. Three themes developed as a result of thematic analysis: (1) Educators indicate supporting primary students' mental health is within their role; (2) Systems-level constraints prevent effective mental health supports; and (3) Staff desire increased mental health resources. Results suggest teachers recognize how mental health influences student growth and development at the primary level and feel a responsibility to improve student mental health yet face barriers in mental health education, resources, and services. Findings reinforce the need for an MTSS framework as a means to deliver school mental health services.

Appendix

Interview Protocol

1. Please tell me about your role in the school/district as it relates to the mental health needs of students.
2. What approaches, if any (including approaches that you may not directly be involved with) does SCHOOL take to support the mental health of its students?
3. What are the existing strengths of SCHOOL, if any, as it relates to supporting the mental health needs of its students?
4. What gaps, if any, are there in supporting the mental health needs of students at SCHOOL?
5. What metrics, if any, are in place to track whether an individual mental health intervention was successful?
6. What metrics, if any, are in place to track whether SCHOOL as a school is having a positive impact on the mental health of its students?
7. Where would you like to see a potential partnership between SCHOOL and the school psychology program at UNIVERSITY head?

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Declarations

Conflict of interest The authors have no conflict of interest to declare that are relevant to the content of this article.

Ethical Approval The study was approved by the University Institutional Review Board (Exempt Protocol Number: 1904386118).

Informed Consent Informed consent was obtained from all individual participants included in the study.

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