COVID-19, In-Person Schooling, and Children's Mental Health

Executive Summary

Childhood depression, anxiety and behavioral/conduct problems have been prevalent since before the COVID-19 pandemic.[1] However, children's mental health challenges have increased over the last year and a half due to difficulty coping with the changes and uncertainty surrounding COVID-19.[2,3] Many families report increased behavioral problems for their children, including irritability, disruptive behavior, clinginess, and substance abuse.[2-4] As most students return to in-person learning this fall, children are dealing with challenges related to both COVID-19 and adapting to new school environments. The children who are most likely to experience negative mental health consequences during this time include children of color, homeless youths, and children living in low-income communities.

Highlights

- New school environments and COVID-19-related restrictions can exacerbate pre-existing mental health problems during the back to school transition.
- Students living in underserved communities (e.g., racial minorities, low-income students) are more likely to experience mental health problems during the back to school transition.
- Universal screening in schools can be used to identify and support at-risk children. Schools may also collaborate with community partners to deliver mental health care to students.
- In addition to staffing mental health professionals, school communication strategies can give families the tools to effectively support their children.

Limitations

- The most recent data on children's mental health problems were collected before school started this fall. Additional monitoring is required to understand how the return to in-person learning this year will impact student mental health.
- Data reported in this science note were collected from national samples rather than specifically from Missouri.

Student Mental Health During the Back to School Transition

If an environment appears unsafe, children may be wary of strangers and want to stay close to their parents, or other familiar and trusted caregivers. Until they are old enough to explain their feelings, it can be difficult to convince them that a new caregiver is going to protect them. This means it may take longer for some children to acclimatize to the school environment, especially if they attend a new school. School-aged children who are sensitive or easily worried, or those who have developmental delays, may need extra time to adjust.[5,6]

Impact of COVID-19: As students return to in-person learning during the COVID-19 pandemic, changes to space and routines have made normal settings appear and feel different. During the pandemic, schools have to limit visitors, change drop-off and pick-up procedures and establish physical distancing procedures to reduce physical contact. Many educators, children, and parents are wearing face masks, which may cause discomfort. Furthermore, the pandemic has also impacted adults, whose increased stress levels can also increase a child's anxiety, fear, and helplessness.[7]

Share of Parents Reporting Worsening Mental Health For Their Children Ages 5-12, October-November 2020
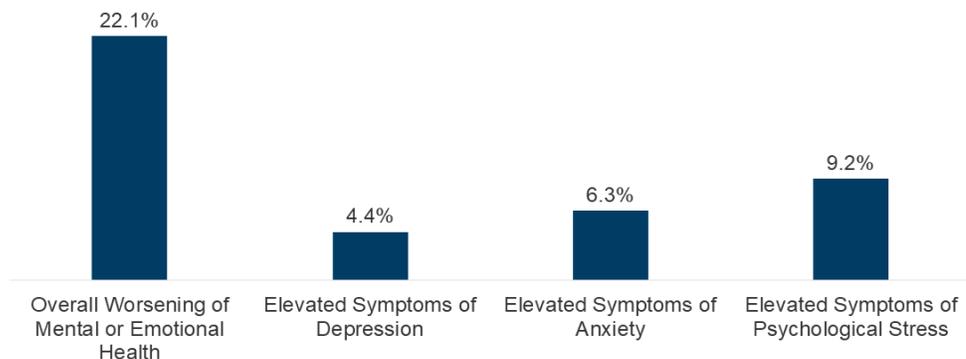
SOURCE: Verlenden JV, Pampati S, Rasberry CN, et al. Association of Children's Mode of School Instruction with Child and Parent Experiences and Well-Being During the COVID-19 Pandemic — COVID Experiences Survey, United States, October 8–November 13, 2020. MMWR Morb Mortal Wkly Rep 2021;70:369–376. DOI: http://dx.doi.org/10.15585/mmwr.mm7011a1

Figure 1. Survey results from Fall 2020 survey of child and parent well-being during COVID-19.[4]

Within the last year, youths also reported more depression and anxiety as a result of isolation (**Figure 1**). In October 2020, 22.1% of parents reported deteriorating mental health for their children, aged between 5 to 12.[4] Additionally, COVID-related restrictions, such as stay home orders and public closures, might have increased suicidal thoughts and attempts within this group. The consequences of isolation are

more likely to affect minority youths, such as LGBTQ youths. Prior to the pandemic, LGBTQ youths were already at higher risk for depression, suicidal ideation, and substance use.[8] Since the start of the COVID-19 pandemic, a national survey found more than half LGBTQ youths reported symptoms of anxiety or depression that impact sleep, appetite, and temper.[9] These mental health concerns are likely to continue as youths transition back to school, which might prevent them from fully engaged in school activities and benefitting from in-person learning.

Policy Options and Effectiveness

Universal screening to identify at-risk students: Universal screening can identify students who are at-risk for social-emotional problems.[10,11] For elementary school children, screening involves teachers and parents completing brief questionnaires regarding a child's emotions and behaviors. For middle and high school students, screening relies on a youth's self-report about their frequency and severity of social-emotional problems. School mental health professionals (e.g., school psychologists) can use scores on the questionnaires to identify at-risk students and create a plan of action to connect students to effective mental health services in school (e.g., working with a school counselor individually) or outside of school.[12] Although school principals often support universal screening in theory, they may have limited knowledge about how to implement these programs and insufficient funding for screening.[13]

School and/or community-based treatment options: Increased mental health care staffing (e.g., school psychologists, social workers, and counselors) can support children as they return to in-person learning, especially those who are anxious about the return to in-person activities. Telehealth services can also provide care to families who face barriers related to transportation, time, and cost. Some schools may also establish contracts with community agencies to provide mental health support in the school setting (e.g., Show-Me School-Based Health Alliance). This kind of school-community mental health care partnership can provide convenient, accessible, and wide-ranging health care services to students at school.

Communication: Social media and school programming may also be leveraged to communicate information to families. In collaboration with state mental health departments, schools may choose to offer webinars, Q&A sessions, and town halls for educators, parents, and other constituents, as well as links to related resources (e.g., WIC clinics, SNAP program) for families. Schools and families can also work on effectively communicating the uncertainty surrounding in-person learning and potential changes due to the prevalence of SARS-CoV-2 variants (e.g., Delta).[14,15]

References

1. Ghandour, R. M., Sherman, L. J., Vladutiu, C. J., Ali, M. M., Lynch, S. E., Bitsko, R. H., & Blumberg, S. J. (2019). Prevalence and treatment of depression, anxiety, and conduct problems in US children. *The Journal of Pediatrics*, 206, 256-267. https://doi.org/10.1016/j.jpeds.2018.09.021.

2. Barnett, W. S., & Jung, K. (2021). Seven impacts of the pandemic on young children and their parents: Initial findings from NIEER's December 2020 preschool learning activities survey. *National Institute for Early Education Research*. Retrieved from https://nieer.org/wp-content/uploads/2021/02/NIEER_Seven_Impacts_of_the_Pandemic_on_Young_Children_and_their_Parents.pdf.

3. Williams, E. (2021). Back to school amidst the new normal: Ongoing effects of the coronavirus pandemic on children's health and well-being. *KFF*. Retrieved September 2021 from https://www.kff.org/coronavirus-covid-19/issue-brief/back-to-school-amidst-the-new-normal-ongoing-effects-of-the-coronavirus-pandemic-on-childrens-health-and-well-being/.

4. Panchal, N., Kamal, R., Cox, C., Garfield, R., & Chidambaram, P. (2021). Mental health and substance use considerations among children during the COVID-19 pandemic. *KFF*. Retrieved September 2021 from https://www.kff.org/report-section/mental-health-and-substance-use-considerations-among-children-during-the-covid-19-pandemic-issue-brief/.

5. Murray, C., & Greenberg, M. T. (2001). Relationships with teachers and bonds with school: Social emotional adjustment correlates for children with and without disabilities. *Psychology in the Schools*, 38(1), 25-41. https://doi.org/10.1002/1520-6807(200101)38:1%3C25::AID-PITS4%3E3.0.CO;2-C

6. Mitchell, R. M., Kensler, L., & Tschannen-Moran, M. (2018). Student trust in teachers and student perceptions of safety: Positive predictors of student identification with school. *International Journal of Leadership in Education*, 21(2), 135-154. https://doi.org/10.1080/13603124.2016.1157211.

7. Center for Disease Control and Prevention (2021). COVID-19 pandemic: Helping young children and parents transition back to school. *Centers for Disease Control and Prevention*. Retrieved September 2021 from https://www.cdc.gov/childrensmentalhealth/features/COVID-19-helping-children-transition-back-to-school.html.

8. Youth Risk Behavior Survey (2019). Data Summary & Trends Report 2009-2019. *Centers for Disease Control and Prevention*. Retrieved September 2021 from https://www.cdc.gov/healthyyouth/data/yrbs/pdf/YRBSDataSummaryTrendsReport2019-508.pdf.

9. Dawson, L., McGough, M., Kirzinger, A., Sparks, G., Rae, M., Young, G. & Kates, J. (2021). The Impact of the COVID-19 Pandemic on LGBT+ People's Mental Health. *KFF*. Retrieved from https://www.kff.org/other/issue-brief/the-impact-of-the-covid-19-pandemic-on-lgbt-peoples-mental-health/.

10. Glover, T. A., & Albers, C. A. (2007). Considerations for evaluating universal screening assessments. Journal of school psychology, 45(2), 117-135. https://doi.org/10.1016/j.jsp.2006.05.005.

11. Dowdy, E., Furlong, M., Raines, T. C., Bovery, B., Kauffman, B., Kamphaus, R. W., … Murdock, J. (2015). Enhancing school-based mental health services with a preventive and promotive approach to universal screening for complete mental health. Journal of Educational and Psychological Consultation, 26(2-3), 178-197. https://doi.org/10.1080/10474412.2014.929951.

12. Eagle, J. W., Dowd-Eagle, S. E., Snyder, A., & Holtzman, E. G. (2015). Implementing a multi-tiered system of support: Collaboration between school psychologists and administrators to promote system-level change. Journal of Educational and Psychological Consultation, 25, 160-177. https://doi.org/10.1080/10474412.2014.929960.

13. Wood, B. J., & McDaniel, T. (2020). A preliminary investigation of universal mental health screening practices in schools. *Children and Youth Services Review*, 112, 104943. https://doi.org/10.1016/j.childyouth.2020.104943.

14. Hernandez, R. A., & Colaner, C. (2021). "This Is Not the Hill to Die on. Even if We Literally Could Die on This Hill": Examining Communication Ecologies of Uncertainty and Family Communication About COVID-19. *American Behavioral Scientist*, 65(7), 956-975. https://doi.org/10.1177%2F0002764221992840.

15. Dalton, L., Rapa, E., & Stein, A. (2020). Protecting the psychological health of children through effective communication about COVID-19. The Lancet Child & Adolescent Health, 4(5), 346-347. https://doi.org/10.1016/S2352-4642(20)30097-3.