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Supporting Student Mental Health During and After COVID-19

David Bryant Naff
Virginia Commonwealth University, naffdb@vcu.edu

Shenita Williams
Virginia Commonwealth University, SEWILLIAMS2@vcu.edu

Jenna Furman
Virginia Commonwealth University, furmanja@mymail.vcu.edu

Melissa Lee
Virginia Commonwealth University, mlee27@mymail.vcu.edu

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Supporting Student Mental Health During and After COVID-19: A Rapid Review of the Research

VCU
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Report Authors

David Naff, Virginia Commonwealth University

Shenita Williams,* Virginia Commonwealth University

Jenna Furman,* Virginia Commonwealth University

Melissa Lee,* Virginia Commonwealth University

* Co-second authors

This report also features contributions from the
MERC English Learner Research and Evaluation Team.

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*A Report by the Metropolitan
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*Established in 1991, the Metropolitan Educational Research Consortium (MERC) is a research alliance between
the School of Education at Virginia Commonwealth University and school divisions in metropolitan Richmond:
Chesterfield, Goochland, Hanover, Henrico, Petersburg, Powhatan, and Richmond. Through our Policy and
Planning Council, MERC division Superintendents and other division leaders identify issues facing their
students and educators and MERC designs and executes research studies to explore them, ultimately making
recommendations for policy and practice. MERC has five core principles that guide its work: Relevance, Impact,
Rigor, Multiple Perspectives, and Relationships.*
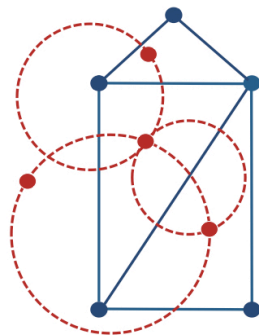
MERC SY20 PROJECT

The challenges faced by schools as a result of the COVID-19 crisis are of a magnitude that has never been experienced in the history of public education. The 2020 school year will forever be characterized by this sudden disruption to public schooling. In response to this, MERC launched the SY20 project to provide rapid response, iterative research to help address immediate and enduring needs by school divisions in metropolitan Richmond.

The project has the following goals: (1) To convene conversations between scholars and practitioners on critical topics in public education relevant to the moment, (2) To share examples of local efforts that illustrate innovation and best practice, (3) To encourage community engagement and dialogue on our work through broad dissemination.

This report emerged from the SY20 project in response to MERC division requests for research and resources to support student mental health during and after COVID-19.

ABOUT THIS REPORT

This report offers a rapid review of research about supporting student mental health as they return to school during COVID-19. It pulls from literature on natural disasters like hurricane Katrina, the psychological impacts of quarantine, and emergent research on the mental health impacts of the Coronavirus. The report is structured to answer three overarching questions: 1) Why is it important to address the mental health needs of students in schools? 2) How can we expect COVID-19 to impact the mental health of students? 3) What are some practical strategies for addressing the mental health needs of students and personnel as they return to school? Links to relevant resources for educators are provided throughout the report.

CONTENTS

How can we support student mental health during and after COVID-19?

Among its innumerable impacts, COVID-19 has caused unprecedented disruption to public schooling in America and across the world.

The first cases were detected in November 2019 in China,[1] and the first diagnosed case in the United States was on January 20, 2020 in Washington State.[2] From there it rapidly spread throughout the country, causing public schools to close in mid March amidst calls from the Center for Disease Control (CDC) for people to socially distance to mitigate the spread and "flatten the curve."[3] By mid-April, schools and universities discontinued in-person instruction in 192 countries, impacting nearly 1.6 billion children and young adults (more than 90% of students across the world).[4] Although this caused a massive disruption to student learning, this is not the only concern for American students now largely living under quarantine conditions. The impact on their mental health is likely, but also largely unknown given the unprecedented nature of COVID-19. When our students return to school in the fall of 2020, in any format, supporting their social and emotional needs will be just as important as addressing their academic learning.

The Virginia Department of Education's (VDOE) Recover. Redesign. Reopen. Restart.[5] guidance for reopening schools during COVID-19 repeatedly emphasizes the importance of supporting the mental and emotional wellness of students, stating, "Care must be taken to accommodate mental health needs of students which may have been exacerbated in these uncertain times."[6] Similarly, school divisions throughout the MERC region have emphasized in their reopening plans the need for supporting student mental health as they return to school. In this rapid review of the literature, we explore existing research that helps to provide insights for educators and educational leaders who will be tasked with meeting these needs. Such rapid reviews are recommended by the World Health Organization (WHO) due to the urgency in which we must respond to the current moment.[7] Still, there is little mental health data available related to rapid school closures due to COVID-19.[8] This requires exploration of research and resources from other events that proved broadly disruptive to public schooling, such as Hurricane Katrina, where less than a third of public schools in metropolitan New Orleans were in operation a year later.[9] Additionally, literature related to childhood trauma and the effects of quarantine offer insights into what students are likely to have endured, to varying degrees, during this pandemic.

1. *Sorokin et al. (2020)*

2. *Harcourt et al. (2020)*

3. *Matrajt & Leung (2020)*

4. *Psacharopoulous, et al. (2020)*

5. *VDOE (2020a)*

6. *p. 47*

7. *Brooks et al. (2020)*

8. *Bahn (2020)*

9. *Lowe et al. (2012)*

What follows is a literature review conducted by researchers associated with the Metropolitan Educational Research Consortium (MERC), a long standing research partnership between the School of Education at Virginia Commonwealth University and seven school divisions in the metropolitan Richmond area. The MERC region serves over 200 schools, 11,000 teachers, and 164,000 students across urban, rural, and suburban contexts. Students and educators alike in our region will need some form of mental health support during and after COVID-19, and the goal of this report is to provide insights and resources to aid in that effort. Researchers reviewed literature related to schools reopening after natural disasters, the psychological impact

of quarantine, and (when available) current research on the mental health impacts of COVID-19. We used terms such as "mental health," "social and emotional wellbeing," and "psychological wellbeing" to guide our search. This is not intended to be a comprehensive review of the existing research literature, but a curation of peer reviewed journal articles and other reputable resources that we believe will prove useful in informing our understanding of the mental health needs of students in these unprecedented times. We organize our findings according to three prominent questions:

Why is it important to address the mental health needs of students in school? In this section we explore the various ways that schools are uniquely positioned to support student mental health, highlighting the potential impact of removing these supports when school buildings abruptly closed in the spring of 2020 but also the importance of providing them when schools reopen in any capacity in the fall.

How can we expect COVID-19 to impact the mental health of students? In this section we explore the potential mental health impacts on students overall due to COVID-19, as well as student groups that may be particularly vulnerable.

What are some strategies for addressing the mental health needs of students and educators when they return to school? In this section we curate key takeaways from the research literature on practical strategies for supporting the social and emotional wellbeing of students and educators during and after COVID-19.

Although this report will primarily focus on addressing the mental health needs of students, we will also provide insights and resources related to addressing the mental health of educators, who have also been impacted by this pandemic. It is our hope that this report helps to inform the critical work of educators and school leaders committed to student wellbeing while navigating an uncertain future.

Report Highlights

- Schools are a critical provider of mental health services to youth because of their proximity to students.

- Although school counselors, school social workers, and school psychologists are trained mental health providers in schools, teachers will likely be tasked with providing this support to students as well during COVID-19.

- There are many potentially traumatizing aspects of COVID-19 experienced by most students such as sudden disruption to schooling and the need to socially isolate to limit the spread of the disease. However, there are students who may need particular support, including students with disabilities, English learners, students with existing mental health challenges or a history of substance abuse, students exposed to domestic abuse during quarantine, and students whose families were directly impacted. There are also developmental, racial, and socioeconomic considerations for providing mental health support to students discussed in the third section of this report.

- School personnel, who will be tasked with providing mental health supports for students when they return to school in any format during and after COVID-19, will also need to be mindful of their own mental health needs and may require support.

- Strategies for supporting students include assessing their mental health needs, providing accurate and up to date information, maintaining routine and structure in the school day to the extent possible, and helping them develop coping skills. Detailed strategies and resources are discussed in the final section of this report.

Why is it important to address the mental health needs of students in school?

Schools will play a critical role in addressing the mental health needs of students during and after COVID-19.[10]

This is because schools provide consistent proximity to students, offering teachers, counselors, and other educators the ongoing opportunity to provide social and emotional support.[11] Additionally, mental health professionals who work in schools form the largest percentage of primary providers of mental health services for children.[12] Schools are often the first institutions to resume operations after a natural disaster, leading them to be on the front lines of addressing trauma that students may have endured,[13] which may manifest in poor attendance, attention issues, or behavioral challenges.[14]

Importantly, schools provide a non-stigmatising setting for students to receive psychological support. [15] Although schools primarily function as centers for academic learning, they also provide a setting for mental health interventions with students exhibiting moderate levels of trauma or manageable levels of stress.[16] This allows them to offer preventative rather than exclusively reactionary care.[17] The school setting also empowers teachers to be mediators, which allow large-scale interventions to be more effectively implemented.[18]

Schools also play an important role in addressing the mental health needs of students because of the opportunity for educators to routinely connect with parents. In the aftermath of natural disasters like Hurricane Katrina, schools became the main point of contact for many families, especially for those who may have been displaced.[19] When schools are able to effectively partner with students' families, it maximizes the potential for developing effective, collaborative plans to support their mental health.[20] That being said, it is important to be mindful of the potential impacts of COVID-19 on the ability of schools to connect with parents. Research has shown that schools seeking to obtain consent for mental health interventions experienced increased difficulty in communicating with parents after a natural disaster.[21] Parents who suffer traumatic stress may respond by isolating themselves and their children, potentially limiting the ability of educators to effectively contact them.[22] Regardless of these documented challenges, perhaps compounded by the need for continued remote schooling during COVID-19, educators will be tasked with supporting student mental health during and after this pandemic.

What role do educators play in supporting mental health?

Educators serve an important role in ensuring that mental health needs of students are met following trauma exposure. Particularly following stressful events like natural disasters, students often look for adult figures to model a hopeful outlook.[23] Teachers are important because of the role they can play to assist in the implementation of school-based mental health interventions. This is largely related to their ability to provide a structured classroom with predictable routines and clear expectations, affording students a reliable foundation for emotional healing. [24] However, it is important to note that teachers are not the primary providers of mental health support in schools.[25] In fact, many teachers view

10. *Brocque et al. (2017)*

11. *Powell and Bui (2016)*

12. *Jaycox et al. (2006)*

13. *Overstreet et al. (2010); Jaycox et al. (2007)*

14. *Jaycox et al. (2006)*

15. *Coombe et al. (2015); Wolmer et al. (2003)*

16. *Wolmer et al. (2003)*

17. *Ibid.*

18. *Ibid.*

19. *Clettenberg et al. (2011)*

20. *Murray (2009)*

21. *Jaycox et al. (2007)*

22. *Clettenberg et al. (2011)*

23. *Brocque et al. (2017)*

24. *Wolmer et al. (2003)*

25. *Reinke et al. (2011)*

school counselors, school social workers, and school psychologists as the school-based mental health professionals tasked with supporting these needs.[26]

Schools are typically staffed with trained counselors who support the academic development and social and emotional needs of the students they serve. According to guidance from the American School Counselor Association (ASCA), school counselors should spend the majority of their time in direct service to students, with a small amount of time dedicated to "system support."[27] Because of this, counselors are well positioned to lead school-level efforts towards promoting student mental health because of their graduate level training in therapeutic interventions and professional charge to directly connect with students. Still, counselors are often overburdened with a large caseload, limiting their ability to individually connect with each of their students. In 2019, counselors served an average caseload of 455 students, although ASCA officially recommends no more than 250.[28] In Virginia, the articulated ratios for the 2019-2020 school year were 455 students per elementary counselor, 370 students per middle school counselor, and 325 students per high school counselor.[29] This suggests that while counselors are well-equipped to address the mental health needs of students, their bandwidth may be limited, reinforcing the need for other adults in the school building like teachers to help support this function.

Additionally, school social workers are licensed and/or certified mental health providers serving diverse groups of students, families, schools and communities.[30] They provide evidence-based behavioral, social emotional, and mental health services.[31] School social workers consult with, support, and train teachers and other school staff how to effectively address mental health issues in a school setting. The National Association of Social Workers (NASW) standards for School Social Work Services recommends a ratio of one school social worker to 250 general education students. A ratio of one school social worker to 150 students is suggested when providing services to students with more intense needs.[32] Social workers in Virginia are tasked with offering myriad services to students and families, including service on IEP and 504 teams, crisis intervention, family advocacy, and coordination of services.[33] They are also listed among the school-based mental health resources in the VDOE reopening guidance, as are school psychologists.[34]

26. *Franklin et al. (2012)*

27. *American School Counselor Association (2020)*

28. *Bray (2019)*

29. *Direct Aid to Public Education (2019)*

30. *School Social Work Association of America (2020)*

31. *Allen-Mears et al. (2013)*

32. *National Association of Social Workers (2018)*

33. *VDOE (n.d.)*

34. *VDOE (2020a)*

35. *National Association of School Psychologists (n.d.)*

36. *Ibid.*

37. *Ibid.*

38. *VDOE (2019)*

39. *Cave (2016)*

40. *NCES (2019)*

School psychologists are vital members of school-based mental health teams who support students by partnering with families and educators to create safe and health learning environments.[35] Their expertise in mental health, learning, and behavior help students succeed academically, socially, behaviorally and emotionally.[36] The recommended ratio is one school psychologist to every 500 students.[37] The 2019 prescribed Standards of Quality for Virginia stated that there should be at least four specialist student support positions (including social workers, school psychologists, school nurses and other licensed health and behavioral positions) per 1,000 students.[38] As recently as 2015, there was an estimated one school social worker for every 1,600 students and one school psychologist for every 1,500-1,900 students.[39]

According to the National Center for Educational Statistics (NCES), 94% of schools employed a mental health provider in the 2015-2016 school year.[40] This included approximately 81% of schools with at least one full or part-time counselor, approximately 67% of schools with at least one full or part-time school psychologist, and approximately 41% of schools with at least one full or part-time social worker. Thus, while schools frequently employ staff dedicated to supporting student mental health, the prevalence of need due to the stress accompanying COVID-19 may merit additional support.

What are some challenges to providing mental health support to students in school?

Although schools serve an important role in nurturing student mental health, there are often challenges or barriers for providing those services even under "normal" circumstances.[41] This includes the need to focus on academics as the primary mission in school, scarcity of resources, and competing priorities.[42]

Research on students returning to school after natural disasters often recommends that they return to their normal academic routine as quickly as possible.[43] Thus, in previous instances of disaster exposure, many school districts reported a renewed focus on academics, reinforced by anticipation of mandatory standardized testing for students.[44] While accounting for lost instruction is important, focusing heavily on academics may divert time, effort, and resources from meeting the mental health needs of students returning to school after a traumatic event like COVID-19. The structure and pace of a typical school day may also limit the ability of the school to provide adequate mental health services to students who have competing demands on their time. Because of this, interventions may need to be brief and targeted to small groups of students in order to be effective.[45]

Additionally, schools may lack access to community mental health providers who could provide services beyond what is feasible to offer during the school day. Following Hurricane Katrina, many school-based mental health providers reported difficulty in connecting students with outside resources because they were no longer available or had long waiting lists, requiring them to develop new in school supports and refined procedures for making referrals.[46] Regardless, the availability of community mental health providers may be less of a concern for schools than the need to reinforce their capacity for addressing student needs in the building.

The financial challenges that school systems face due to COVID-19 may exacerbate an existing resource issue. The School Survey on Crime and Safety by the National Center for Educational Statistics (NCES) added items related to the provision of mental health services in the 2015-2016 school year. Of the respondents, 75% indicated that inadequate funding was a barrier to sufficiently meeting the mental health needs of their students.[47] Although the projected $1 billion dollar shortfall for the Commonwealth of Virginia due to COVID-19 proved to be less than expected,[48] school divisions throughout the state still had to submit amended budgets to account for a reduction in anticipated resources during the economic downturn associated with the pandemic. A possible impact is the reduction of auxiliary resources, such as mental health services in schools.[49] For example, original budget plans that included the hiring of additional school counselors had to be reconsidered.[50] While schools can be effective in mounting an immediate response to address the mental health concerns of students following unexpected events, the challenge lies in sustaining those efforts and addressing the longer-term psychological impact of disasters,[51] especially when considering the anticipated reduction in available resources to do so.

41. Katoaka et al. (2009)

42. Jaycox et al. (2007)

43. Burnham & Hooper (2012)

44. Jaycox et al. (2007)

45. Powell & Bui (2016)

46. Jaycox et al. (2007)

47. Hansen & Diliberti (2018)

48. Martz (2020)

49. Katoaka et al. (2009)

50. Mattingly (2020)

51. Dhital et al. (2019)

School-Wide Investment in Student Mental Health

In the need for school mental health services after Hurricane Katrina, there was resistance from some school administrators about providing counseling for students on campus.[52] In some cases, administrators resisted the presence of counselors in the classroom, and specifically asked counselors to allow students to move on from talking about the impact of the hurricane.[53] In contrast, following COVID-19 related school closures in Virginia, two memos from the State Superintendent in June of 2020 have outlined the need for schools to grant excused absences due to issues with mental or behavioral health,[54] and for school divisions to provide mental health awareness training for all teachers and other full-time school personnel[55] in accordance with HB74[56] and SB619.[57] Bearing this guidance from the state in mind, teachers may still be reluctant to assume a role in mental health interventions because of a lack of professional training and the potential perception that it falls outside of their job responsibilities.[58] Efforts by school and division leaders to promote buy-in by their faculty and staff to an "all hands on deck" approach to addressing mental health with students will be necessary. As the next section will discuss, while this is an important consideration during business-as-usual schooling, there is evidence of particular urgency around supporting student mental health during and after COVID-19.

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52. *Katoaka et al. (2009)*

53. *Jaycox et al. (2007)*

54. *VDOE (2020b)*

55. *VDOE (2020c)*

56. *Mental Health Awareness Training (2020)*

57. *Ibid.*

58. *Jaycox et al. (2007)*

How can we expect COVID-19 to impact the mental health of students?

Regardless of previous emotional wellbeing, experiencing unexpected traumatic events like natural disasters or pandemics can have a negative impact on mental health.[59]

Symptoms associated with the traumatic event can be emotional, physical, cognitive, or social in nature and vary in severity and duration.[60] Anxiety, depression, generalized grief, and fear are often mental health issues faced by those affected by natural disasters.[61] In the wake of Hurricane Katrina, an estimated 34% of children experienced symptoms associated with post-traumatic stress disorder (PTSD) or depression as a result of the hurricane. Nearly half of parents reported that their children were experiencing symptoms associated with anxiety, depression, and sleep deprivation.[62] The risk of contracting COVID-19 has produced a wide range of similar psychological concerns, such as panic disorder, anxiety, and depression.[63] In this section we begin by exploring the potential impact of COVID-19 on the mental health of students overall, followed by attention to student subgroups that may be particularly susceptible.

How might students be impacted overall?

When considering how COVID-19 may potentially impact the overall mental health of students, it is important to understand their common experiences associated with the pandemic. All (or nearly all) students experienced a rapid disruption to their schooling in the spring of 2020, a barrage of continuously changing information about the virus, extended periods of quarantine, and general uncertainty about what the future holds. Additionally, some students will have been particularly impacted for a variety of reasons, including contraction of the disease (or a family member contracting the disease), having a parent being furloughed or losing their job entirely, or even having a close relationship with someone who passed away due to the virus. For some, the disruption to their schooling may have been particularly stressful due to a lack of access to reliable internet or devices to complete remote learning.[64] Furthermore, the disproportionate impact of COVID-19 on communities of color[65] and those in low-income households[66] has been well-documented.

In general, COVID-19 may impact the mental health of students in a variety of ways, many of which could happen simultaneously. In a 2020 study by Sorokin et al., researchers explored how stressors associated with COVID-19 were predictive of overall psychological stress and anxiety in 2,000 Russian-speaking participants. Researchers found that 99.8% of respondents reported at least some concerns related to the Coronavirus, emphasizing the prevalence of distress associated with the disease. In the context of American K–12 students, this suggests that we might expect nearly all students to experience at least some distress, perhaps related to continued or renewed isolation due to quarantine. Additionally, we might expect students to instinctively feel concerned about exposure to classmates exhibiting respiratory symptoms, whether or not they have tested positive.[67]

Research suggests that the majority of children affected by trauma will demonstrate resilience or return to normal routine fairly quickly, especially when supported by sensitive and responsive caregivers.[68] However, compared to adults, children are more vulnerable to the emotional impact of traumatic events that disrupt their daily lives.[69] Some students may develop trauma-related stress, anxiety, and depression.[70] Disturbances in sleep, appetite, and

59. Brock & Cowan (2004)

60. Ibid.

61. Burnham and Hooper (2012)

62. Katoaka et al. (2009)

63. Sorokin et al. (2020)

64. Pew Research Center (2020)

65. CDC (2020)

66. Pew Social Trends (2020)

67. Soronkin et al. (2020)

68. Brocque et al. (2017)

69. Bartlett et al. (2020)

70. Bartlett et al. (2020); Imran et al. (2020)

impairment in social interactions are additional concerns.[71] This may manifest in the form of separation anxiety, generalized anxiety, and externalization of behavior problems.[72] Children may struggle with significant adjustments to their routines such as school and child care closures, social distancing, and quarantine, which may interfere with their sense of structure, predictability, and security.[73] A child's response may also depend on their physical and mental health, socioeconomic circumstances, and cultural background.[74] We discuss these considerations in further detail later in this section.

While most students may be likely to cope relatively well to the disruptions caused by COVID-19, some may develop more severe symptoms consistent with PTSD.[75] In a 2020 study by Liang et al., researchers examined the psychological effects of COVID-19 in 584 people in China ranging in age from 14 to 35. They found that 40% of the participants reported psychological problems and 14% reported symptoms of PTSD. Research suggests that children who underwent quarantine and isolation in the aftermath of natural disasters may be more likely to meet the criteria for a PTSD diagnosis.[76] While more students are likely to be diagnosed with anxiety disorders, acute stress disorders, and adjustment disorders, this may be due to the fact that accurate PTSD diagnosis in children is difficult. Little is known about the presentation of post-traumatic distress in children over time, given that child development occurs at a rapid rate and that children may have different levels of resilience for coping with stress.[77] Students with PTSD may persistently re-experience the traumatic event, avoidance of reminders of the event, emotional numbing, and symptoms of increased arousal.[78] They may also be at increased risk of substance and alcohol abuse, disruptive or destructive behavior, and suicide.[79] In the classroom, students suffering from PTSD may have trouble participating in class and completing assignments or lose interest in activities and friends.[80] Teachers and other educators may find that these students begin to disengage from school uncharacteristically.[81]

Overall, emotional and behavioral challenges may impact student performance and behavior. Teachers may see students who have difficulty concentrating, experience hypersensitivity to the traumatic event, or avoid places reminiscent of the trauma.[82] Left untreated, the psychological impacts of trauma may have long-term effects.[83]

Fear of COVID-19

71. Imran et al. (2020)

72. Brocque et al. (2017)

73. CDC (2019)

74. Imran et al. (2020)

75. Clettenberg et al. (2011)

76. Sprang & Silman (2013)

77. Brocque et al. (2017)

78. Brock and Cowan (2004)

79. Ibid.

80. Coombe et al. (2015)

81. Sims et al. (2015)

82. Jaycox et al. (2006)

83. Brocque et al. (2017)

84. Satici et al. (2020)

85. Satici et al. (2020, p. 2)

86. Satici et al. (2020)

Although research on the psychological impact of COVID-19 is in its early development due to the sudden onset of the disease, researchers have developed methods for measuring the distress it generates. Ahorsu et al. (2020) developed and validated a "Fear of COVID-19" scale including items such as "Coronavirus-19 is an unpredictable disease," "I am afraid of losing my life because of Coronavirus-19," and "I cannot sleep because I'm worrying about getting Coronavirus-19." Others researchers identified additional concerns associated with the disease, including fear of bodily harm, fear for significant others, intolerance to uncertainty, and concerns about action/inaction.[84] Additionally, Lee (2020) developed a "Coronavirus Anxiety Scale," and found that higher scores were associated with alcohol/drug coping, suicidal ideation, and feelings of hopelessness. In a 2020 study, Satici and colleagues surveyed 1,772 individuals from Turkey to explore the connection between rumination and fear of COVID-19 using the Fear of COVID-19 scale. The authors defined rumination as "a way of thinking that deepens and maintains depression," [85] thus posing an ongoing threat to mental health following a distressing incident. They found that intolerance of uncertainty was a significant predictor of rumination and fear of COVID-19. Fear of COVID-19 was also a significant predictor of negative mental health.[86]

Sudden Disruption to Schooling

Students may experience lingering impacts on their mental health from the abrupt disruption to schooling in the spring of 2020 due to COVID-19. The sudden closure of schools can cause stress and anxiety and a feeling of loss as students are separated from friends and supportive adults.[87] This disruption may foster social withdrawal and isolation, heightening students' risk for developing internalizing symptoms, such as anxiety.[88] Children may experience an increase in depressive symptoms due to a decrease in social interaction.[89] Sudden disruption of schooling can have implications when students return to school as well. In a 2009 study, Katoaka and colleagues conducted focus groups with school-based mental health professionals participating in a youth trauma intervention following hurricane Katrina. Participants recalled students experiencing trauma and a sense of loss related to the unexpected closure of their schools, as well as pressure to catch up academically due to the disruption to their education. While it will be important to help students recover lost learning time when they return to school, educators should be mindful of the compounding stress that this may generate on top of existing mental health concerns.

Effects of Quarantine

Quarantine is defined as the separation and restriction of movement of people who have potentially been exposed to a contagious disease to ascertain if they become unwell, reducing the risk of them infecting others.[90] Being quarantined can negatively impact family rituals, norms, and values which are often grounding factors for families during a crisis.[91] Quarantining can also negatively impact resilience as relationships with family members, peers and the community are disrupted.[92] Studies show that the negative consequences of quarantine can create many physical and mental health challenges, including emotional disturbance, depression, irritability, insomnia, anger, and emotional exhaustion.[93]

In a 2020 rapid review of research in response to COVID-19, Brooks and colleagues found a myriad of ways that quarantine was associated with psychological stress. This included feelings of exhaustion, isolation, anxiety, and low motivation to complete work. Furthermore, they found that many of these symptoms tended to persist even after quarantine had ended, suggesting a lingering impact. Longer periods of quarantine were associated with extended periods of lingering distress. While they found that it was common for most (if not all) people in quarantine to report increased levels of distress, this tended to be particularly true for people with direct exposure to a virus or lack of resources to meet basic needs. From their review, they found that low-income individuals tended to report higher distress after experiencing quarantine. Although students' experiences with quarantine during COVID-19 are likely varied, most will have experienced at least some disruption to their daily lives due to government mandates for social distancing. Educators should therefore bear in mind the demonstrated impacts of quarantine on mental health.

Grief or Loss

Ku'bler-Ross' five stages of grief (denial, anger, bargaining, depression, and acceptance) can help explain the process of grief and loss experienced by people after natural disasters and other crises, such as loss of income, divorce, loss of home, and loss of life.[94] This

87. Imran et al. (2020); Lowe et al. (2012)

88. Comer et al. (2010)

89. Xie et al. (2020)

90. Brooks et al. (2020)

91. Sprang & Silman (2013)

92. Ibid.

93. Gritsenko et al. (2020)

94. Burnham and Hooper (2012)

framework is helpful in understanding how persons who have experienced loss as a result of COVID-19 may be impacted and what they may experience as they seek to establish a sense of normalcy.[95] In a pandemic, adults and young people are at risk for adjustment problems, PTSD, depression, and suicide when their ability to grieve and move through the bereavement process related to a death is inhibited.[96] An understanding of grief and loss will be necessary to aid in the support of students' mental health.

Secondary Stressors

Secondary stressors are the events that occur in the weeks and months following a disaster.[97] Aside from the stress related to a primary event, those with secondary stress may experience compounding negative impacts from the weight of additional stressors.[98] Secondary stressors are reminiscent of the initial trauma and there is often a desire to avoid re-experiencing those feelings.[99] Having an opportunity to safely process stress with sound social supports is vital.[100] Research indicates that factors such as negative life events, loss of social support and parental unemployment, that occur after an initial stressful event can be key in predicting risk for negative psychological outcomes.[101] In a 2010 study by Overstreet and colleagues where researchers surveyed 271 racially and socioeconomically diverse adolescents following Hurricane Katrina, they found that 92% experienced at least one secondary stressor (e.g., separation from friends, lingering damage to their homes, persistent parental unemployment, or disruption to family structure), and 50% experienced three or more stressors.[102]

Upon returning to school, students and families may need ongoing mental health supports that are not solely focused on the primary traumatic event, but also secondary stressors.[103] Therefore, understanding the impact of secondary stress on adolescents is essential in planning school-based interventions.[104] This understanding can help schools design interventions to support students dealing with the long-term impact of secondary stressors in addition to the stressors they experienced from the event itself.

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95. *Burnham and Hooper (2012)*

96. *Fegert et al. (2020)*

97. *Overstreet et al. (2010)*

98. *Ibid.*

99. *Ibid.*

100. *Ibid.*

101. *Ibid.*

102. *Overstreet et al. (2010, p. 424)*

103. *Katoaka et al. (2009)*

104. *Overstreet et al. (2010)*

What students may be particularly impacted?

While most, if not all, students may have experienced at least some psychological stress related to COVID-19, some may be particularly impacted. In this section we explore developmental, racial, and socioeconomic considerations, as well as implications for students with disabilities and existing mental health challenges, English Learners, students with a history of substance abuse, students exposed to domestic violence, and students whose families were directly impacted by the virus.

Developmental Differences

Understanding developmental differences can help prevent misinterpretation of behaviors as oppositional or uncooperative.[105] Therefore, it is important to understand the developmental context for responses seen from preschoolers to young adults. Preschoolers may display an increase in temper tantrums, reenact traumatic events in their play, or regress in behaviors such as toileting, dressing and feeding.[106] Early elementary students may react similarly, but having a broader vocabulary than preschool-aged children, they may be more talkative and ask questions about the traumatic event.[107] Elementary students may also have difficulty concentrating, struggle to attend school as regularly as they did before the traumatic event, and perform poorly on assignments or assessments.[108] They may also display anger and irritability and present with psychosomatic complaints.[109]

Middle and high school students are more likely to miss school, engage in substance use, fighting, or other reckless behaviors, experience challenges with interpersonal relationships and show a decline in academic performance.[110] In addition to fears of contracting COVID-19 themselves, adolescents may be more likely to have concerns about friends contracting the virus due to their increased social awareness and valuing of peer relationships.[111] They may also have a higher need to process their feelings and emotions with others.[112] As high schoolers attempt to deal with the pandemic, they too may display an increase in risky behavior.[113] They may also have additional responsibilities within the family, such as supporting and encouraging family members in need.[114] Adolescents may feel intense emotions around missed social opportunities, such as birthday parties, school functions and time with friends.[115] The impact of social distancing during this developmental period which is critical to the adolescent identity development may lead to feelings of frustration, disconnection, and nervousness.[116] In contrast, adolescents who have already established a strong sense of identity may be better able to navigate the stress associated with COVID-19.[117]

Racial and Socioeconomic Considerations

Although the impact of COVID-19 has been widespread, it has been particularly detrimental for communities of color.[118] Compared to White people, Black and Latinx people had nearly five times the hospitalization rate, and American Indian people had more than five times the hospitalization rate due to the virus as of August 8, 2020.[119] Black people died from coronavirus at twice the rate of White people as of this date. Furthermore, people from low-income communities may be more susceptible to the virus due to hourly employment where social distancing is a challenge or a lack of access to quality health care (among other factors).[120] Correspondingly, low-income and racial

105. *Imran et al. (2020)*

106. *Jaycox et al. (2006); Imran et al. (2020)*

107. *Jaycox et al. (2006)*

108. *Ibid.*

109. *Ibid.*

110. *Ibid.*

111. *Murray (2009)*

112. *Ibid.*

113. *Imran et al. (2020)*

114. *Murray (2009)*

115. *Imran et al. (2020)*

116. *Ibid.*

117. *Ibid.*

118. *NPR (2020)*

119. *CDC (2020)*

120. *Brookings (2020)*

minority students may be particularly susceptible to negative mental health impacts from COVID-19. This is potentially exacerbated by existing gaps in the availability of mental health services. Furthermore, high-profile instances of racial injustice in 2020 such as the killing of Ahmaud Arbery, Breonna Taylor, and George Floyd may have generated further psychological distress for Black students. Community-based child and adolescent mental health services remain marginalized and schools often lack the resources to meet the mental health needs of underserved students, particularly in high-poverty school districts that disproportionately serve Black and Latinx students.[121] Therefore, there may be a particular need for the allocation of services and resources for students in these schools and communities.

Because low-income and racial minority youth often report having inadequate access to mental health resources in their communities, Madrid and colleagues (2008) argued that it is particularly important to employ School-Based Health Centers (SBHCs) to help address this need. The researchers conducted a survey of SBHC mental health providers about their experiences serving students in Louisiana following Hurricane Katrina. They found that there was an increase in the use of mental health services, particularly in schools with the highest numbers of displaced students, which also tended to serve higher concentrations of Black and low-income students. This suggests that socioeconomically and racially segregated schools may expect that mental health service use will increase when students return to school following COVID-19. Additionally, all schools should remain mindful of the potentially disproportionate impact of the virus on their low-income Black and Latinx students, and work to connect students and their families with resources in school as well as out of school.[122] For example, the use of telehealth services has increased during COVID-19[123] and could prove to be a valuable resource for students in need. When delivering school-based mental health supports, schools must work to ensure equitable access to services.[124]

Students with Disabilities

The disruption of school due to a pandemic can be particularly impactful for students with disabilities. VDOE guidance for reopening schools articulates that it is particularly important to be mindful of supporting vulnerable student groups, including those with disabilities.[125] This includes guidance to prioritize funding for these student groups. Students with physical disabilities may be more likely to experience secondary physical health problems and long-term psychological impacts from a potentially traumatizing event.[126] Students with a diagnosis of autism or other neurocognitive disabilities where routine is critical in daily functioning may display an increase in acting out behaviors, such as frustration and aggression.[127] Similarly, research supports that students with Attention Deficit Hyperactivity Disorder (ADHD) may show increased challenges with attention or on task behavior related to the loss of structured school activity during COVID-19.[128] Research also shows that historically, children with cognitive disabilities are less likely to receive timely information in a time of crisis, often leaving them particularly unprepared for emergencies.[129] The CDC offers guidance and resources for understanding and supporting the needs of students with developmental and behavioral disabilities during the pandemic, including strategies for communicating information about COVID-19 and ways to promote coping.

Lost access to resources, experienced teachers, and other family supports after a disaster can present compounding challenges for students with physical and cognitive disabilities

121. Madrid et al. (2008)

122. Fegert et al. (2020)

123. CDC (2020)

124. Overstreet et al. (2010)

125. VDOE (2020a)

126. Peek & Stough (2010)

127. Imran et al., 2020)

128. Zhang et al. (2020)

129. Ibid.

who may be more likely to depend on them.[130] Additionally, funding for continued services at the same level of care prior to the disaster may be limited.[131] For example, in early July of 2020 the Trump administration threatened to halt federal funding for schools that did not fully reopen for in person instruction in the fall.[132] Federal funding makes up approximately 8.3 percent of school budgets nationwide, much of it in the form of Title I grants and funds to support enforcement of the federal Individuals with Disabilities Education Act (IDEA) legislation.[133] Low-income students and students with disabilities would be disproportionately impacted by such a proposal. Maintaining sufficient resources to support these students will be crucial during and immediately following the pandemic. The Coronavirus Aid, Relief, and Economic Security (CARES) Act passed by congress on March 25, 2020 included $13.2 billion for the Elementary and Secondary School Emergency Relief Fund (ESSER Fund), which is awarded to states in the same proportion they are awarded Title I funds.[134] These funds can largely be allocated at the discretion of states to meet the needs of their educators and students during COVID-19, and several states have articulated plans to use these resources to buttress supports for students with disabilities.[135]

Students with Existing Mental Health Challenges

Students with pre-existing mental health challenges such as depression, anxiety, PTSD, and Obsessive Compulsive Disorder (OCD) may be particularly impacted by trauma associated with COVID-19,[136] potentially placing them at higher risk for emotional disturbance related to the pandemic.[137] Symptoms associated with their diagnoses (e.g., externalizing or internalizing behaviors, disengaging in class, or being disruptive) may intensify following a traumatic event.[138] They may have more adverse emotional reactions to news about COVID-19 related illness and death rates.[139] Regardless of diagnosis, students with pre-existing mental health issues may also face problems with social interactions, academic achievement and overall health.[140] They may also demonstrate difficulty with emotional expression and regulation.[141] While all students may need at least some mental health support in school during and immediately after COVID-19, it is important that educators remain mindful of how students with pre-existing mental health challenges may exhibit intensified expression of symptomatic behaviors, thus requiring additional patience and support.

English Learners

English learners (ELs) and their families are disproportionately affected by the economic and health impacts of COVID-19, contributing to additional stressors and mental health concerns, particularly if they are low income.[142] These students often navigate remote learning with fewer resources, impeded access, additional responsibilities, and increasing needs. For some English learners, school closures in March not only interfered with learning but also disrupted food security and mental health services.[143] Additionally, schools provide an important form of social support for these students. Evidence shows school engagement (defined as the perception of connection with school) contributes to greater mental health and resilience for recently immigrated Central American adolescents, even more than parental and peer attachment.[144] This resilience may be compromised if the connection between home and school is lost.

ELs may already experience mental health challenges based on differences encountered between home and school environments, language differences, and poverty. ELs who are in English-only classrooms may experience symptoms such as anxiety, depression,

130. *Zhang et al. (2020)*

131. *Ibid.*

132. *NPR (2020)*

133. *USDOE (2020)*

134. *USDOE Elementary and Secondary School Emergency Relief Fund*

135. *NCSL (2020)*

136. *Katoaka et al. (2009)*

137. *Bartlett et al. (2020)*

138. *Imran et al. (2020)*

139. *Ibid.*

140. *Powell & Bui (2016)*

141. *Ibid.*

142. *Ross et al. (2020)*

143. *Lazarín (2020)*

144. *Venta et al. (2019)*

and low self-esteem.[145] Some English learners experience stress due to pre-migration, migration, and post-migration,[146] as well as family separation and reunification.[147] Toxic stress resulting from racial and social inequities have been magnified during the pandemic, with implications for poor physical and mental health and socioeconomic outcomes.[148] Stress can intensify due to the factors associated with the pandemic but also because of xenophobic responses. For example, Asian ELs may be experiencing denial, stress, anxiety, and fear due to racial discrimination and bullying related to the outbreak.[149] For undocumented students and their families, issues affecting them such as the threat of deportation, access to health care, employment, and finances are compounded. Undocumented status is a mental health risk factor that school personnel often avoid discussing due to its complexity.[150] An extra level of sensitivity from practitioners is warranted as these students and their families manage many stress-related issues that may be exasperated by COVID-19.

Students with a History of Substance Abuse

Adolescence is often associated with increased risk-taking behaviors, including experimentation with alcohol, drugs, or cigarettes. This behavior may be compounded when encountering secondary stressors associated with unexpected events such as COVID-19, as students may use these substances as a means of emotional coping.[151] Additionally, a history of substance abuse prior to a disaster can further impact an adolescent's ability to emotionally recover and readjust in the wake of the traumatic event. In a 2020 study, Gritsenko and colleagues explored how fear related to COVID-19 was associated with anxiety, substance abuse, and stress in college aged students in Russia and Belarus. The authors found that participants who reported substance use the month before COVID-19 also reported that it increased after the disease emerged. This included an average 35.6% increase in tobacco use, 29.6% increase in alcohol use, and 27.3% increase in cannabis use. These findings reinforce the need to support the mental health of all students in the wake of the pandemic, but also to be particularly mindful of how it may amplify existing substance abuse habits.

Students Exposed to Domestic Abuse, Intimate Partner Violence, and Child Abuse

A prominent concern related to students under quarantine during COVID-19 is the potential increase in exposure to domestic abuse. The call volume for the National Domestic Violence Hotline has increased by 15% during the beginning of 2020 compared to the same time period in 2019, with over 90% of all contacts reporting emotional or verbal abuse.[152] The Council on Foreign Relations describes this as a "double pandemic,"[153] and this is consistent with recent research reporting that domestic violence has increased during COVID-19.[154] Students living in abusive homes who may have otherwise received some respite during the school day instead spend those hours in a potentially dangerous environment. Furthermore, it reduces contact with educators who may be able to detect and report suspected abuse.

Social distancing in an abusive home can increase social isolation by children seeking to avoid harm.[155] In addition to increased exposure to potential abusers, stress associated with the pandemic may lead to heightened domestic violence.[156] This includes fear of infection, boredom and frustration, and heightened financial hardship (potentially due to lost employment).[157] Exposure to domestic violence can have long-term traumatic

145. Ochoa et al. (2004)

146. Perreira & Ornelas (2013); Ornelas & Perreira (2011)

147. Gindling & Poggio (2012); Suárez-Orosco et al. (2010)

148. Fortuna et al. (2020)

149. Zhai & Du (2020)

150. Aganza et al. (2019)

151. Overstreet et al. (2010)

152. National Domestic Violence Hotline (2020)

153. Council on Foreign Relations (2020)

154. Fegert at al. (2020)

155. Imran et al., (2020)

156. Fegert at al. (2020)

157. Imran et al. (2020)

effects on children's mental health.[158] Reports of neglect have also increased during the pandemic.[159] In various studies conducted in West Africa, China, and the United States during periods of financial recessions, natural disasters and infectious disease outbreaks, child abuse, neglect, and exploitation increased.[160] Domestic violence reports in some cases tripled and parents reported increases in yelling, shouting, and slapping their children.[161] Historically schools have made the safety of the students who attend them a priority, and quarantine due to the pandemic has hindered their ability to do so. As students return to school in any capacity following COVID-19, educators should be particularly mindful of the mental health needs of students who may have witnessed violence or endured abuse during the pandemic.

Students Whose Families Were Directly Impacted

Students whose families were directly impacted by the Coronavirus may need particular mental health support. Some families will experience COVID-19 related illness, loss of employment, routine risk of exposure due to being an "essential" employee, or even death from the virus.[162] As students return to school, it will be important to understand (to the extent possible) how their families have experienced the pandemic as research suggests that this will have an impact on their mental health. Parents play a key role in their child's ability to effectively cope with traumatic events. Therefore, a parent's mental health is important in the overall care and support a child receives.[163] With families experiencing high levels of stress, providing stable support to young children who need to feel safe and secure may be challenging.[164]

Children whose parents are essential workers, such as those in the health field, may have to deal with added anxieties such as quarantining or wearing masks within the home due to the possible exposure of their parents.[165] Additionally, research suggests that parents who experience job loss related to natural disasters may endure heightened stress that they then pass on to their children.[166] Furthermore, families with prior histories of trauma exposure may be more likely to experience job loss, compounding newly encountered stress with previous traumatic experiences.[167] The negative impact on caregivers' mental health, substance use, and potential suicidality related to financial instability and job loss can increase the risk of parental emotional disturbance and familial stress.[168] Families may also experience overwhelming stress due to disruptions or restrictions to extended familial supports and resources.[169] Indeed, there are numerous ways that COVID-19 may negatively impact the mental health of students' parents, and previous research from natural disasters suggests that parental distress can prove transferable to children.

In a 2012 study, Lowe and colleagues explored how maternal stress from Hurricane Katrina was related to distress in their children. Mothers were asked how many hurricane-related stressors they had encountered, including lack of necessary medical care for themselves, their children, or their family members. Higher maternal stress was positively associated with higher reported internalized and externalized stress symptoms in children one and three years after the hurricane. The results of this study suggest that students whose families have greater direct exposure to a natural disaster may be the most vulnerable to experiencing ongoing stress. By extension, this suggests that students whose families directly experienced COVID-related stressors (e.g., illness, death of a family member, prolonged quarantine, or job loss) may be particularly vulnerable and in need of additional support when they return to school.[170]

158. Fegert at al. (2020)

159. Ibid.

160. Imran et al. (2020)

161. Ibid.

162. Sorokin et al. (2020)

163. Lowe et al. (2012)

164. Imran et al. (2020)

165. Center for the Study of Traumatic Stress (n.d.)

166. Comer et al. (2010)

167. Ibid.

168. Bartlett et al. (2020); Fegert et al., (2020)

169. Fegert at al. (2020)

170. Lowe et al. (2012)

How might school personnel be impacted?

School and division leaders should also be mindful of supporting the mental and emotional wellbeing of educators and other personnel. The VDOE reopening guidance includes a section titled "Mental Health Supports for School Staff" that emphasizes this need:

> *All members of the school community have been through a crisis. While it is important to focus on the social emotional wellness of students, school staff has also been impacted. Returning staff will have different emotions and abilities to adjust to the transition back to school, meet changing expectations, and manage increased student needs. Staff may also be dealing with their own worries and anxieties for themselves and their families. Some may be grieving losses of family members, colleagues, or students who are no longer with the school or who have succumbed to the illness. Social emotional learning and self-care starts with adults, and leaders should consider making resources available and build wellbeing activities into daily routines for staff. Staff experiencing more difficulties may need positive coping mechanisms, additional mental health services, or crisis support.*[171]

Research supports the need to address the mental health of teachers and other educators along with students following a natural disaster. Losses experienced during a traumatic event may leave teachers feeling ill-equipped to provide emotional support to students when they are struggling with their own emotional wellbeing.[172] In a 2012 qualitative study by Burnham and Hooper, researchers interviewed educators across K–12 settings about their experiences returning to school after Hurricane Katrina. They reported having to deal with personal hardships related to the disaster. This included high levels of stress, increased work fatigue, job frustration, and missed time from work. They also felt a greater need for professional development to support the needs of their students. While they indicated that they had taken positive steps towards coping, they still often experienced some lingering distress and fear. Principals participating in the study corroborated these experiences, noting their own observations with teachers struggling to fully emotionally recover after the Hurricane. Still, participating educators reported a realization that the school represented a safe place for children and they were driven to have school back in session to meet the needs of their students. They saw school reopenings as a sign of normalcy and looked to contribute to the reopening however they could.

While COVID-19 presents unique challenges to reopening schools compared to post Hurricane Katrina, this study illuminates how teachers and other educators instinctively work to meet the needs of their students despite their own residual struggles with mental health. School divisions should bear this in mind as schools reopen in any capacity, recognizing that their faculty and staff may have emotional needs that they put on the back burner in order to meet the varying needs of their students. In the following section we discuss strategies for meeting the mental health needs of students and educators during this pandemic.

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171. *p. 46*

172. *Wolmer et al. (2003);*
       Sims et al. (2015)

What are some strategies for addressing the mental health needs of students and personnel when they return to school?

The following recommendations from research prioritize practical strategies for supporting the expected mental health needs of students and educators in the time of COVID-19.

This includes providing current and accurate information to the extent possible, assessing student mental health and providing support for the promotion of coping skills, and offering training and other supports for faculty and staff. Throughout this section we provide links to resources that may prove helpful in addressing student and educator mental health during and after the pandemic.

Research suggests that the need for mental health support as a result of long-term school closures will be both immediate and enduring.[173] Some key responses of mental health professionals have included multidisciplinary mental health teams, telehealth options, regular screening (e.g., depression, anxiety, and suicidality), and the provision of targeted treatment programs as needed by individuals.[174] As previously discussed, effectively addressing mental health needs will require the presence of school-based mental health professionals (e.g., school counselors, social workers, and psychologists). It is also possible that schools may need to connect to community resources like clinical psychologists to meet the mental health needs of its students.

All educators will play a key role in recognizing risk factors or warning signs for students to make appropriate referrals.[175] Again, guidance from the VDOE has included a requirement for school divisions to provide mental health awareness training for all full time school personnel in accordance with recent state legislation.[176] This will be critical in preparing educators at large for the task ahead of them. Before creating a mental health response plan, disseminating strategies to be used, or adopting an existing program, schools may want to start by doing a needs assessment with their students and educators.[177] This could help determine the focal needs the school wants to address, inform a review of existing interventions to determine potential effectiveness locally, assess expertise within the system for implementing mental health interventions, and evaluate the costs of potential programs.[178]

Assessing Student Needs

Research offers a wide variety of screening options to identify students who may need additional support. For example, the Child Trauma Screening Questionnaire [179] has been used to identify children who may later develop PTSD.[180] It has also been translated into multiple languages, including Spanish and Chinese, and is publicly available.[181] Another study utilized the Children's Depression Inventory–Short Form (CDI-S) to screen for depressive symptoms and the Screen for Child Anxiety Related Emotional Disorders (SCARED) to assess anxiety symptoms in addition to asking questions about optimism and worry about COVID-19.[182] Another screening tool for PTSD is the Los Angeles Symptom Checklist—Adolescent Version[183] which provides an evaluation of adjustment problems commonly caused by trauma.[184]

173. *Bahn (2020); Clettenber et al. (2011)*

174. *Bahn (2020)*

175. *Ibid.*

176. *VDOE (2020c)*

177. *A list of publicly available needs assessments is provided later in this section.*

178. *Jaycox et al. (2006)*

179. *Kenardy et al. (2006)*

180. *Brocque et al. (2017)*

181. *Youth Natural Disaster Recovery (n.d.)*

182. *Golberstein et al. (2020)*

183. *King et al. (1995)*

184. *Overstreet et al. (2010)*

As discussed earlier, the Fear of COVID-19 scale has been previously validated and used in recent studies exploring mental health during the pandemic.[185] It is publicly available via a link provided later in this section. Similarly, Sorokin and colleagues (2020) asked students and staff about how often they engage with information related to COVID-19 from "never" (1) to "hourly" (8).[186] Higher scores tended to be associated with higher distress. These measurements could be of use to school divisions for assessing student and staff concerns. The Coronavirus Anxiety Scale [187] is not currently publicly available.

Teachers can also administer initial screening protocols if they are trained to identify students with symptoms suggesting that they could benefit from additional support.[188] Research has found that after disasters, schools are the first point of contact for many students who experience problems, and teachers are often the first in a school to identify the potential need for intervention.[189] Once screened, students who need additional support can be connected with school-based mental health professionals or mental health clinicians outside of school who will use trauma informed practices to address immediate concerns through group or individual interventions.[190] School counselors, school social workers, and school psychologists will be critical resources in providing mental health interventions with students during and after COVID-19, all of whom are trained in providing individual and group therapy for students in a time of crisis.

Adequate resources and trained staff are the foundation of a comprehensive disaster plan in a school.[191] Therefore, schools should leverage and utilize the knowledge and skills of existing school staff. School psychologists will play an important role in assessing students for mental health needs, supporting the work of other mental health professionals in schools, and providing interventions.[192] The interventions provided may include stand alone debriefing sessions, small group programs, or classroom based programs.[193] Small group programs, in particular, have been found to be particularly beneficial for students who may be disproportionately affected.[194]

Publicly-available needs assessments and other school-based mental health assessments that may be of use in response to COVID-19 include:

Child and Adolescent Needs and Strengths: An assessment from the John Praed foundation with downloadable administration forms and manuals

Child PTSD Symptom Scale: A downloadable form from Cognitive Behavioral Intervention for Trauma in Schools assessing trauma symptoms in children

Child Trauma Screening Questionnaire: A tool from Youth National Disaster Recovery offering methods for assessing and responding to student trauma

Fear of COVID-19 Scale: A recently developed and validated short survey by Ahorsu and colleagues (2020) assessing fear of COVID-19 including seven items on a five point Likert-scale

National Center for School Mental Health Needs Assessment: A school-based mental health needs assessment developed by the University of Maryland School of Medicine that includes resource mapping

185. *e.g.,, Satici et al. (2020); Sorokin et al. (2020)*

186. *Sorokin et al. (2020)*

187. *Lee (2020)*

188. *Brocque et al. (2017)*

189. *Ibid.*

190. *Clettenerg et al. (2011)*

191. *Madrid et al. (2008)*

192. *Ibid.*

193. *Wolmer et al. (2003)*

194. *Ibid.*

Returning to School Following COVID-19 Related School Closures: The COVID-19 School Adjustment Risk Matrix (C-SARM): Provides a framework from which to assess risk of students' mental health using prior school experiences and shelter in place environment from the National Association of School Psychologists

Screen for Child Anxiety Related Emotional Disorders (SCARED): An instrument from the University of Pittsburgh for screening for emotional disorders, including downloadable child and adult versions

Wisconsin School Mental Health Needs Assessment: A framework from the Wisconsin Department of Public Instruction for assessing student mental health in schools

Providing Accurate Information

Numerous recent studies have reaffirmed that students, educators, and parents need to be provided with updated and accurate information about COVID-19.[195] This includes information about school and community-based mental health resources that are available to them.[196] In their 2020 rapid review of quarantine literature, Brooks and colleagues concluded that those experiencing quarantine tended to have lower levels of distress if they received timely and accurate information. Not knowing what to expect tended to compound the stress that they experienced. A centralized information system can help to coordinate community resources, decrease barriers to services, provide updates about COVID-19, and reduce fear in the immediate days as well as months to come.[197] Satici and colleagues (2020) found that intolerance to uncertainty about COVID-19 was associated with higher levels of fear of and lower mental wellbeing, and that providing current information was associated with lower levels of uncertainty. Schools and school divisions should make every effort to keep students and their parents reasonably informed.

While it is important to provide current information, it is also important to keep in mind that communication and news can overwhelm students and families. For example, Sorokin et al. (2020) found that survey respondents indicating higher routine engagement with information about COVID-19 also tended to report higher levels of distress. While this does not indicate a causal relationship, it does suggest the need to provide sufficient information about COVID-19 related developments while reminding students and staff to moderate their intake for the sake of their mental health. Certain information about daily school routines may need to come directly from teachers. For example, they may need to reinforce the importance of maintaining safe distances, wearing masks, and routinely washing their hands (particularly with younger students).[198] Research suggests that teachers can reassure students by acknowledging their concerns as well as answering their questions honestly.[199] Parents, caregivers, and educators may need resources to understand common reactions that students may have to potentially stressful information and how to help them cope.[200]

Publicly available resources for understanding student responses to traumatizing information include:

Explaining COVID-19 to young children: A resource from NPR featuring a comic describing the Coronavirus in language accessible to elementary school children

195. *Brooks et al. (2020); Bahn (2020); Imran et al. (2020)*

196. *Murray (2009)*

197. *Katoaka et al. (2009)*

198. *Imran et al., (2020)*

199. *Ibid.*

200. *Murray (2009)*

Helping Children Cope With Changes Resulting From COVID-19: Guidance from the National Association of School Psychologists for caregivers by developmental stage for talking about COVID-19 and looking for mental health concerns

How to Talk to Your Child About Coronavirus: Practical steps from kidshealth.org about things for parents to consider when talking to young children about COVID-19, which could also prove helpful for educators

Ready Kids: A curated collection of resources by the Department of Homeland Security under the Ready Kids tab for helping young people cope after a disaster including information about traumatic stress and step-by-step instructions for how teachers can support students

Supporting Teenagers and Young Adults During the Coronavirus Crisis: Guidance from the Child Mind Institute about how adolescents and young adults might be processing information about COVID-19

Talking with Children About Coronavirus Disease 2019: Recommendations for parents, schools, and other adults working with children from the CDC about how to talk to children about COVID-19

Toolkit for Youth and Young Adults 15 to 21: Resources to share with adolescents from the CDC to provide factual information and healthy living recommendations related to COVID-19

Support for Students

Support for students can occur at the community, school, and classroom levels. At the community level, successful mental health response requires sufficient infrastructure to support mental health services and disseminate information about evidence-based mental health interventions.[201] At the school level, research suggests a system for addressing needs of students, establishing a crisis intervention team, developing a crisis intervention protocol, identifying students who may be most at risk for developing PTSD, and coordinating community based interventions for students and staff.[202] A considerable amount of immediate intervention for students struggling with mental health will occur at the classroom level as teachers are more likely to be the ones who interact with students on a daily basis.[203]

According to studies examining how teachers can support students after a disaster, there are three types of coping assistance students may need: emotional processing support, reinstitution of familiar roles and routines, and distraction.[204] Students will need emotional processing and assurance that their basic needs will be met (e.g., food, shelter, clothing, and a safe physical and emotional environment).[205] Teachers can help students create a new "normal" through the establishment of stable daily school routines.[206] This may be particularly challenging during COVID-19 if students are continuing remote instruction as schools will need to balance efforts to establish a daily routine with recognition that some students may have inequitable access to high speed internet or devices[207] or have conflicting daily priorities (e.g., providing supervision to a sibling while a parent is at work).

201. *Katoaka et al. (2009)*

202. *Brock & Cowan (2004)*

203. *Katoaka et al. (2009)*

204. *Burnhan & Hooper (2012)*

205. *Bartlett et al. (2020)*

206. *Burnham & Hooper (2012)*

207. *Ritzhaupt et al. (2013)*

Because of this, schools and teachers should work to establish a routine to the extent possible while remaining mindful of the unique needs of their students. Finally, students may sometimes need to engage in non-academic discussions and other activities that provide respite from stress associated with the traumatizing event.[208] These may prove to be productive distractions that benefit their overall mental and emotional health.[209]

Teachers will also need to understand common patterns of emotional or behavioral problems that may warrant referral for professional support.[210] While teachers are not expected to be mental health professionals, they play an important role in supporting the emotional needs of students and helping them cope. Research has demonstrated that having a responsible and caring adult acts as a protective factor for children and adolescents.[211] Teachers are able to promote feelings of security, identity, self-esteem, and hope in their students.[212] Thus, they will play a key role in helping to dilute the impact of stress associated with COVID-19.

Support for Emotional Processing

Students and educators alike may benefit from an opportunity to process emotional reactions to quarantine and other stressful elements of COVID-19.[213] In a study with faculty and staff after Hurricane Katrina, participants frequently spoke of the need to reconnect not only with their friends and family, but also with their schools.[214] Positive social support has been shown to promote positive psychological outcomes and resiliency.[215]

Having students participate in drawing, painting, drama, or music as they talk about how they feel during the stressful situation can help with their emotional processing.[216] Additionally, teachers or mental health professionals in schools may choose to use a debriefing protocol where students routinely share their thoughts, emotions, mental images, and other sensations associated with a stressful event like COVID.[217] Such procedures help students learn how to name emotions and communicate them with peers and adults, and ultimately create a plan for future coping.[218]

School based mental health professionals and educators can help promote resilience by modeling, teaching, and reinforcing healthy coping skills in a culturally sensitive and developmentally appropriate way.[219] Research has shown that healthy coping skills such as self-management and healing relationships can act as protective factors after a traumatic event.[220] School based counseling groups have been found to be an effective long-term support system for promoting recovery and resiliency in students.[221] Previous research after disasters has found that coping skills are an important component of sustained interventions for students who will face secondary stressors after the immediate crisis has passed.[222] Students may be guided to analyze their coping skills to decide if they are beneficial.[223] New skills may be introduced to include relaxation techniques, exercising, and journaling.[224] Students may also vary in types and stages in the grief process, which may be helpful to understand in pursuit of coping after disasters.[225]

Several studies have examined particular interventions to teach resiliency and effective coping skills. In a review of classroom-based interventions, Coombe and colleagues (2015) described several successful studies where teachers led sessions to promote resilience and coping strategies through play therapy, emotional awareness activities, conflict resolution, and drama. Powel and Bui (2016) examined the impact of an intervention called "Journey of Hope" for helping students from kindergarten through twelfth grade after

208. Burnham & Hooper (2012)

209. Ibid.

210. Ibid.

211. Bartlett et al. (2020)

212. Brocque et al. (2017)

213. Burnam & Hooper (2012)

214. Ibid.

215. Ibid.

216. Murray (2009)

217. Wolmer et al. (2003)

218. Ibid.

219. Bahn (2020); Burnham & Hooper (2012); Wolmer et al. (2003)

220. Powell & Bui (2016)

221. Clettenberg et al. (2011)

222. Overstreet et al. (2010)

223. Murray (2009)

224. Ibid.

225. Burnham & Hooper (2012)

a tornado. The program consisted of eight one-hour sessions addressing topics such as fear, anxiety, sadness, anger, bullying, self-esteem, and community as well as a three-hour parent workshop on stress, coping, and supporting children after a disaster. Students gained coping skills and emotional regulation skills, and they reported improved peer support created through the groups where they talked with peers, made new friends, and comforted one another. This intervention was found to be effective for students with nonclinical levels of distress after a traumatic event.

Teacher Training for Student Mental Health Support

Although the literature suggests that schools are in the ideal position to address many mental health concerns in the aftermath of COVID-19, teachers may need training to meet these needs. One study found that teachers felt uncertain or felt that mental health was outside their expertise.[226] Administrators will need to support teachers as they balance the regular curriculum while integrating mental health interventions, which require "teachers to invest enormous affective, behavioral, and cognitive resources."[227]

In a 2017 review of mental health resources available following a natural disaster, Brocque and colleagues found that teachers are often unaware of how to best emotionally support their students.[228] Training needs may include how to identify children who require additional support, symptoms that require treatment, referral procedures,[229] tools and resources to promote coping skills, specific intervention or program protocols,[230] self-care,[231] and handling challenging behaviors resulting from COVID-19.[232] Research also suggests that part of training for teachers should include empowerment so that they are able to feel self-aware, in control of resources and objectives, and understand their responsibility in their new role of promoting mental health.[233] In a study examining the effects of a teacher training program after the 2015 earthquake in Nepal, researchers found that teacher intervention alone was not enough to cause a significant improvement in mental health symptoms or increase hope in the students they served.[234] This study points to the importance of providing trained mental health professionals to support student wellbeing in addition to the interventions they receive from teachers following a traumatic event.[235]

Publicly-available resources for teachers to learn how to support student mental health during COVID-19 include:

Coronavirus Mental Health Resource Guide: Resources from the JED foundation for students, parents, and educators about promoting student mental health and suicide prevention during COVID-19

COVID-19 Pandemic Resources from the National Center for School Crisis and Bereavement: Includes recommendations for elementary, middle, and high school educators to talk with their students about COVID-19 starting on the first day of school

Providing Effective Social-Emotional and Behavioral Supports After COVID-19 Closures: Guidance from the National Association of School Psychologists on interventions for social-emotional and behavioral needs that may be necessary as a result of school closures

226. Brocque et al. (2017)

227. Wolmer et al. (2003, p. 372)

228. Brocque et al. (2017)

229. Ibid.

230. Coombe et al. (2015)

231. Jaycox et al. (2007)

232. Brocque et al. (2017)

233. Wolmer et al. (2003)

234. Dhital et al. (2019)

235. Ibid.

Psychological First Aid (PFA) and Skills for Psychological Recovery (SPR): Online professional development courses grounded in disaster response and recovery which are available from the National Child Traumatic Stress Network

School Reentry Considerations: Guidance from the American School Counselor Association about supporting student mental and behavioral health during COVID-19

Supporting Children and Young People with Worries About COVID-19: This resource from Emerging Minds, a British research network committed to studying and supporting student mental health, provides practical strategies for supporting students worrying about COVID-19.

Supporting Student Mental Health: Resources to Prepare Educators: Resources from the National Center for School Mental Health offering background information and clarifying the role of educators to provide mental health services to students

Trauma Informed School Strategies During COVID-19: Information from the National Child Traumatic Stress Network about how schools can be trauma informed in their communication with students about the Coronavirus

Selecting Mental Health Interventions

Administrators or educators interested in adopting a school-based mental health program may consider exploring previous literature reviews to become familiar with the wide array of evidence-based resources available. Jaycox and colleagues (2006) reviewed 24 mental health programs and Brocque and colleagues (2017) reviewed an additional seven programs. The programs reviewed in these studies included those responding to trauma in general as well as programs designed for promoting resilience after a specific disaster or trauma. A school system's access to the program, personnel experience, and availability of time and money to implement such a program will influence the program's success.[236] The program chosen should be assessed with similar students to the school population, and should match the expertise available within the system.[237]

Two programs that have been evaluated for effectiveness through research after a disaster include *The Childhood Trauma Reactions: A Guide for Teachers from Preschool to Year 12* (CTR) and *Cognitive-Behavioral Intervention for Trauma Schools* (CBITS) program. CTR responded to 488 pre-K through 12th grade students after the 2011 Queensland floods in Australia to support educators through resources and training.[238] The program increased student self-awareness of trauma reactions, taught strategies teachers could use in the classroom, and created a procedure for identifying and referring students who needed more support. Feedback from the three year program evaluation demonstrated that the program was found to be appropriate and practical by educators and mental health professionals; however, the impact on behavioral and academic outcomes was not assessed.[239]

CBITS, a school-based group intervention, was evaluated for how it supported the mental health needs of children and families in the first year following Hurricane Katrina, including the provision of school-based services and community resources.[240] The program is designed to treat PTSD and depression in students who have been exposed to a broad range of traumatic experiences through a partnership between school district

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236. *Jaycox et al. (2006)*

237. *Ibid.*

238. *Brocque et al. (2017)*

239. *Ibid.*

240. *Katoaka et al. (2009)*

mental health professionals, school administrators, and clinical researchers. The study did not address the impact on behavioral or academic outcomes, but it provided guidance for the infrastructure and support needed within a district to implement a program like this effectively.[241] A free five-hour online training for implementation, teacher tools, and resources are available through the CBITS website.[242]

Other publicly-available school-based mental health program resources include:

Children and Adolescents Mental Health: A Systematic Review of Interaction-Based Interventions in Schools and Communities: A literature review from Frontiers in Psychology including seven school-based mental health interventions

Interventions to Improve Student Mental Health: Guidance from Rand Health for evaluating school-based mental health interventions

Providing School-Based Mental Health Services: Guidance from the Office of Safe and Healthy Students in the US Department of Education about how to provide different tiers of mental health support in schools

School Mental Health Toolkit: A resource from Mental Health Colorado focused on six steps towards for better mental health in schools: identify, assess, promote, support, share, and follow-up

School-based Interventions: Guidance from Association for Child and Adolescent Mental Health on school-based interventions for mental health

While teachers will play a critical role in meeting the mental health needs of students during and after COVID-19, it is important for them to receive proper training while also having sufficient support from professional mental health providers within and outside of the school. This also speaks to the importance of meeting the mental health needs of teachers and other school personnel during the pandemic, as discussed in the following section.

Support for All School Personnel

Faculty, staff, school-based mental health providers (e.g., counselors, social workers, psychologists), and administrators also need to be supported after a disaster.[243] Numerous studies call for recognizing self-care as an integral part of supporting educators following a traumatic event.[244] The quarantine and changes resulting from COVID-19 have increased stress, which means that educators and mental health professionals are responsible for caring for students while under their own stress, which can affect their ability to successfully perform job responsibilities.[245] All school personnel should be encouraged to attend to their own emotional and mental wellbeing, and be supported to learn new ways to handle stress.[246] Focusing on staff self-care and mental wellbeing is shown to decrease burnout when educators may already be overextended in the months after a disaster.[247] In a 2003 study exploring the experiences of teachers after a 1999 earthquake in Turkey, Wolmer and colleagues found that teachers benefited from having time to debrief and process their personal experiences.[248] Additionally, supporting educators may simply be commending them for the ways they help children cope and work to recreate normalcy for their students.[249]

241. *Katoaka et al. (2009)*

242. *CBITS (n.d.)*

243. *Burnham & Hooper (2012)*

244. *Brocque et al. (2017); Jaycox et al. (2006); Katoaka et al. (2009)*

245. *Jaycox et al. (2006)*

246. *Brocque et al. (2017)*

247. *Jaycox et al. (2007)*

248. *Wolmer et al. (2003)*

249. *Burnham & Hooper (2012)*

School-wide plans should recognize the additional stressors placed on faculty and staff and promote access to mental health services within the school or community.[250] Administrators and school counselors may experience an increase in individual student interventions, paperwork, or referrals for misbehavior (a symptom of student trauma).[251] Those working directly with students after trauma may be at a higher risk for feeling hopeless, burnt out, or overwhelmed because of increased caseloads.[252] Adequate psychological preparation may be necessary to deal with some of these mental health concerns.[253] This includes the possibility of compassion fatigue, which can occur when continually meeting the mental health needs of others without addressing one's own emotional wellness.[254] While school administrators may be the ones tasked with detecting and addressing those who are overwhelmed in their faculty and staff in the time of COVID-19, they may similarly experience compassion fatigue or other associated stressors. Thus, it will be important for school faculty and staff to holistically support each other as they navigate the 2020-2021 school year, including its many uncertainties.

Publicly-available mental health resources for educators during COVID-19 include:

American Counseling Association Fact Sheet on Vicarious Trauma: A handout outlining the key elements of vicarious trauma (or compassion fatigue), including signs and symptoms

Managing Secondary Traumatic Stress: A resource guide for risk factors, signs, and treatment of secondary traumatic stress from the Treatment and Services Adaptation Center: Resiliency, Hope, and Wellness in Schools

Self-Care During the Coronavirus Pandemic: Recommendations, resources, articles, and podcast episodes from the National Association of Social Workers about self-care and avoiding burnout during COVID-19

Self Care for Educators: A one page guide from the National Child Traumatic Stress Network for educators to ensure that they are engaging in self care

Secondary Traumatic Stress: A free online resource guide from the National Child Traumatic Stress Network for understanding risk factors and signs of secondary stress in educators

Support Teachers Affected by Trauma: Free online modules geared toward understanding secondary trauma in educators and strategies for self care

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250. Burnham & Hooper (2012)

251. Ibid.

252. Katoaka et al. (2009)

253. Ibid.

254. Ibid.

Promoting Mental Health Support in Schools During and After COVID-19

Schools serve a critical role in meeting the mental health needs of their students, a task amplified by the COVID-19 pandemic. School-based mental health providers such as school counselors, school social workers, and school psychologists will continue to function as a resource during these unprecedented times, but realistically, the job of supporting the emotional wellbeing of students will extend to all educators. Research about school responses to natural disasters offers insights about what to expect, although the experience of COVID-19 and its disruptive impact on schooling is uncharted territory. Therefore, its impact may be somewhat unpredictable. The research and resources presented in this rapid review, while not comprehensive, are intended to offer evidence-based strategies to help educators adequately and effectively meet the needs of their students in these unprecedented times.

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