

Social Work/Maatskaplike Werk

A professional journal for the social worker

Vol. 59, No. 2, 2023

Doi: <https://doi.org/10.15270/59-2-1121>

w: <https://socialwork.journals.ac.za/pub> e: socialwork@sun.ac.za eISSN: 2312-7198 (online)

“MUCH OF OUR COUNSELLING IS ABOUT YOUR FACIAL EXPRESSION AND AUTHENTICITY”: SCHOOL-BASED COUNSELLING DURING COVID-19 IN KWAZULU-NATAL PROVINCE

Ajwang' Warri¹, Kerry-Jane Coleman² and Cyndirela Chadambuka³

¹Faculty of Social Work, University of Calgary, Canada

 <https://orcid.org/0000-0002-4658-7324>  Ajwang.Warria@ucalgary.ca

²School Counsellor, Kearsney College, South Africa

 <https://orcid.org/0000-0003-0763-0323>  kcoleman@kearsney.com

³Postdoctoral Researcher, Dalla Lana School of Public Health, University of Toronto, Canada

 <https://orcid.org/0000-0002-1300-8760>  cyndirela.chadambuka@utoronto.ca

Article accepted: 16 June 2023

ABSTRACT

Maintaining therapeutic care of learners during and after COVID-19 in South Africa has required significant changes to the way that counselling is provided in schools. While some of these changes are well documented, there are critical gaps regarding the experiences of school counsellors during the pandemic period, globally and in South Africa. Hence this qualitative study sought to explore the experiences of school psychosocial practitioners who are rendering supportive services in private schools in KwaZulu-Natal Province. While the findings show that remote/online therapy is a valid option, all schools should ensure that therapists have adequate resources and the necessary collaboration to provide effective services to the school community. Furthermore, interpersonal, organisational, practice, policy and advocacy-oriented adaptations are required in establishing transformative interventions in all schools to address trauma.

Keywords: counselling, COVID-19, psychosocial intervention, schools; South Africa

INTRODUCTION

The COVID-19 pandemic was a global problem that affected and continues to have consequences in all domains of life (O'Connor, 2019). The impact of COVID-19 on nations, communities, families, and individuals has had widespread and multifaceted consequences (Cheng, Moon, Artman & Council, 2020). A meta-analysis by Chen *et al.* (2021) indicated that few studies have looked at the mental health of people in African countries. Semo and Frissa (2021) noted that in sub-Saharan Africa the impact of COVID-19 on mental health led to

Social Work/Maatskaplike Werk, 2023: 59(2)

social/physical distancing and reduced mobility, limited knowledge of and/or contracting COVID-19, job insecurity, and stigma and discrimination coupled with a reliance on the limited social support mechanisms. Additional concerns that were also reported included an increase in domestic abuse and intimate partner violence (Nakyazze, 2020), irregular migration (Marx, 2020; Sanchez & Achilli, 2020; Warria, 2020b), child abuse, maltreatment and neglect (Bhatia *et al.*, 2021; Haffeejee & Levine, 2020; Hasking *et al.*, 2021; Karaman, Esici, Tomar & Aliyev, 2020; Pereda & Diaz-Faes, 2020) and negative impact on parents and guardians as a consequence of school closures (Daniela, Rubene & Rudolfa, 2021).

Lentoor and Maepa (2022) report that diverse and pre-existing vulnerabilities and disparities in the South African population influenced the impact of COVID-19 and that those with a prior mental health diagnosis experienced more stress during lockdown periods. Drawing on syndemic theory, Duby *et al.* (2022) studied how further challenges from COVID-19 intersected with existing vulnerabilities and mental health risks for adolescent girls to impact on sexual and reproductive health. Furthermore, the negative consequences for public mental health were and are still being felt in the ailing mental health care system (Nguse & Wassenaar, 2021).

Previous research conducted on the effects of pandemics across populations has shown the extent to which children and young people are adversely affected (Brackbill *et al.*, 2013), confirmed by the observable negative consequences of COVID-19 on young people (Haffeejee & Levine, 2020; Pereda & Diaz-Faes, 2020). O'Connor (2020) stresses that the impact of COVID-19 in schools is felt not only by teachers, parents, and learners but also by school psychosocial practitioners.

School counselling is fundamental as it is an important point of intervention where young people can access mental health services (Farmer *et al.*, 2003). According to UNESCO (2016), teacher training initiatives in Africa ought to include counselling and guidance services as influenced by international efforts to address limitations in existing national policies and practices and building on the 2000 World Education Forum in Dakar. Reform in education in South Africa after 1994 meant amendments to what had become a single, inclusive education system for all. The Psychosocial Support Directorate was a unit created within the Department of Basic Education as a response to the social and emotional challenges faced by learners in South African school settings even prior to the pandemic. The 2001 Education White Paper 6, Special Needs Education: Building an Inclusive Education and Training System (Department of Education, 2001), highlights inclusive education for all children, stressing greater inclusion for children with obstacles to learning and those with emotional and behavioural disorders (Warria & Coleman, 2023). The challenges associated with these changes also pushed educational psychologists to reconsider their roles in responding to the needs of their clients fully and effectively (Engelbrecht, 2004). The literature indicates that in South Africa school counselling (pre-COVID) was linked to HIV counselling and testing for high school learners (Madiba & Mokgatle, 2015; Strauss, Rhodes & George, 2015), examining school counsellors' application of sand tray techniques in assisting young people with emotional and behavioural problems at a primary school (Richards & Pillay, 2012), and the role of the school psychologist in health promotion in the school contexts (De Jong, 2000). Other reported studies looked at

ineffective counsellors working with LGBTI+ youth issues in school settings (Butler, Alpaslan, Strumpher & Astbury, 2003), the need for counselling programmes in the rural areas to intervene with substance misuse in the high schools (Tshitangano & Tosin, 2016) and teen motherhood (Chigona & Chetty, 2007). Studies conducted in South Africa rarely mention whether the study was conducted in a public or private school. Anecdotal evidence, however, points to private schools investing more resources in psychosocial support and development alongside academic studies in comparison to public schools. The dearth of professional counsellors in schools (Kiweewa, Knetterl & Luke, 2018) and the limited reporting on the interventions undertaken in the school setting (both public and private) are constant themes across Africa, including in South Africa.

COVID-19 has changed the way psychosocial practitioners facilitate therapeutic interventions in various settings, including in schools – from Grade R to Grade 12. Recent studies conducted on the impact of COVID-19 in South Africa have focused on how the pandemic affected the education system, the digital transformation of education in schools, and counselling services in higher education (Le Grange, 2020; Mhlanga & Moloi, 2020; Naidoo & Cartwright, 2020). While a considerable number of studies have been conducted globally on the impact of school counselling during the COVID-19 period (Karaman *et al.*, 2020; O'Connor, 2020), there has been limited focus on the plight of the practitioners providing counselling in school settings in South Africa. Considering that school counsellors play a pivotal role in ensuring the psychosocial wellbeing of the school community, this sub-study focusing on their experiences during the COVID-19 pandemic is critical in ensuring timely, effective, and responsive therapeutic services.

The article provides an overview of the impact of COVID-19 on South African schools and school learners, and addresses issues related to school counselling. Research methods are then presented – noting that data were collected from school counsellors working at private schools in KwaZulu-Natal province, South Africa. The findings emanating from the study are then discussed. Lastly, there is a section on implications for practice. In this article references to psychosocial specialists include psychologists, social workers, and counsellors, although the term ‘school counsellors’ is used in the article.

COVID-19 and learners

During the first to third waves of the COVID-19 pandemic, children were referred to as ‘silent spreaders’, ‘low risk’ or ‘invisible carriers’ (Bhatia *et al.*, 2021). However, this changed rapidly as new COVID-19 strains emerged. Although many adults are vaccinated, there is parental hesitancy and vaccination uptake for children and young people has been slow globally (Ackah *et al.*, 2022; Fernandez, Matta & Palve, 2022; Fisher, Bragard, Jaber & Gray, 2022; Khatatbeh *et al.*, 2022; Parinyaux, Sunkonkit & Yotsombut, 2022) and thus the risks for them are heightened when they are exposed to adults and their peers who test positive for COVID-19

Since the first reported case of COVID-19 countries, communities, families, and individuals had to adjust their lifestyles as virus control, containment or treatment measures were introduced by governments. For children and young people of school going age, COVID-19 changed the status quo and children had to attend classes remotely or through using hybrid

models. Refugee, asylum-seeking and undocumented children experienced challenges accessing and navigating the education system in South Africa (Sobantu & Warria, 2014; Warria, 2018, 2020a, 2020b) and COVID-19 increased the learning vulnerabilities of migrant children (Caarls *et al.*, 2021). Children from poor families or those attending schools in remote areas were also disadvantaged in cases where they did not have access to technological devices, or experienced network challenges. However, education remains a right for every child – even during a pandemic.

It is normal for pandemics to generate anxiety and fear, and this tends to have negative effects on everyone, including children and young people. Pandemics cause sickness and death, pose psychosocial challenges for individuals (Karaman *et al.*, 2021) and put a strain on families and communities. For learners, the closing of schools, lack of school-feeding programmes and limited social connections aggravated pre-existing mental and physical health conditions that in turn negatively affected their wellbeing (Bhatia *et al.*, 2021; Karaman *et al.*, 2021). The layers of trauma exacerbated by stress and anxiety that learners experience during pandemics requires psycho-emotional intervention, hence the need for school psychosocial support increases during – as well as after – pandemics (Watson *et al.*, 2022).

Spaull and van der Berg (2020) suggested that many children in South Africa found themselves in dire social and economic conditions. The pandemic did not make life easier for these children as they were expected to attend classes remotely, which is challenging given the dismal socio-economic conditions that most children and their families find themselves in. Spaull and van der Berg (2020) argue that access to computers and the internet is generally a challenge for many children and one cannot assume that during lockdown learners had access to technological devices and could afford data and had a place conducive to study. The situation worsens for those learners in families that must share a device amongst themselves, or a decision is made to sacrifice their learning for the sake of purchasing food, paying for rental etc. Spaull and van der Berg (2020) revealed that children in low-resourced schools fall increasingly below the threshold required for achievement in comparison to those in private schools. Consequently, the learning difficulties brought on by COVID-19 exacerbated this situation (OECD, 2020). In addition, in both private and public schools the pressure on teachers and learners trying to cover the curriculum in a short time created a lot of anxiety and fear among most of the learners, hence the need for mental health and psychosocial support.

COVID-19 signalled a disruption not only in the lives of learners, in both private and public schools, but also in the way that the curriculum would be implemented – with school closures and a shift to providing school services remotely and in some cases not at all (O'Connor, 2020). The change from providing school services physically to remotely was implemented as an emergency learning strategy, which over time resulted in disruptions such as learners' disconnection from their peers, teachers, and other essential support systems. These disruptions in turn gave rise to an increase in mental health problems for learners, teachers, and parents. High school learners seem to have experienced most of the psychological difficulties because of remote learning, as they took subjects and courses without proper orientation and were expected to adapt to the process without proper support (Karaman *et al.*, 2020). It has also been argued that younger children in early childhood development programmes were most affected

as these are foundational years in their education. Savitz-Romer *et al.* (2020) report that one of the negative consequences of the pandemic was the detachment of learners from school counsellors who could provide crucial academic and psycho-emotional support. This was because of the (multiple) school closure(s) that paved way for the loss of school-based counselling, learning support, peer interactions and school nutritional programmes. These aspects were evident in both private and public schools.

Parents and caregivers were also under pressure when their children's education took the form of remote learning and as they juggled their parental responsibilities, home schooling supervision and work priorities – with no or limited accommodation and support provided by their employers (Daniela *et al.*, 2021). Parents took on the role of teachers without prior training or experience, and they were expected to provide socio-emotional support to their children and to other family members. It became clear that learners' learning accomplishments were linked to their parents' knowledge, ability, and availability to provide this support, as well as to the social and financial situation of families and the parents' own occupational demands. In addition, less support to learners was observed in parents who were providing essential services, those who had to continue working online and those who became ill with COVID-19 themselves or had to take on caregiving roles. A study by Karaman *et al.* (2020) revealed that family pressure and conflicts were amongst the difficulties that learners experienced in the home space that had negative consequences for their psychosocial wellbeing. Pereda and Diaz-Faes (2020) and Bhatia *et al.* (2021) argue that the COVID-19 pandemic brought with it an increased risk of violence against children with detrimental effects on their development and wellbeing.

School counselling during COVID-19

The transition from school-based in-person counselling to remote counselling through online platforms (e.g., Zoom, MSTeams, Facetime and WhatsApp) has generated debates on the practical and ethical challenges that school counsellors are likely to face as they assist learners in this way (O'Connor, 2020). School counsellors are struggling to assist the learners and find it challenging to navigate the complex psychological problems that emerge (Savitz-Romer *et al.*, 2020). Regardless of the virtual and telephonic measures and task-oriented interventions introduced to ensure that school counsellors could continue to support students creatively, there were still growing concerns about the skills-base of the counsellors providing remote counselling to learners.

Despite the challenges that school counsellors might have faced during the pandemic, their role was considered essential especially in attending to the personal difficulties that learners might have encountered in their learning and adjusting to the hybrid models of studying, the lack of peer interaction, and the diverse challenges experienced within their home space (O'Connor, 2020). The value of the role of school psychosocial specialists during the era of COVID-19 remains beyond question, regardless of the limited literature in South Africa on their experiences in delivering counselling services to learners. This study has consequently sought to fill this gap by exploring their experiences in rendering counselling services to learners during this pandemic and to contribute to debates on remote counselling and psychosocial

support. The study participants, i.e. school counsellors, were requested to reflect on and share their experiences of psychosocially supporting learners during the pandemic.

METHODS

The research methods used have been reported in detail by Warria and Coleman (2023). A qualitative research approach was used, and purposive sampling applied based on the researchers' knowledge. The study participants were school counsellors from private schools in KwaZulu-Natal province in South Africa. The second author is a member of a school psychosocial services peer forum, which meets regularly to discuss and review cases confidentially and for peer debriefing. This served as the entry point for the study, i.e. to identify and recruit study participants. Private schools were chosen because there were fewer bureaucratic research permission processes. In addition, in as much as psychosocial services are recommended for every school (public and private), there are no dedicated counsellors at many of the public schools, but they often get called upon when there is a crisis.

The 10 study participants recruited and interviewed for the study fulfilled the following inclusion criteria: a psychosocial professional (e.g., counsellor, social worker, life coach or psychologist), registration with the relevant professional body, and engaged in school psychosocial service provision at the time of data collection. They had all been practising in a school setting for a minimum of six months and they all participated voluntarily in the study. Eight of the participants were interviewed face-to-face and two submitted detailed written responses to the interview questions. The data were collected after the second COVID-19 wave in South Africa – which peaked in January 2021. Data were collected where the participants felt most comfortable – usually at the schools where they practised.

Ethical issues were carefully considered by all authors and addressed before, during and after data collection. The consent process took place in stages and in multiple ways. First, the first author introduced the study to the peer forum and requested those interested to contact her. The prospective participants were then emailed the participant information sheet, consent forms and the ethics clearance certificate. The signed consent forms were emailed back to the first two authors or signed hardcopies were provided on the day of the interview. Verbal consent was given again at the beginning and at the end of the interview. The first two authors were also reflective and sensitive to data-collection periods, especially because many people in the general population, including the school counsellors, were personally anxious about the pandemic and the lockdown. During de-briefing, once the interview was over, many of the participants were appreciative of being accorded a space to talk about their work in relation to the pandemic.

To ensure the trustworthiness of the study, all participants were jointly interviewed by the first two authors at a time and a place of their choice. All the interviews, averaging 52 minutes each, were conducted in English. Data were collected until the saturation point. A transcriber had access to the raw data and signed confidentiality forms prior to starting their duties. Data collection started only after ethics clearance (Protocol Number: H18/11/58) had been granted by the University of the Witwatersrand Human Research Ethics Committee (HREC) (Non-medical). All ethical considerations were adhered to during and after data collection. Data were

collected anonymously and voluntarily. The names of the private schools which participated in the study are known to the first two authors, but they will not be revealed in this and any future articles and/or presentations. Data collection started in the field where the two first authors discussed emerging single and collective themes after the interviews. All three authors analysed the transcribed data using thematic analysis, i.e. searching through transcribed interviews to identify, analyse and report repeated themes.

PRESENTATION AND DISCUSSION OF FINDINGS

This section of the article presents and discusses the emergent findings. Many of the study participants highlighted that the shift from physical sessions to online sessions, the lack of technical skills, ethical concerns and the wearing of masks and maintaining social distancing during in-person therapy sessions played a significant role on how they rendered counselling services to learners. These aspects are discussed next.

Shifts to online counselling and unintended risks

Many of the participants highlighted that the shift from physical counselling sessions to online sessions was implemented suddenly and this affected the way they delivered their support services to the learners. One participant said:

... the most basic one was the fact that I had to move to online therapy. Initially, the school wanted it to be on Teams or on Zoom, I didn't find that that was not very beneficial at all, because it then required you to set up meetings and all those sorts of things. I found the best method for me ... was WhatsApp, FaceTime ... was my best way of doing it also, because that afforded them ... if they wanted to go into the garden to talk to me, or sit in a room, close the door, in the bathroom, wherever it allowed more access.

The verbatim quotations revealed the extent to which the sudden shift from contact counselling sessions with learners to online sessions affected the efficacy of school counselling. According to Thamarasserri (2014), school counselling requires learners to be in a relaxed environment where they are free to discuss whatever problems they are facing. Although Zoom sessions seem to be an appropriate alternative platform for counselling, the study participants noted limitations in using it with pre-teens and adolescents. The young people, typical of their stage of development, seemed sceptical of discussing intimate issues because of fear of prying eyes and eavesdropping during their online counselling sessions. The findings of this study, echoing those of Speyer and Zack (2003), indicated that online counselling sessions can breed a lack of trust and make sessions ineffective because of the technical difficulties, privacy issues and confidentiality concerns.

The COVID-19 pandemic was reported to be generating an invisible yet growing problem around mental illness, since learners no longer had physical contact with the counsellors. They were also unable to seek assistance for the varied psychosocial issues they were facing and trying to navigate – some pre-COVID 19 but now made worse by lockdown restrictions in the home environments. One participant said:

I am finding that the areas that my clients are bringing to therapy now are in line with what one would look at in terms of a silent pandemic around mental illness. So, if there were problems beforehand that the clients were able to not engage with by virtue of the fact that they came to boarding school, so dad's drinking or [parents] marital problems or whatever. Now they have to be dealing with it because they were at home all the time with their parents. So, it [COVID-19] exacerbated any problems they had in the past.

Home is supposed to be a safe space. Yet for some children, as shown by this study, this is where the risks lie, and the school provided a safety net. Given the surge in the cases of intimate partner violence and alcoholism during lockdown (Nakyazze, 2020), this study highlights the impact of these problems, which left most learners even more vulnerable and in dire need of counselling and other support services.

Multiple challenges in providing support

In the many narratives shared, one thing that was evident is that the psychosocial specialists often had to navigate several challenges simultaneously, unknown to management and the clients, to continue providing seamless services. One participant highlighted that:

... there was an incredibly high need to see the clients and I ended up working sometimes like 90-hour weeks [and not 35-hours as contracted], so my children had to go live with their father for a while. So, in terms of support from the school understanding that while I wasn't teaching seven lessons a day, I was still seeing the clients after school... it was just very unrealistic expectations of what could be achieved during that lockdown period. It was also hard... logistically [and] my files are in my office ... I take very comprehensive notes. So then, you know, if I needed to see a client ... I didn't have his file ... which made it very hard.

This participant seemed to have many obstacles in their way as they provided the services – from putting in extra time to facilitate support sessions to adjusting personal circumstances, from working with limited support from the school to technological difficulties, from lack of access to paper files, to feelings of exhaustion. This finding supports the study by Schuster *et al.* (2018) that moving to online therapy is not an easy process, with much time spent setting up and making personal arrangements to attend to clients.

Another participant mentioned that:

I have done online counselling, which I have never done before. I am realising it is not as bad, it is not as impossible, although I lack good technical skills. It is not my preferred, but you can make a difference – you can connect with people online, if it is the only option ... that is definitely been, and especially for somebody who is technically challenged, I have had to learn how to Zoom Meet or we use Google Classroom... I had to do those by myself, I have had to rely on me.... I think that the technology for me has been a big thing ... I tend to avoid it [but] I have had to embrace it more.

This quotation shows that prior use of the intervention can go a long way to ensure easing into online counselling and support. However, it is not easy learning on the job whilst applying the intervention at the same time. Indeed, technological challenges that the counsellors faced tended to affect their work detrimentally and have a negative impact on the effectiveness of the counselling sessions (Muir, de Boer, Nedeljkovic & Meyer, 2020; Schuster *et al.*, 2018; Schuster *et al.*, 2020). Issues related to setting up the technology, and to the lack of technical or general support can negatively affect counselling processes, leading to anger, resentment, and frustration (Titzler *et al.*, 2018).

Ethical concerns

Most of the participants in this study raised ethical concerns about online counselling with learners during the lockdown period. One participant said:

I did not want to do [sessions on] Zoom was because it can be recorded...I think the fact that they were not able to be in a 100%, um, I suppose not safe is not the correct way to explain it. But, when they're in my office, they're in a soundproof room, nobody else can hear, nobody can see them. So, from an ethical point of view, I feel like those bases are covered, but when, I couldn't necessarily see them or couldn't necessarily vouch for the environment that they were in that made it very hard ... then areas that they discussed with me during lockdown, sometimes ethically... and even legally, I would question dad beating mum or dad drinking excessively or seeing things they shouldn't see - what was my role in that versus keeping the child engaged in therapy and building coping mechanisms, versus being punitive and reporting the parents to the police?

Another participant said:

...something that's been coming up more recently is the issue of ethics and confidentiality. I'm finding that even though I am the first counsellor here in this setting at the school, so I understand it's kind of a slow process to get everyone to understand [and be] on board, but if I tell someone something in confidence, because they need to know and then you hear [that from] this person and that person, that person was it "Oh..", that freaks me out beyond! I am kind of stuck in that. What is in the best interest of the child, but I need somebody to know something. But next thing it's discussed at management meeting [with everyone].

The above quotations reveal the ethical challenges that school counsellors face as they render online counselling services to learners. Findings also show how confidentiality seemed to have been breached. Consistent with a study conducted by Stoll, Muller and Trachsel (2020) and King-White, Kurt and Seck (2019), our findings reveal the extent to which the inability to conduct physical counselling sessions made it difficult ethically for school counsellors to provide timely professional help to the learners. The findings are also consistent with those of Hasking *et al.* (2021), who state that lack of physical proximity results in loss of control and the school counsellors struggle to conduct a full risk assessment, and to implement their ethical obligations and protect the learner from further harm.

Face masks during in-person therapy

The interviews for the study were conducted after the second COVID-19 wave. With the easing of the lockdown restrictions, the participants were allowed limited in-person therapy sessions with the learners, and this is what some of them had to say:

I think one of the challenges has been doing the therapy with masks. It has been very, very hard and sometimes, because my office is big enough, I have allowed them to take the masks off. I have asked them first and then allowed them to take it off, because it just has not worked with glasses [fogging] and masks and crying. And yeah, it just doesn't work. I do not like particularly working with a mask on.

Another participant said:

I've found it difficult to be expected to counsel with the mask on. I almost find it humanly impossible. So... because so much of our counselling is about your facial expression and authenticity, you're muffled so [it] has been difficult. We have got shields and that, but I also find them very difficult. With my contacts [lenses], I find it blurry. So that has been a real difficulty ... a juggle - that mask for me, and the physical touch, because I know we're not supposed to always touch ... but I will, if a child is sad, or crying or needs comfort, I will put my hand on them or give them a hug if they come up.

The above quotations reveal further challenges of counselling and supporting learners during COVID-19 even with the eased lockdown restrictions. Although masks are one of the effective ways of reducing the spread of the virus, the discomfort associated with them and limited engagement with the facial expressions of clients [and those of the counsellors] seem to have a negative impact on the effectiveness of in-person therapy sessions in schools. Consistent with findings from studies conducted by Scheid, Lupien, Ford and West (2020), Shklarski, Abrams and Bakst (2021), Thomas *et al.* (2020) and Wyler *et al.* (2020), wearing face masks can inhibit the expression of non-verbal cues such as facial expressions and consequently hampers communication, especially the display of empathy. These are then bound to affect the learner's ability to open up to and trust the counsellor as consequence of the minimal display of empathy and warmth, or inappropriate expressions stemming from the counsellor's discomfort. In some instances, to mitigate the challenges the participants resorted to other safety measures such as removing masks, counselling with windows and doors open and social distancing to allow the smooth flow of communication and expressions of verbal and non-verbal cues, which are crucial for the clinical engagement with the learners.

IMPLICATIONS FOR PSYCHOSOCIAL PRACTICE

The ongoing nature of the COVID-19 pandemic and the continuation of school psychosocial services required significant changes in the way supportive therapeutic sessions with learners were conducted. The sudden shift from in-person therapy sessions to online therapy sessions and hybrid models could be challenging and had an impact on the efficacy of the counselling sessions. These sudden shifts required school counsellors to quickly adjust to the new 'normal' of delivering online sessions online via Zoom, MStTeams, Google Meet and WhatsApp. These

shifts illustrated the need for continued access/availability and flexibility, but also required re-skilling – aspects which all had to be considered and supported to ensure smooth transitioning and service provision (Wyler *et al.*, 2021). The support in terms of training should not be a once-off event but rather be continuous, considering that technology is ever-changing, and new tools and interventions are regularly being introduced for improved communication. It would always be beneficial for school managements to employ staff dedicated to overseeing the operation of the online modality and ensure that user-friendly technical and confidential platforms are used during online counselling.

Online psychosocial interventions strive to be as confidential as in-person sessions. However, despite this, online counselling can breach the ethics that govern counselling, particularly on confidentiality and privacy issues, as data security cannot always be guaranteed in the virtual space (Stoll *et al.*, 2020). A major argument in favour of online support is that it can be given anonymously; it can enhance the client's sense of privacy and anonymity and so there is a reduction in inhibition and greater openness. However, this might not be true for all learners living at home with parents, siblings, and other relatives, and having culturally sanctioned chores to attend to. The means that creative ways of facilitating online counselling that take into account mental health-related stigma, physical and socio-cultural contexts, but without compromising the intervention are required. This study has highlighted that in-person skills do not always translate directly into competency online. School counsellors who provide services online also need training in technology-related competences, the associated ethical and legal requirements, and therapeutic-based competences aligned to the online setting. Furthermore, when skilled therapists facilitate online or hybrid interventions, they could easily adapt the sessions to accommodate some clients and their needs. In this way, they could contribute to more personalised care and protection, encourage more control and learner empowerment, leading to greater compliance with the principles of psychosocial intervention.

In therapeutic interactions, lack of non-verbal cues may lead to miscommunication, incorrect assessments and development of treatment plans, and misunderstandings in the therapeutic interactions. This implies that online counselling or interactions with masks might not be appropriate to address certain psychosocial challenges (Skoll *et al.* 2020). So, it would have been helpful if schools had re-allocated spaces with good ventilation for counselling purposes to allow social distancing and the removal of masks during the session. This would have afforded the therapists the opportunity to observe any non-verbal cues and the facial expressions of the learners which allows them to express their emotions freely. This would entail continuous fumigation of the therapy rooms (perhaps after every counselling session) and the provision of adequate resources (e.g. sanitisers) to ensure a safe environment for therapy during pandemics.

This study makes a distinct contribution to psychosocial services in public schools as well. The pandemic has given us an opportunity to rethink, strategize and re-organise the education system in such a manner that recognition is given to mental health and psychosocial wellbeing. The focus on the 'what, how, and where of learning' (Zhao, 2020) must also include the *what, how and when* of psychosocial support in school settings, taking into account the resource allocation, and occupational safety and personal wellness of the service providers (Akgul,

Brown & Karch, 2021; Johnson, Ieva & Byrd, 2022). A crisis should not be wasted and this calls for reflection on how the lessons learned from school counsellors in private schools can be used to assist, develop, and implement psychosocial care in public schools and improve academic outcomes for learners. We recognise that not all public schools might be able to incorporate this aspect into their schools for various reasons. However, where there is the political will and available resources, this aspect ought to be considered and supported. Echoing the words from Bubb and Jones (2020), which can be linked to the contribution of this sub-study, the World Bank reiterated the importance of *building back better* strategies, including but not limited to establishing transformative and increasingly equitable and resilient post-COVID education systems that enable children and young people, and ensure that they learn continuously and thrive both in schools and at home.

Post COVID-19: Authors Reflections on Practice

COVID-19 pandemic was eventually re-classified as an endemic outbreak. Nevertheless, the implications highlighted above will continue to be relevant in providing seamless interventions during the post-pandemic period as well as in future pandemics. It is also important to remember that not all pandemic-related stress is traumatic and there is need to tap into the resiliency of learners, their parents, educators, and allied/support staff, and acknowledge the way that each group adapted to their changing environments. Unlike the approach in the past, contemporary psychosocial professionals must also learn to be deliberately positive rather than neutral, and flexible rather than rigid to meet counselling goals through multiple pathways.

Psychosocial specialists in all schools (private and public) ought to work towards equity and anti-racist practices in the light of the fact that the impact of COVID-19 was not the same for all learners and that inequalities in some marginalised populations were aggravated. Even though most of the public awareness messages during the pandemic indicated that *we are all in this together*, we were all infected and/or affected by COVID-19 in different ways. Such a situation calls for increased trauma-informed interventions that are influenced by a critical theory lens and an intersectionality-based approach. This would entail increased efforts to facilitate cultural and racial sensitivity training, whilst highlighting issues related to equity, inclusion, and diversity, with measurable anti-racism responses. Equity is at the heart of trauma-transformative approaches – especially now during the post-COVID period.

COVID-19 has subsided, and the wearing of masks and hand sanitising may no longer be a requirement, but the mental health and psychosocial impact will be with us for a long time. For this reason, all schools must allocate more resources to address the mental health and wellbeing of all learners. This calls for additional resources during and after pandemics. The learning and extracurricular activities in all schools were disrupted by the pandemic with networks and relationships being fragmented; and now most schools are trying to get back on track academically. However, it remains crucial to address issues of socio-emotional wellbeing in school settings over and above the academic issues by ensuring that psychosocial barriers to learning are reduced in order to promote the wellbeing of learners (and educators) through recreating the school community. School-wide responses include raising school staff recognition of the impact of COVID-19 –which requires the support of the school's administration and management beyond the psychosocial professionals. We remain hopeful

that the COVID-19 disruptions and challenges associated with psychosocial support during the pandemic can inspire current and future practitioners to think of and embrace different safe and ethical modalities of providing therapy, and re-imagine this in the here and now context but with a focus on future needs (Zhao, 2020).

LIMITATIONS OF THE STUDY

The main limitation of this study is that the sample was drawn from private schools in one province in South Africa. The sample, therefore, mainly engaged with learners from affluent families who had access to technological devices and data. In addition, the definition of the counsellor's role and their responsibilities differs from school to school and reflects the school's needs and available resources, according to the management. Hence similar studies need to be conducted with practitioners working in public schools and in the other provinces to establish empirically what differences or similarities prevail. Furthermore, due to the small sample size, these findings cannot be generalised. However, the findings can provide insights into the way forward for counsellors in school settings during pandemics.

Heyden (2011) argues that one of the main advantages of school counselling is assisting learners to fulfil their needs as they journey towards adulthood. Thus, the exclusion of the learners' experiences regarding the interventions provided is a limitation of this study. The inclusion of learner's perspectives and experiences is beneficial to policymakers, practitioners and school authorities in drafting interventions and policies that respond not only to the needs of psychosocial practitioners but are also cognisant of learners' voices.

Another limitation is the lack of reporting of other findings from the bigger study on psychosocial support in schools. This might be said to be a form of information bias (incorporating publication bias, outcome reporting bias and/or reporting bias) (van Steen *et al.* 2019). Van der Steen, Ter Riet, van den Bogert and Bouter (2019:1) point out that the "reporting of research findings is often selective" and challenging (Spinelli & Pandis, 2021), and nonsignificant items are often omitted from published studies (Pigott *et al.*, 2013). However, our selective reporting here of the additional themes is due to multiple factors including but not limited to the flexible study design applied, limitations in reporting and editorial processes, potential harm and due to relationship and collaboration concerns (Page, McKenzie & Higgins, 2019; van der Steen *et al.*, 2019). The knowledge translation publication strategy that we have embarked on for the entire study aims to (i) fulfil ethical obligations, (ii) ensure informed decision-making process in the mental health, child protection and education systems and (iii) contribute to best evidence being a reality. It is worth noting that this was a self-funded study and there were no sponsoring agencies or funders involved who would inform the reporting agenda (Dawson & Dawson, 2018).

CONCLUSION

School-based interventions such as therapeutic support play pivotal roles in learners' experiences during and after pandemics. This article discussed the experiences of school psychosocial practitioners in KwaZulu-Natal province in South Africa in delivering therapeutic services to learners during and between the COVID-19 lockdown periods, and both the challenges and the opportunities were highlighted. While the benefits of online counselling are

implied based on the counsellor-client connections being made, there are still ethical and practical difficulties to resolve for both learners and practitioners that make the process challenging to provide supportive care and services to learners. It is beyond the scope of this article to offer practice guidelines. However, the discussions presented are meant to stimulate further conversations and debates on the school psychosocial support programmes in South Africa.

REFERENCES

- Ackah, B. B. B., Woo, M., Stallwood, L., Fazal, Z. A., Okpani, A., Ukah, U. V. & Adu, P. A. 2022. COVID-19 vaccine hesitancy in Africa: A scoping review. *Glob Health Res Policy*, 7(21). Doi: 10.1186/s41256-022-00255-1.
- Akgul, T., Brown, J. & Karch, L. 2021. The personal and professional impact of COVID-19 on school counselors: An exploratory study. *The Interactive Journal of Global Leadership and Learning*, 2(1). Doi: 10.55354/2692-3394.1024.
- Bhatia, A., Fabbri, C., Cerna-Turoff, I., Turner, E., Lokot, M., Warri, A., Tuladhar, S., Tanton, C., Knight, L., Lees, S., Cislighi, B., Bhabha, J., Peterman, A., Guedes, A. & Devries, K. 2021. Violence against children during the COVID-19 pandemic. *WHO Bulletin*, 99(10): 730-738.
- Brackbill, R. M., Stellman, S. D., Perlman, S. E., Walker, D. J. & Farfel, M. R. 2013. Mental health of those directly exposed to the World Trade Center disaster: Unmet mental health care need, mental health treatment service use, and quality of life. *Social Science & Medicine*, 81: 110–114.
- Bubb, S. & Jones, M. A. 2020. Learning from the COVID-19 home-schooling experience: Listening to pupils, parents/carers and teachers. *Improving Schools*, 23(3): 209–222.
- Butler, A. H., Alpaslan, A. H., Strumpher, J. & Astbury, G. 2003. Gay and lesbian youth experiences of homophobia in South African secondary education. *Journal of Gay & Lesbian Issues in Education*, 1(2): 3-28.
- Caarls, K., Cebotari, V., Karamperidou, D., Conto, M. C. A., Zapata, J. & Zhou, R.Y. 2021. *Lifting barriers to education during and after COVID-19*. UNICEF.
- Chen, J., Farah, N., Dong, R. K., Chen, R. Z., Xu, W., Yin, J., Chen, B. Z., Delios, A.Y., Miller, S., Wan, X., Ye, W. & Zhang, S. X. 2021. Mental health during the COVID-19 crisis in Africa: A systematic review and meta-analysis. *International Journal of Environmental Research and Public Health*, 18(20), 10604.
- Cheng, T. L., Moon, M. & Artman, M. & Council, O. 2020. Shoring up the safety net for children in the COVID-19 pandemic. *Pediatric Research*, 88(3): 349–351.
- Chigona, A. & Chetty, R. 2008. Teen mothers and schooling: Lacunae and challenges. *South African Journal of Education*, 28: 261-81.
- Daniela, L., Rubene, Z. & Rudolfa, A. 2021. Parents' perspectives on remote learning in the pandemic context. *Sustainability*, 13(7): 3640.

- Dawson, P. & Dawson, S.L. 2018. Sharing successes and hiding failures: 'Reporting bias' in learning and teaching research. *Studies in Higher Education*, 43 (8): 1405-1416.
- De Jong, T. 2000. The role of the school psychologist in developing a health-promoting school: Some lessons from the South African context. *School Psychology International*, 21(4): 339–357.
- Department of Education. 2001. *Education White Paper 6: Special needs education: Building an inclusive education and training system*. Department of Education: South Africa.
- Duby, Z., Bunce, B., Fowler, C., Bergh, K., Jonas, K., Dietrich, J. J., Govindasamy, D., Kuo, C. & Mathews, C. 2022. Intersections between COVID-19 and socio-economic mental health stressors in the lives of South African adolescent girls and young women. *Child Adolescent Psychiatry Mental Health*, 16:23. Doi: 10.1186/s13034-022-00457-y.
- Engelbrecht, P. 2004. Changing roles for educational psychologists within inclusive education in South Africa. *School Psychology International*, 25(1): 20–29.
- Farmer, E. M. Z., Burns, B. J., Phillips, S. D., Angold, A. & Costello, E. J. 2003. Pathways into and through mental health services for children and adolescents. *Psychiatric Services*, 54(1): 60–66.
- Fernandez, M., Matta, G. & Palve, E. 2022. COVID-19, vaccine hesitancy and child vaccination: Challenges from Brazil. *The Lancet Regional Health – Americas*, 8: 100246. Doi: 10.1016/j.lana.2022.100246.
- Fisher, C. B., Bragard, E., Jaber, R. & Gray, A. 2022. COVID-19 Vaccine hesitancy among parents of children under five years in the United States. *Vaccines*, 10(8):1313.
- Haffejee, S. & Levine, D. T. 2020. 'When will I be free': Lessons from COVID-19 for child protection in South Africa. *Child Abuse & Neglect*, 110(2): 104715.
- Hasking, P., Lewis, S. P., Bloom, E., Brausch, A., Kaess, M. & Robinson, K. 2021. Impact of the COVID-19 pandemic on students at elevated risk of self-injury: The importance of virtual and online resources. *School Psychology International*, 42(1): 57–78.
- Heyden, S. M. 2011. *Counseling children and adolescents*. Belmont, CA: Brooks/Cole.
- Johnson, K. F., Ieva, K. & Byrd, J. 2022. Introduction to the special issue on school counselors addressing education, health, wellness, and trauma disparities. *Professional School Counseling*, 26(1b). Doi: 10.1177/2156759X221105451.
- Karaman, M. A., Esici, H., Tomar, I. H. & Aliyev, R. 2021. COVID-19: Are school counseling services ready? Students' psychological symptoms, school counselors' views, and solutions. *Frontiers in Psychology*, 12: 647740.
- Khatatbeh, M., Albalas, S., Khatatbeh, H. *et al.* 2022. Children's rates of COVID-19 vaccination as reported by parents, vaccine hesitancy, and determinants of COVID-19 vaccine uptake among children: a multi-country study from the Eastern Mediterranean Region. *BMC Public Health*, 22: 1375. Doi: 10.1186/s12889-022-13798-2.

- King-White, D., Kurt, L. & Seck, M. 2019. A qualitative study of online school counselors' ethical practices in K-12 schools. *Journal of Counselor Practice*, 10(1): 40-58.
- Kiweewa, J. M., Knetterl, B. A. & Luke, M. M. 2018. Incorporating comprehensive counselling and guidance models into school curricula in Sub-Saharan Africa. *International Journal for the Advancement in Counselling*, 40: 133–147.
- Le Grange, L. 2020. COVID-19 pandemic and the prospects of education in South Africa. *Prospects*, 51: 425-436.
- Lentoor, A. G. & Maepa, M. P. 2022. Psychosocial aspects during the first wave of COVID-19 infection in South Africa. *Frontiers in Psychiatry*, 12. Doi: 10.3389/fpsyt.2021.663758
- Madiba, S. & Mokgatle, M. 2015. “Students want HIV testing in schools” a formative evaluation of the acceptability of HIV testing and counselling at schools in Gauteng and North West provinces in South Africa. *BMC Public Health*, 15(1): 1-9.
- Marx, S. 2020. Human trafficking: The pandemic that creates opportunities for those involved in this hidden crime. [Online] Available: <https://www.dailymaverick.co.za/opinionista/2020-08-05-human-trafficking-the-pandemic-creates-opportunities-for-those-involved-in-this-hidden-crime/> [Accessed: 05/08/2020].
- Mhlanga, D. & Moloi, T. 2020. COVID-19 and the digital transformation of education: What are we learning on 4IR in South Africa? *Education Sciences*, 10(180): 1-11.
- Muir, S. D., De Boer, K., Nedeljkovic, M. & Meyer, D. 2020. Barriers and facilitators of videoconferencing psychotherapy implementation in veteran mental health care environments: A systematic review. *BMC Health Services Research*, 20(999): 1-11.
- Naidoo, P. & Cartwright, D. 2020. Where to from here? Contemplating the impact of COVID-19 on South African students and student counseling services in higher education. *Journal of College Student Psychotherapy*, 1-15. Doi: 10.1080/87568225.2020.1842279.
- Nakyazze, B. 2020. Intimate partner violence during the COVID-19 pandemic: An impending public health crisis in Africa. *The Anatolian Journal of Family Medicine*, 3(2): 92–95.
- Nguse, S. & Wassenaar, D. 2021. Mental health and COVID-19 in South Africa. *South African Journal of Psychology*, 51(2): 304-313.
- O'Connor, M. 2020. School counselling during COVID-19: An initial examination of school counselling use during a 5-week remote learning period. *Pastoral Care in Education: An International Journal of Personal, Social and Emotional Development*, 40(1): 81-91.
- OECD. 2020. *The impact of COVID-19 on student equity and inclusion: Supporting vulnerable students during school closures and school re-openings*. [Online] Available: <https://www.oecd.org/coronavirus/policy-responses/the-impact-of-covid-19-on-student-equity-and-inclusion-supporting-vulnerable-students-during-school-closures-and-school-re-openings-d593b5c8/> [Accessed: 15/11/2022].

- Page, M. J., McKenzie, J. E. & Higgins, J. P. T. 2018. Tools for assessing risk of reporting biases in studies and syntheses of studies: A systematic review. *BMJ Open*, 8(3): e019703. Doi: 10.1136/bmjopen-2017-019703.
- Parinyaux, P., Sunkonkit, K. & Yotsombut, K. 2022. Parental COVID-19 vaccination hesitancy among parents of children aged 5–18 years in Thailand: A cross-sectional survey study. *Journal of Pharmaceutical Policy and Practice*, 15: 59. Doi: 10.1186/s40545-022-00455-7.
- Pereda, N. & Diaz-Faes, D. A. 2020. Family violence against children in the wake of COVID-19 pandemic: A review of current perspectives and risk factors. *Child and Adolescent Psychiatry and Mental Health*, 14: 40. Doi: 10.1186/s13034-020-00347-1.
- Pigott, T. D., Valentine, J. C., Polanin, J. R., Williams, R. T. & Canada, D. D. 2013. Outcome-reporting bias in education research. *Educational Researcher*, 42(8): 424–432.
- Richards, S. D. & Pillay, J. 2012. The use of sand tray techniques by school counsellors to assist children with emotional and behavioural problems. *The Arts in Psychotherapy*, 39(5): 367-373.
- Sanchez G. & Achilli, L. 2020. Stranded: The impacts of COVID-19 on irregular migration and migrant smuggling. Migration Policy Centre. [Online] Available: https://cadmus.eui.eu/bitstream/handle/1814/67069/PB_2020_20_MPC.pdf?sequence=1&isAllowed=y [Accessed: 09/08/2020].
- Savitz-Romer, M., Rowan-Kenyon, H. T., Nicola, T. P., Carrolle, S. & Hecht, L. 2020. *Expanding support beyond the virtual classroom: Lessons and recommendations from school counselors during the COVID-19 crisis*. Harvard Graduate School of Education & Boston College Lynch School of Education and Human Development.
- Scheid, J. L., Lupien, S. P., Ford, G. S. & West, S. L. 2020. Commentary: Physiological and psychological impact of face mask usage during the COVID-19 pandemic. *Journal of Environmental Research & Public Health*, 17(6655): 1-12.
- Schuster, R., Pokorny, R., Berger, T., Topooco, N. & Laireiter, A. R. 2018. The advantages and disadvantages of online and blended therapy: Survey study amongst licensed psychotherapists in Austria. *Journal of Medical Internet Research*, 20(12): 11007.
- Schuster, R., Topooco, N., Keller, A., Radvogin, E. & Laireiter, A. R. 2020. Advantages and disadvantages of online and blended therapy: Replication and extension of findings on psychotherapists' appraisals. *Internet Interventions*, 21: 100326.
- Semo, B. & Frissa, S. M. 2020. The mental health impact of the COVID-19 pandemic: Implications for sub-Saharan Africa. *Psychology Research and Behavior Management*, 13: 713–720.
- Shklarski, L., Abrams, A. & Bakst, E. 2021. Will we ever again conduct in-person psychotherapy sessions? Factors associated with the decision to provide in-person therapy in the age of COVID-19. *Journal of Contemporary Psychotherapy*, 51(3): 265-272.

- Sobantu, M. & Warria, A. 2013. Lifting the veil of silence: Investigating the experiences of male refugee learners at a high school in Johannesburg, South Africa. *Social Work/Maatskaplike Werk*, 49(4): 570-584.
- Spaull, N. & van der Berg, S. 2020. Counting the cost: COVID-19 school closures in South Africa and its impact on children. *South African Journal of Childhood Education* 10(1): 1-13.
- Speyer, S. & Zack, J. 2003. Online counselling: Beyond the pros and cons. *Psychologica*, 23(2): 11-1.
- Spinelli, L. M. & Pandis, N. 2021. Reporting bias: Notion, many faces, and implications. *Statistic and Research Design*, 159(1): 136-138.
- Stoll, J., Muller, J. A. & Trachsel, M. 2020. Ethical issues in online psychotherapy: A narrative review. *Frontiers in Psychiatry*, 20(993): 1-16.
- Strauss, M., Rhodes, B. & George, G. 2015. A qualitative analysis of the barriers and facilitators of HIV counselling and testing perceived by adolescents in South Africa. *BMC Health Services Research*, 15(1): 1-12.
- Thamarasseri, I. 2014. Meta-narrative on guidance and counselling in schools. *Journal of Educational Psychology*, 7(3): 1-8.
- Thomas, P., Baldwin, C., Bissett, B., Boden, I., Gosselink, R., Granger, C. L., Hodgson, C., Jones, A. Y. M., Kho, M. E., Moses, R., Ntoumenopoulos, G., Parry, S. M., Patman, S. & van der Lee, L. 2020. Physiotherapy management for COVID-19 in the acute hospital setting: Clinical practice recommendations. *Journal of Physiotherapy*, 66: 73–82.
- Titzler, I., Saruhanjan, K., Berkin, M., Riper, H. & Ebert, D. D. 2018. Barriers and facilitators for the implementation of blended psychotherapy for depression: A qualitative pilot study of therapists' perspective. *Internet Interventions*, 12: 150-164.
- Tshitangano, T. & Tosin, O. H. 2016. Substance use amongst secondary school students in a rural setting in South Africa: Prevalence and possible contributing factors. *African Journal of Primary Health Care and Family Medicine*, 8(2): 934. Doi: 10.4102/phcfm.v8i2.934
- UNESCO. 2016. Guidance, counselling, and youth development Centre for Africa (GCYDCA) July 2016 Report. [Online] Available: <http://gcydca.org/site/wp-content/uploads/2016/11/GCYDCA-SEMI-ANNUAL2016-REPORT.pdf> [Accessed: 20/11/2022].
- Van der Steen, J. T., Ter Riet, G., van den Bogert, C. A. & Bouter, L. M. 2019. Causes of reporting bias: A theoretical framework. *F1000Research*, 8: 280. Doi: 10.12688/f1000research.18310.2
- Warria, A. & Coleman, K. 2023. In-school psychosocial support: Supporting the needs of young adolescent learners and supporting teachers in South Africa. In: Main, K. & Whatman, S. (eds.). *Health and well-being in the middle grades*. United States: Information Age Publishing.
- Warria, A. 2018. Social work with migrant children in South Africa. In: Shokane, A. L., Makhubele, J. C. & Blitz, L. V. (eds.). *Knowledge pathing: Multi-, inter- and trans-* *Social Work/Maatskaplike Werk*, 2023: 59(2)

disciplining in the social sciences: Issues aligning theory, research and practice in social work education. AOSIS: South Africa.

Warria, A. 2020a. Stateless transnational migrant children in South Africa: Implications and opportunities for social work intervention. *African Human Mobility Review*, 6(2): 6-24.

Warria, A. 2020b. The human trafficking continuum and COVID-19: Rights, risks, and protective actions. *Journal of Social Development in Africa*, 2020 special edition. [Online] Available: <https://www.ajol.info/index.php/jsda/article/view/208015> [Accessed: 20/11/2022].

Watson, K. R., Capp, G., Astor, R. A. Kelly, M. S. & Benbenishty, R. 2022. “We need to address the trauma”: School social workers' views about student and staff mental health during COVID-19. *School Mental Health*. 14: 902-917.

Wyler, H., Liebrez, M., Ajdacic-Gross, V., Seifritz, E., Young, S., Burger, P. & Buadze, A. 2021. Treatment provision for adults with ADHD during the COVID-19 pandemic: An exploratory study on patient and therapist experience with on-site sessions using face masks vs. telepsychiatric sessions. *BMC Psychiatry*, 21(237): 1-16.

Zhao, Y. 2020. COVID-19 as a catalyst for educational change. *Prospects*, 49: 29-33.