

Examining the Mental Health Impacts of COVID-19 on K-12 Mental Health

Providers, School Teachers, and Students

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Abstract

The COVID-19 crisis has caused a major disruption to students and staff within schools. As a result, COVID-19 has likely had a negative impact on mental health. This study investigated via an online survey, the mental health impact of the COVID-19 crisis on school counselors, teachers, and school social workers. In addition, the study examined these staff members' perspectives on the mental health of the students they worked with. Results indicated students are displaying a variety of distress behavior ranging from fearfulness, loss of temper, and peer problems. Staff indicated they felt confident reassuring students of safety, answering questions about COVID-19, and asking about students' families or friends who were affected. However, staff indicated decreased confidence to mention counseling services to students. Also, during the pandemic almost half of school staff indicated experiencing moderate to severe depression, and most staff indicated experiencing moderate to severe anxiety. These findings highlight the importance of providing mental health outside of the school setting, and the need for mental health services for school staff and students in the wake of the COVID-19 crisis.

Keywords: COVID-19, mental health, crisis impact, school counseling, teachers, social workers

Examining the Mental Health Impacts of COVID-19 on K-12 Mental Health Providers, School Teachers, and Students

The coronavirus (COVID-19) is an infectious disease that can lead to serious illness and death (WHO, 2020). COVID-19 became a global pandemic, taking the lives of over 265,000 individuals in the United States (CDC, 2020a). This serious outbreak led to closures of all non-essential businesses, no public gatherings, and stay at home orders. Additionally, the pandemic has forced widespread school closures across the US. At least 124,000 public and private schools closed at the end of the 2019-2020 school year, affecting more than 55.1 million K-12 students (National Center for Education Statistics, 2020). In the 2020-2021 school year, some school districts in larger cities have transitioned to remote learning for the entire school year, while others have adopted a hybrid learning model. Given this unprecedented disruption to K-12 schools, it has created challenges for those working in schools such as learning how to navigate new online platforms, preparing for both in-person and remote instruction, teaching children how to use the technology selected for remote instruction, and following the ever-changing guidelines from the Centers of Disease Control (CDC) and Prevention and Department of Education (Marshall & Mathur, 2020; Midcalf & Boatwright, 2020). Additionally, there has been widespread coverage from mental health professionals hypothesizing about the potential mental health effects of COVID-19 crisis (First et al., 2020; Horesh & Brown, 2020). The indirect exposure of community crisis, such as a pandemic, can potentially impact the wellbeing of children, adolescents, and school staff (Shaw, 2000). Although limited, there have been some reports about the increased mental health concerns among students during the COVID-

19 pandemic (Sheasley, 2021). Although initial studies have examined the mental health impacts of COVID-19 on general populations, how are school counselors, teachers, and school social workers affected? How does this school staff population perceive their student's wellbeing? This study examined the mental health impact of COVID-19 crisis on school counselors, teachers, and school social workers, as well as their perspectives of the mental health of their students. Findings have potential to inform practices for supporting the mental health of school staff and students during large scale crisis such as a global pandemic. Additionally, this study is aimed to fill a gap in literature of the impact of large-scale crises on school counselors.

Addressing the Impact of Crisis in Schools

Mental health concerns continue to rise in children and adolescents. Depression and anxiety rates have significantly increased in children aged 6-17 years (CDC, 2020b). Additionally, suicide is at an all-time high in the United States and currently the 2nd leading cause of death in adolescents ages 10-19 (CDC, 2017). Although there is a rise in mental health issues in the child and adolescent population, the rates of mental health service access have not increased (Mojtabai et al., 2016; Mental Health America, 2018). With the growing concern the lack of mental health treatment, there has been a push to integrate mental health services in the K-12 school setting. It is estimated that 70-80% of students who receive behavioral or mental health services receive them at school (Atkins et al., 2010). With this understanding, many schools have implemented trauma-informed practices and policies (Bartlett et al., 2016).

Research demonstrates that disasters and crises can worsen many preexisting problems for children (Phelps & Sperry, 2020). The pandemic has several

characteristics that are similar to previous public health crises, as well as community crises, such as terrorist attacks and mass shootings. Studies find that mass crisis events have a significant impact on the children living in the affected community (Comer et al., 2014; Furr, et al., 2010; Hoven et al., 2005). Students in K-12 schools have reported higher levels of distress, increased fear, anxiety, anger, sadness/depression, and conduct problems (Auger et al., 2004; Green et al., 2015). Despite the major impact on mental health following a community crisis, schools are often still the only source of mental health support (Phelps & Sperry, 2020). For example, following the September 11th attacks, only one quarter of New York City children with severe posttraumatic stress received counseling services (Fairbrother et al., 2004). Of these children, the majority of them received services within the school setting (Fairbrother et al., 2004).

Given that most students receive mental health support within the school setting during a community crisis, it is imperative to consider school officials working directly with students as they are essential in providing such supports; school counselors, teachers, and other helping professionals in the school setting.

School Staff Supporting Students During Crisis

Research suggests that school counselors and other helping school staff may have difficulty in supporting students or are ill-prepared to support students following a crisis. A study examined school counselor's experience during the COVID-19 pandemic, specifically on their role and constraints that may hinder their ability to meet the needs of their students. Findings suggest that counselors did not receive much guidance or direction in their role, and were often asked to complete non-counseling tasks, such as

filling in for absent teachers, temperature checks, and coordination of technology drop offs (Savitz-Romer et al., 2021).

In a study examining teachers' perspectives supporting children after trauma, teachers reported uncertainty about how to support students (Alisic, 2012). Likewise, Houston and colleagues (2019) conducted a study on media coverage of natural and human-caused disasters and found that many teachers reported not knowing how much of event details to share with students or how to answer their questions. Staff expressed the need for assistance with how to help students cope and wanted a clear, step-by-step guideline from administration about having conversations with students regarding media cover of disasters (Houston, First, & Danforth, 2019). In addition, following the Boston Marathon attack and manhunt, a study with teachers found half of the teachers reported no training to address events and only 76% of teachers provided classroom-based support for reassuring the students of their safety (Green et al., 2014). Nonetheless, teachers' perceptions of student exposure to the attack and manhunt were associated with greater implementation of classroom-based supports suggesting that teachers play a significant role in supporting students after a mass crisis event (Green et al., 2014).

Impact of Crisis on School Staff

In addition to being unsure of how to support students, staff may experience their own emotional responses which may lead to adverse mental health, all of which may create a barrier in supporting their students. Although there is some literature on school counselor's ability to support students after a community crisis such as COVID-19, there is limited research on the emotional impact has on the school counselor and if this

affects their ability to provide services to students. In a small review of 13 school counselors, school counselors recognized the pandemic has affected the social and emotional health of school staff, as well as students and their parents/guardians (Strear et al., 2021). Further, Savitz et al. (2021) discovered school counselors reported feeling burnout and emotional exhaustion, however this may have been due to this role ambiguity given the non-counseling related tasks. Although limited research regarding the pandemic, we can examine other community crisis, such as September 11th. A study reported that K-12 school counselors and related helping professionals had a personal response of emotional distress that interfered with the ability to meet student needs (Auger et al., 2004).

Although there is limited research on the impact COVID-19 has had on school counselors, there is some recent literature focused on teachers. A study in China examined the prevalence of anxiety in teachers during the COVID-19 pandemic and found a high rate of prevalence among teachers, suggesting that the pandemic may be the cause of the sharp increase (Li, Q. et al., 2020). Another recent study explored stress and coping strategies among language teachers in Europe and parts of North America during the COVID-19 pandemic and found there were substantial levels of stress reported by teachers (MacIntyre et al, 2020). Although many in this study were choosing active coping mechanisms, those who demonstrated avoidant coping (behavioral disengagement, denial, self-distraction, self-blaming, substance use, venting) were associated with increased levels of stress, anxiety, anger, sadness, and loneliness (MacIntyre et al, 2020).

These studies highlight that school staff may experience their own emotional responses to crisis, which may interfere with a school staff member's work with students. Understanding that a crisis can impact a school staff member's work with students, it's imperative to examine how the current COVID-19 pandemic and the potential negative effects on mental health. Given the significance of the school counselor's role in providing mental health supports to students, it's imperative there is heightened focus on the impact of crisis may have on them.

The Current Study

More research is needed to better understand the aftermath of high-impact crisis events on those indirectly exposed in the affected community. More specifically, more research is essential to understand the impact on school staff and students during the current crisis of the COVID-19 pandemic. Some research has focused on the psychological reactions of teachers, however, did not include school counselors or school social workers or their perceptions and response to students during crisis events (Auger et al, 2004; Baum et al., 2009). More recently, there has been research outside of the United States that focus on the COVID-19 pandemic and its' emotional impact on teachers, but not school counselors or school social workers. Although this research gives some insight, little is known about other key staff members following specific crisis events, such as school counselors or social workers, who are often the first in response to crisis within their schools (Wolmer et al., 2005).

The COVID-19 crisis has been presented as a trauma and can exacerbate existing mental health disorders while contributing to the onset of new stress-related disorders (Horesh & Brown, 2020). By exploring the impact of the COVID-19 pandemic

through the lens of school counselors, teachers, and school social workers, we can gain an understanding on how a community crisis can affect school staff and their work in supporting their students. This research is in efforts to increase the sense of wellbeing and ensure necessary supports are in place for students and school staff during a world-wide crisis.

Methods

Participants and Procedures

Data collection procedures were approved by the [Identity Removed for Review] Internal Review Board (IRB). The study sample yielded a 76% response rate of 159 adults (18 years or older) working as school staff in the role of a school counselor, teacher, or school social worker in a K-12 U.S. school. Data were collected April 28th – May 12, 2020. Participants were recruited via professional organizations and groups, such as the Counselor Education and Supervision Network Listserv (or CESNET-L) and local state level School Counselor Associations. Potential respondents were sent an email invitation with a secure URL to access the online survey and review the study's purpose. An electronic informed consent indicated that participation was voluntary and their responses would remain anonymous. After consenting to the study, participants were directed to the online survey. Participants were eligible to enter a drawing for a gift card at the end of the survey.

Of the 159 participants, 147 were female (92.2%) and 11 were male (6.9). A majority of participants identified as White/Caucasian ($n = 144$, 90.6%), followed by Asian American ($n = 5$, 3.1). The age of participants ranged from 18 to 75 years and older, with 18 - 35 years old at 8.2% ($n = 13$), 35-54 years old at 54.1% ($n = 86$), 55-75

years old at 37.7% ($n = 60$). The majority of participants were school counselors 70.4% ($n = 112$), followed by teachers 18.9% ($n = 30$), and school social workers 5.0% ($n = 8$). See Table 1 for demographic descriptive statistics.

Data analysis

Prevalence of school staff mental health, student distress, and providing student support were calculated using descriptive statistics. A series of multiple linear regression was performed to further examine relationships between student distress, providing student support, and COVID-19 exposure with mental health outcomes of anxiety and depression. Preliminary analyses were conducted to ensure there were no violation of assumptions (e.g., homoscedasticity, lack of multicollinearity, and normality). Data was also checked for missing values and outliers. Statistical analyses were performed using SPSS Statistics 25.0.

Measures

Student distress related to COVID-19. Student distress related to COVID-19 was assessed with nine questions from the teacher-report version of the Strengths and Difficulties Questionnaire (SDQ; Goodman, 2001) focused on classroom-wide distress including emotional symptoms, conduct problems, hyper-activity/inattention, peer problems, and prosocial behavior. Items were adapted so that rather than responding for an individual student, teachers were asked to indicate whether each symptom was 0 = *not true for students*, 1 = *somewhat true for students*, or 2 = *certainly true for students* during the COVID-19 crisis ($M = 19.03$, $SD = 3.89$, $\alpha = .86$). See Table 2 for all descriptive and reliability estimates for all measures.

Student support during COVID-19. To assess support provided to students during COVID-19, school staff answered specific classroom-wide responses they provided (see Huston and DiPietro, 2007 and Green et al., 2015). The student support questions fell into three broad categories: activities/discussion with students (e.g., discussed COVID-19), adjustment of academic activities for students (e.g., provided additional time for assignments), and social-emotional supports offered to students (e.g., discussed ways students might cope with COVID-19). School staff indicated on a three-point Likert scale whether they felt 0 = *not confident*, 1 = *somewhat confident*, 2 = *very confident*, in their ability to respond to student distress by providing student support during the COVID-19 crisis ($M = 46.35$, $SD = 7.32$, $\alpha = .90$).

School staff exposure to COVID-19. School staff exposure to COVID-19 was assessed using four items adapted from the measurement of SARS-related exposure (Main et al., 2011) asking individuals if they had the coronavirus, if someone in their family or household had the coronavirus, if they knew someone hospitalized with coronavirus, and if they knew someone who died from the coronavirus. Response options were *no* (0) or *yes* (1). The scores of all items were summed to reflect indexes of exposure levels during the pandemic. The scores ranged from 0 to 4, with a higher score indicating more exposure ($M = 0.48$, $SD = 0.89$, $\alpha = .68$).

Anxiety. School staff anxiety was assessed using the Generalized Anxiety Disorder seven-item scale (GAD-7; Spitzer et al., 2006). Respondents were asked if over the last two weeks they were bothered by each of seven symptoms related to the COVID-19 crisis (e.g., “feeling nervous, anxious, or on edge”). If they responded in the affirmative, they were asked how often they were bothered during that time period (1 =

for several days, 2= more than half the days, 3= nearly every day) and whether that occurred in the past month. Total anxiety scores were computed by summing the seven GAD items ($M = 19.03$, $SD = 3.89$, $\alpha = .86$).

Depression. School staff depression was assessed with the Patient Health Questionnaire-9 (PHQ-9; Kroenke & Spitzer, 2002). The PHQ measures the degree to which an individual has experienced depressed mood and anhedonia over the past two weeks in order to screen participants for depression. Respondents were asked to indicate how often they found they had little interest or pleasure in doing things and felt down, depressed, or hopeless over the past two weeks during the COVID-19 crisis, using response options ranging from *not at all* (0) to *nearly every day* (3). Total depression scores were computed by summing the PHQ items ($M = 14.92$, $SD = 4.53$, $\alpha = .86$).

Covariates. Three covariates, gender, race, and age were incorporated into the regression analyses to help control for confounding effects on the mental health outcomes.

Results

Student distress and staff support for students during COVID-19. Results found that the school staff of school counselors, teachers, and school social workers, reported students exhibiting a variety of difficulties related to COVID-19 including being worried (86.4%), being unhappy, depressed or tearful (77.1%), fearful (71.3%); losing temper (62.6%); hyper-activity/inattention including being restless and overactive (88.8), easily distracted (91.4%); and peer problems (66.1%). Results also found that school staff reported providing a variety of support to students including engaging in

activities/discussion such as answering questions about COVID-19 (92.3%), asking about students' families or friends being affected (90.3%), facilitating a project as a class (51.7%), mentioning counseling services (63.9%), and offering extensions on assignments due (68.0%).

School staff mental health during COVID-19. Results found that 45% of school staff indicated moderate to severe depression and 81.8% of school staff indicated moderate to severe anxiety. Regression results found that student distress had a positive association with school staff anxiety ($\beta = .204, p < .05$) and school staff depression ($\beta = .208, p < .05$). In addition, regression results found that providing student support had an inverse association with school staff anxiety ($\beta = -.200, p < .05$) but not with school staff depression. Furthermore, COVID-19 exposure was not found to have an association with either school staff depression and anxiety. See Tables 3 and 4 for regression model estimates.

Discussion

In the current study we conducted a cross-sectional survey of 159 K-12 U.S. school staff of school counselors, teachers, and school social workers to examine student distress, student support, and mental health symptoms during the COVID-19 pandemic. It is important to note that most participants were school counselors. Our results point to several main findings. First, we found that the school staff reported students displaying a variety of classroom-wide distress, including being worried, unhappy/depressed/tearful, fearful, losing temper, hyperactivity/inattention, and peer problems during COVID-19. This finding is consistent with prior research on crisis events having a significant impact on a student's health and students reporting higher

levels of anxiety, anger, and sadness/depression following a community crisis (Auger et al., 2004; Green et al., 2015). Future studies should continue to examine the impacts of COVID-19 on students over time to better understand the role of the impact of COVID-19 on students.

Second, the school staff reported their confidence level in providing activities/discussion, adjustment of academic activities, and social-emotional supports. Overall, school staff indicated confidence in reassuring their students they were safe, answering questions about COVID-19, and asking about students' families or friends being affected. However, staff felt less confident in mentioning counseling services. This may indicate that staff are comfortable in providing trauma-informed practices within their role, however there may be a lack of available resources to share with students (Mojtabai et al., 2016; Mental Health America, 2018). Also, this finding parallels that schools are often the only source of mental health support and trauma-informed care a student will receive following a crisis (Phelps & Sperry, 2020; Fairbrother et al., 2004).

Further, staff felt less confidence when facilitating a project as a class and offering extensions on assignments. This provides insight into the challenges the pandemic created in K-12 schools, including the transition to remote instruction and following (Marshall & Mathur, 2020; Midcalf & Boatwright, 2020).

Our results also found that almost half of school staff (45%) indicated moderate to severe depression and the majority of school staff (81.8%) indicate moderate to severe anxiety during the COVID-19 crisis. This is consistent with past research on the affect crisis can have on school staff mental health (Huston & DiPietro, 2007). In addition, we found that student distress may be associated with school staff anxiety and

depression. Collectively, these results illustrate that the COVID-19 crisis can have effects on the mental health of students and school staff (Green et al., 2015).

Furthermore, we found an inverse relationship between supporting students and mental health, in that more support to students was related to lower levels of anxiety in school staff.

Lastly, we did not find a relationship between school staff exposure to COVID-19 and mental health outcomes of anxiety and depression. Given that our study was conducted earlier in the U.S. COVID-19 outbreak, it is possible that patterns of effects will change as COVID-19 cases are increasing in the U.S. and schools return to in-person education. Future studies should examine COVID-19 exposure among school staff after more time has elapsed to better understand any role that COVID-19 exposure may impact school staff mental health.

These findings highlight the importance of providing mental health outreach, referrals, services, and resources to students and school staff during the COVID-19 crisis. Specifically, there are implications to the school counseling profession, as well as school district and school administrators. School counselors are in the crucial position to provide support to the students they work with (Meyers, 2020). It is imperative school counselors are maintaining care for themselves during this time, as well as receiving the support they need to deliver effective services. School districts and school administrators should understand the emotional impact the pandemic may have on school counselors and other staff, and ensure they are receiving emotional support when needed. Additionally, there must be support and resources provided to assist school counselors in the delivery of direct services to students. This could include

reducing non-counseling related duties, increased access to classrooms to reach more students, and knowledge of relevant resources to provide students and their families. Beyond the pandemic, implementing resources and interventions that support students and those supporting students, including school counselors, teachers, and school social workers, would likely be beneficial during other mass community crisis events.

Limitations

This study presents some limitations, such as the majority of participants were school counselors. The difference in roles may impact the school staff member differently and the support provided to students within their role may vary. Additionally, the survey did not include which grade level the staff member was working in. The impact of COVID-19 on staff and students could vary between elementary, middle, and high school. Another limitation involves the gender and racial composition of the participants. The majority of the participants were white and female. Only 11 participants identified as male and only 9.4% of participants identified being of racial/ethnic minority. Future research should include a more diverse sample. Finally, the results of the study relied on self-report measures that may not be accurate as a full clinical evaluation of depression and PTS symptoms.

Conclusion

In the current study we examined student distress, school staff support provided to students, exposure to COVID-19, and school staff mental health outcomes during the COVID-19 crisis. We found that students exhibited a variety of difficulties related to COVID-19 and that school staff, primary school counselors, provided a variety of student support. In addition, we found that student distress may be associated with

school staff depression and anxiety and that offering student support had an inverse relationship with school staff anxiety. Overall, these results highlight that the COVID-19 pandemic can have impacts on the mental health of school students and staff. Mental health guidelines and resources on supporting students and school staff should be developed and implemented into public health and educational resources related to COVID-19.

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Appendix

Table 1

Descriptive characteristics of school staff sample (N = 159)

	Demographics	N (%)
Gender	Male	11 (6.9)
	Female	147 (92.5)
Age	18-35 years old	13 (8.2)
	35-54 years old	86 (54.1)
	55-75 years old	60 (37.7)
Race	White	144 (90.6)
	Hispanic/Latinx	1 (0.60)
	Black	1 (0.60)
	Asian	5 (3.1)
	Native American	2 (1.3)
	Multi-racial	4 (2.5)
Years Teaching	Less than 5 years	26 (16.4)
	5 - 10 years	33 (20.8)
	10 – 20 years	54 (34.0)
	20+ years	46 (28.9)
Role	Teacher	30 (18.9)
	School counselor	112 (70.4)
	School social worker	8 (5.0)
	Other	9 (5.7)

Table 2*Descriptive and reliability estimates for measures*

Measure	Alpha	Mean	SE
Student distress	.861	19.03	3.89
Providing student support	.901	46.35	7.32
COVID-19 exposure	.682	0.48	0.89
Anxiety	.861	19.03	3.89
Depression	.858	14.92	4.53

Table 3*Regression Estimates associated with School Staff Anxiety*

Variables	B	SE	β
Gender	2.56	1.48	.151
Race	-.055	.265	-.019
Age	-2.45	.795	-.276**
COVID-19 exposure	.162	.452	.031
Providing student support	-.151	.066	-.200*
Student distress	.288	.124	.204*

Note: Model $F(6) = 4.25$, $p < .001$, $R^2 = .144$. * $p < .05$. ** $p < .01$. *** $p < .001$

Table 4*Regression Estimates associated with School Staff Depression*

Variables	B	SE	β
Gender	.426	1.28	.030
Race	-.058	.231	-.023
Age	-1.88	.697	-.250**
COVID-19 exposure	.621	.401	.150
Providing student support	-.062	.394	.142
Student distress	.248	.108	.208*

Model $F(6) = 3.19$, $p < .01$, $R^2 = .104$. * $p < .05$. ** $p < .01$. *** $p < .001$