BEHAVIORAL HEALTH IMPACTS DURING & AFTER COVID-19

What to Expect and Ways to Prepare for the Return to In-Person Learning

April 2021

OVERVIEW

After over a year of the global pandemic and with the availability of vaccines, schools are now returning to hybrid learning or all in-person learning.

This document is an update by the University of Washington School Mental Health Assessment, Research, and Training (SMART) Center, Seattle Children's Hospital, and the Center on Positive Behavioral Interventions & Supports (PBIS) to an initial checklist that was provided to Washington's State Education Agency in June 2020. This update includes new information gleaned about the youth mental health crisis, as well as additional recommendations and considerations to keep in mind as schools bring students back into the school building in a way that prioritizes everyone's mental health and wellness.

This document presents information on (1) what has happened in the last year, (2) what to expect as students return to school, and (3) ways to prepare at the staff, building, and district levels. This document is not intended to be an exhaustive list of all school mental health strategies or used in the place of direct consultation with mental health providers. Instead, it should help guide you and your school and district teams to consider an array of strategies and supports for students, families and staff.

If you or others in your school, district, or jurisdiction have specific questions about the guidance in this document, your return to school plans, and/or your long-term approach to supporting the social-emotional needs of students please free to contact the SMART Center's Training and Technical Assistance team at smarttac@uw.edu.

SMART
School Mental Health Assessment
Research & Training Center

Seattle Children's
HOSPITAL · RESEARCH · FOUNDATION

Northwest (HHS Region 10)
MHTTC
Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

CENTER ON
PBIS Positive Behavioral
Interventions & Supports

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"We need to be prepared when we reopen schools to ensure that social and emotional supports are a bigger part of the whole experience - not just this spring but moving forward. We really need to think about how social and emotional learning and mental health support that our students need is the foundation of the programs that we provide and the schools that we use to serve our students."

Dr. Miguel Cardona, U.S. Secretary of Education

What is Happening?

At the start of the pandemic, the Washington Department of Health forecasted (based on models derived from population-level responses to disasters) that "impacts from the COVID-19 outbreak and related government actions will likely cause a surge in behavioral health symptoms across the state."

Locally and nationwide, data indicates these predictions have come to pass:

- According to Census data, weekly surveying shows that **symptoms of anxiety and depression have increased** gradually for all Washington adults, to approximately 20% higher than pre-COVID levels.
- UW Medicine reports that, for patients under 27 years old, depression diagnoses have increased approx. 30% since 2019, and nearly 50% for anxiety diagnoses.
- According to the CDC, nationally, the proportion of emergency visits for **mental health issues for youth 12-17 increased by 31% during the pandemic**. This trend has also been found at state inpatient facilities such as Swedish, Seattle Children's, and Mary Bridge Children's Hospitals.
- A CDC report from June 2020 found that mental health conditions are disproportionately affecting young adults (aged 18-24). **One in four young adults was found to have seriously considered suicide – an increase from one in 10 young adults pre-pandemic.**
- From June 2020 to February 2021, the CDC found that the percent of young adults (aged 18-29) experiencing symptoms of depression or anxiety rose from 49% to 57%. The percent of young adults reporting an unmet need for mental health services rose from 16% to 22%.
- The CDC has released new vital statistics data on causes of death for all individuals in 2020. Not surprisingly, overall mortality increased 17.7%. While suicide deaths were down 5.6% overall, rate of death due to unintentional injury (which includes drug overdose) increased 11.1%.
- A more recent report confirmed that, nationwide and in Washington, **drug overdoses in 2020 showed the largest single-year increase in over 20 years.** As summarized by The Commonwealth Fund, "the final 2020 total in the United States could exceed 90,000 overdose deaths, compared to 70,630 in 2019." Preliminary data show a **35% increase in Washington State**.
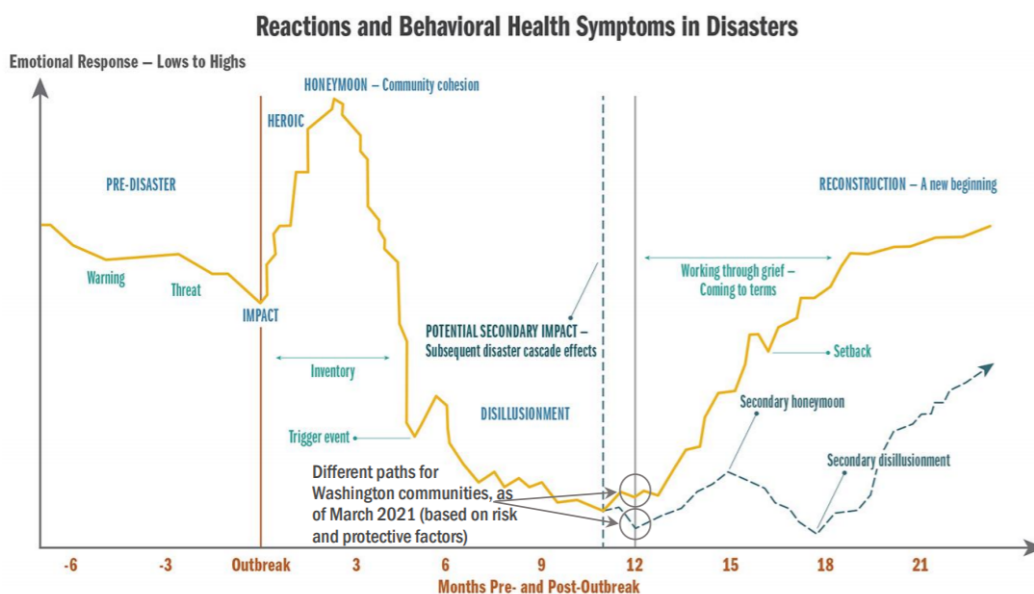
This figure from the Washington Department of Health presents a projection of behavioral health patterns in response to COVID-19, based on responses typical to disasters.

WA DOH provides monthly updates on statewide behavioral health impacts from the COVID-19 pandemic as well as updates to its forecasts:
 https://www.doh.wa.gov/Emergencies/COVID19/HealthcareProviders/BehavioralHealthResources

Figure 1: Phases of reactions and behavioral health symptoms in disasters. The dotted graph line represents the response and recovery pattern that may occur if the full force of a disaster cascade is experienced by the majority of the population. *Protective factors* are characteristics, conditions, or behaviors that reduce the effects of stressful life events. They also increase a person's ability to avoid risks or hazards, recover, and grow stronger. Adapted from the Substance Abuse and Mental Health Services Administration (SAMHSA).

What to Expect

According to the Washington Department of Health, disaster recovery will move from the phase of disillusionment to reconstruction and recovery during the second quarter of 2021.

It is important to recognize, however, that communities and individuals who have had more negative experiences (children and young adults, front-line workers, persons of color, individuals with lower incomes and/or employment disruptions) will likely move more slowly into recovery phases and are more likely to experience more severe behavioral health symptoms (see figure 1 above).
- Multiple additional disasters, such as COVID-19 variants, could contribute to a disaster cascade including sources of mental health distress and disparity that intersect with COVID impacts (i.e., racism and racial trauma, vaccine inequities, loss of employment and income, etc.)

The effects of isolation combined with shifting educational and social opportunities and experiences have contributed to greater behavioral health challenges for individuals ages 6 – 25.
- As indicated from the statistics above, children, teens, and young adults are a group of particular concern, demonstrating symptoms and suicidal ideation at nearly twice the rate of adults 40 and older.

General fatigue, exhaustion, and feeling overwhelmed are common experiences, as are sleep problems, diminished cognitive and high-level thinking, memory challenges, and increased impacts of existing behavioral health symptoms such as depression, anxiety, or trauma.
- For youth, teens, and young adults, "Pandemic Apathy" is likely to be widespread, including "acting out" (denial/ignoring consequences) and "acting in" (extreme hopelessness/not engaging).
- An increase in youth risk-oriented behaviors in the spring and summer may also manifest due to the degree of psychological impact those groups have experienced, and lessening of restrictions.

Substance use issues may be impacted and substance-related disorders may increase.
- Approximately half of the individuals who experience a behavioral health diagnosis will develop a substance-related disorder, and vice versa. As a result, we can expect substance-related symptoms and disorders to increase as behavioral health symptoms and disorders increase. This will be true of adolescents as well as parents/caregivers.
- Among young adults aged 18-24, the CDC reports that, as of August 2020, 25% started or increased substance use to cope with pandemic-related stress or emotions, far higher than any other age group. This is only likely to have increased in the interim.

The return to in-person learning can cause distress, both for the student who has disengaged or has many missing assignments and for the student for whom remote learning has been a positive experience and is excelling. Additionally, students may experience disappointment when returning to the building and school doesn't feel the same due to distancing and safety protocols.
- Children/youth with pre-existing anxiety about school may have experienced decreased anxiety during remote learning, but will likely experience increases upon returning after prolonged absence.
- Some students may have anxiety related to fears of getting sick (from COVID or something else) or their loved ones getting sick.
- Some will have experienced losses (deaths, prolonged hospitalizations, isolation from loved ones) that lead to grief or ongoing worry about a family member.
- Loss of school activities and disrupted social networks and friendships will likely be linked to increases in depressive symptoms and possibly suicidality.
- Some students, especially those not actively engaged in remote learning, may have anxiety about their ability to successfully re-engage and overcome missed learning.

What to Expect

Many students and families have experienced serious economic impact, which may exacerbate or give rise to behavioral health symptoms.
- Students will worry about uncertainties at home (parental loss of jobs, food insecurity, loss of housing).
- More students will be coming to school hungry and those basic needs must be addressed **first and foremost**.
- Families will experience greater housing insecurity, which will give rise to students being homeless or living with relatives. Unstable housing will affect sleep and ability to do homework.
- Families will have even more priorities that supersede supporting children's schoolwork.

Increases in effects related to trauma can be expected.
- Some students will have experienced exposure to parental discord, maybe outright physical violence in the home.
- Some students will have experienced more severe punishment (emotional, possibly physical).
- Increases in bullying behavior may result from race/ethnicity associated with COVID-19 stereotypes, appearance with protective equipment, behavior seen as "risky" from point of view of infection.
- Students who are revealed to have been COVID-positive (or their parents) could be labeled as dangerous by peers or other adults.

Academic challenges will be widespread and they can both be caused by - and give rise to - behavioral health challenges:
- Disparities will be present based on who was able to keep up with schoolwork; those whose families are more stressed and those with learning issues or marginal achievement prior to COVID could be even further behind academically.
- Even for those students who excel academically, focusing on recovering lost instructional time and test scores will cause increased stress for staff and students.

The breadth and depth of impact means that school districts will need to focus not just on addressing effects on students, but also on teachers and school staff:
- Many will have experienced stressors similar to students.
- Situations upon return to school will be very different than normal; teachers and staff will face lots of uncertainties and new processes that seem unfamiliar.
- Many will feel anxious about their limited effectiveness as educators, especially if schools are only partially opened, there are staggered schedules, they are managing students in-person and online simultaneously etc.

While vaccines bring hope, as a potential start to the end of the pandemic, patience will be both essential and difficult in the spring and summer of 2021.
- Hope is a positive and powerful tool for resilience and recovery.
- However, as all individuals yearn for "normal life" to resume, it is critical to remember that emotional regulation for many people has been diminished.
- The flurry of information, frustration with vaccine rollout, new COVID variants, and additional spikes in disease within communities, combined with our compromised capacity to cope, will continue to be detrimental to our individual and collective mental health.

Recommendations for Preparing for the Return to School
At the Staff & Building Level

What to do to prepare before or at the start of in-person learning:
- Reach out to students to hear from their perspective on what they need from adults.
- Encourage families to tell you about issues they anticipate will be challenges for them/their student once school starts. This could happen through a family survey.
- Get as much information as you can about each student's progress and ability to complete assigned work during remote schooling. Prepare to celebrate whatever they have been able to do, and to develop a plan for any catching up that is needed.
- Prepare to address concerns/uncertainty about what will happen when school starts, including concerns by students about having "fallen behind." The more supported and connected students feel, the faster they will get back on track. Repeatedly calling attention to lack of progress may lead to additional distress and disengagement.

Getting back to "routine" is one of the pillars of recovery, especially for students and teachers who have experienced trauma. Teachers and students will still be in recovery mode, however, so it will be important to <u>take it slowly and be flexible</u>. Keep goals modest.
- Re-establishing school as a safe, positive space is the first priority.
- Assessment of teacher and student social emotional needs will need to be prioritized.
- Students may not be ready to discuss hardships experienced during the pandemic.
- Upon returning to school, there may be a honeymoon period. Stay focused on uncovering strengths and needs. Look for patterns and trends in data that inform how to strengthen the school-wide effort.
- Students may experience more frequent changes in their peer-to-peer relationships. Teachers and school staff may need to take extra care to support positive relationships, address problems that arise, and reteach social skills development. Be sure to include lunchroom staff, playground staff, etc. in these discussions.

Once back in school, remember that student-teacher relationships are one of the most powerful predictors of student emotional wellness, classroom climate, and academic success.
- Think about small changes that can make a big difference such as:
  - Positive Greetings (and Farewells) at the door & Daily Wellness Check-Ins for staff and students.
  - Frequent reminders to students such as "I'm going to do everything I can to make this a great experience for you" and "I'm so glad you're here and I am so excited to be your teacher this year."
- Even if brief, teachers should try to make a **brief personal connection** with each student. "Know their name, Know their story".
- Teachers and school staff should focus on **listening first.** Don't feel you have to have an answer for everything. Use the information you hear to gauge how to get up to speed with your students/class/school.
- Teachers play a key role in creating safe space for students to have conversations about current events. Support teachers in developing the skills needed to navigate these conversations.

Be ready for your own "triggers". Be mindful of the situations and experiences that affect and overwhelm your emotional state, cause distress, and make it difficult to stay in the moment.
- Students' issues may be similar to yours.
- Appreciate that the uncertainty of it all will be challenging for you.
- Journal what situations cause or may cause you distress to identify vulnerable decision points and make a plan to ensure you respond in a calm manner.

Help de-stigmatize mental health concerns students may be experiencing.
- Let students know that additional stress and anxiety is a common response in times of distress, trauma, and transition, and there are resources available to support them.
- By supporting students' social-emotional and behavioral well-being through developing a positive, inclusive and safe classroom climate and building strong relationships, you are also promoting mental health.
- If the term "mental health" is a barrier, consider using terms such as wellness, well-being, brain health, etc.

Systematize Support for Teachers, Staff, and School Teams

Establish or expand an existing District Leadership team to oversee equitable and inclusive programming and policies to support student social and emotional well-being.*

- Do not create a separate team or system for mental health and Return to School. Consider bringing on experts to the existing school improvement team or forming a workgroup that has direct connection to the existing team.
- **Schools won't be able to do this alone.** Families, child serving partners and community providers will be critical. Be sure to include mental health providers, nurses, and youth and families on your District team and hold space to build trust and work towards establishing norms and routines together.
- Embed programs and policies within a Multi-Tiered System of Support (MTSS) framework focusing on implementing a small number of evidence-based initiatives (kernels) matched to the needs of students and families well.

Assess current status of mental health systems and practices to determine greatest needs for additional services and initiatives.
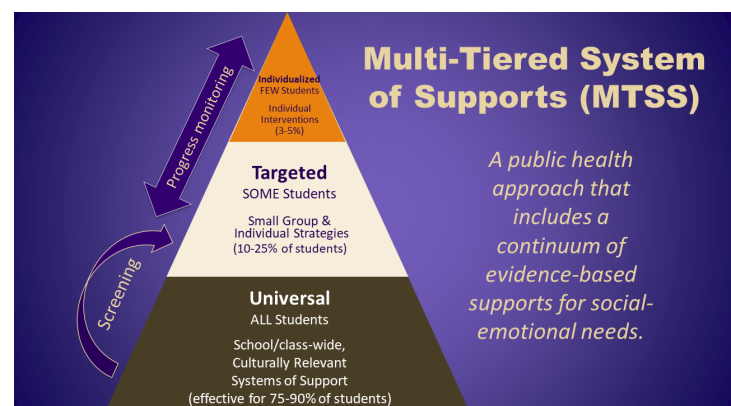
- Map current district/school and community resources, inventory current district initiatives, and assess staff roles and the availability of people to provide mental health supports. Consider redefining mental health provider roles in schools (i.e. nurse, counselor, school psychologist) where appropriate, to allow for additional group and/or brief, evidence-based interventions to add capacity.
- Deliver high quality professional learning opportunities with time for teams to plan how to incorporate new learning into current efforts and other preparations for teachers and school staff. Focus on school/student wellness and impacts of COVID, considering both school and community data.

Ensure that each school has a <u>single integrated team</u> that oversees programming and policies to support student behavior and social and emotional well-being*within an MTSS framework.

- In addition to key school staff, students, and families, this team should include representatives of local community mental health providers who can contribute to school-wide strategies as well as serve students who are identified as needing support.
- The team will need access to a variety of school and community data to base decisions on and select evidence-based practices that match specific needs.
- The team should also be charged with selecting and <u>implementing strategies across the tiers that are based on school and community data and are layered and available rapidly</u>. <u>Strategies should increase with intensity as needs increase</u>.
  - **Tier 1:** Classroom-based social-emotional learning, school-wide behavioral expectations;
  - **Tier 2:** Brief assessment and problem-solving strategies, support groups, social skills groups;
  - **Tier 3:** Individualized, intensive services delivered in school or via community providers.
- Existing strategies and programs should be reviewed and evaluated for their effectiveness and appropriateness. Eliminate ineffective, duplicative, or contra-indicated programs or practices.

Establish or enhance universal, school-wide screening for internalizing and externalizing emotional and behavioral challenges, especially anxiety/depression, through the use of universal screening and/or teacher, family or student nomination.

- Universal screening is administered for each student 2-3 times a year beginning 4-6 weeks after the start of school. Take time during the first weeks of school to learn as much as you can about your students to decrease implicit bias.
- It is recommended that the district oversee screening selection and use the same screening tool across all schools.
- Use psychometrically sounds tools that have been studied with similar student populations.
- If you screen, you must intervene. Be prepared with interventions to support students who need additional support.

Multi-Tiered System of Supports (MTSS)

A public health approach that includes a continuum of evidence-based supports for social-emotional needs.

Individualized FEW Students — Individual Interventions (3-5%)

Targeted SOME Students — Small Group & Individual Strategies (10-25% of students)

Universal ALL Students — School/class-wide, Culturally Relevant Systems of Support (effective for 75-90% of students)

Progress monitoring / Screening

* *This is one of the components of Multi-Tiered Systems of Support (MTSS) for social-emotional programming in schools. See: https://www.k12.wa.us/student-success/support-programs/multi-tiered-system-supports-mtss*

Consider the following competencies for teacher & staff professional development

Understanding of the likely types of impact of COVID-19 on families.
- Emphasize how the impact has systematically varied for certain populations according to demographic and other characteristics including the fact that there will be a split in people who will move into reconstruction and recovery phases and some who will continue into a secondary disillusionment phase.
- Also emphasize that there is large individual variation in effects and perceptions of that impact.
- BIPOC students and families experiencing dual pandemics: COVID-19 and racism.

Understanding the ways that children/youth of various ages are likely to respond to uncertainty, fear, stress.

Understanding what to look for and how to Identify students and staff who may be struggling and need more support and resources and how to request assistance.

Incorporating social-emotional learning, and ways to cope with stress and fear into academic instruction and assignments every day.
- All teachers should integrate a focus on SEL, not just counselors.
- Approach SEL explicitly in ways that facilitate healing and impacts of systemic oppression.
- Track fidelity and student outcomes when embedding SEL alongside academic content.

Responding to infection control measures:
- Based on state recommendations, teachers should feel they have good knowledge of what's risky and what isn't, and how to respond to variations in students' adherence to infection control measures. The goal is safety but also to allow teachers to feel ok about using their judgment.
- Recognize that some of the health recommendations (e.g., masks, social distancing) will change how we express ourselves and interact with one another. It may be more difficult to understand students' emotions or body language, so it will be necessary to check our perceptions and interpretations of student behavior, and develop new strategies for positive interactions such as teaching new types of greetings.

Creating safe, supporting, inclusive and welcoming classroom environments.

Establishing, maintaining, and restoring relationships with individual students:
- Making time to talk with every student individually.
- Stating clearly how excited you are to be back in school and able to be the student's teacher.
- Asking open-ended questions that enhance the relationship and understanding of the student (e.g., "what do you and your family like to do at home? Did you do those things during your time at home together?").
- Practicing empathic listening.
- Role-playing how to proactively repair a relationship if behavioral issues disrupt learning or the classroom.

Implementing evidence-based, equitable classroom practices such as establishing a teaching matrix based on community agreements, direct instruction of classroom expectations, behavior-specific praise, opportunities to respond, pre-correction, and instructional choice.

Collecting data and monitoring implementation and fidelity of interventions/supports.

Recommendations for Preparing for the Return to School
At the District Level

Reach out to local community mental health provider organizations and establish new contracts or memoranda of understanding (MOU), if necessary.
- MOUs should include how the mental health providers will participate in teams across all tiers and how the partnerships move from co-location to integration and beyond only providing Tier 3 supports.
- Clinicians should be available to teachers and school staff as well as students/families.
- Establish Tele-Mental Health protocols.

Ensure teachers and staff in each school understand the criteria and process for requesting assistance for students in need of help at the first sign of concern.
- All requests for assistance should flow through a single set of school-wide teams.
- A menu of available supports should be made available to students, staff and families that describes the support as well as entry and exit criteria and progress monitoring.

Ensure there is a process for developing safety plans for students who may be actively suicidal. Safety plans can be developed by school staff or community partners who are available when a student at risk has been identified.
- Safety plans should be developed with the student as well as their family and/or other natural supports and include:
  - A detailed list of triggers, antecedents, and/or vulnerabilities;
  - Internal coping strategies the student relies upon;
  - Social supports who can be called upon for support;
  - Contact information for individuals who can be called when needed; and
  - Information on crisis Intervention/on-call resources that can be mobilized if needed.
- Ideally, an approach to safety planning should be part of the overall school mental health strategy developed by the school-wide team.
- For information on how to receive safety planning training for educational staff associates (ESAs) such as counselors and school social workers, contact **Emma Mallone at Forefront Suicide Prevention at emallone@uw.edu.**

Make specific efforts to welcome and involve all families, as they may be particularly vulnerable now.
- Consider barriers that certain families may face to engagement (e.g., lack of connectivity, language, scheduling due to multiple work responsibilities, transportation, limited child care arrangements), and create plans to reduce such barriers. These may include barriers that families faced prior to COVID-19 and have been exacerbated during the pandemic, or new barriers that may have emerged.

For many parents, their child's school can be a primary source of support and information. Consider specific actions you can take to provide parents and caregivers with information about ways to inquire with their child about their mental health, support them, and keep them safe.
- During a time of increased depression, anxiety, and suicidality among youth, parents and caregivers need to be cued to reduce access to things with which youth could possibly hurt themselves. As advised by Seattle Children's Hospital and Forefront Suicide Prevention:
  - Lock up medicines (even over-the-counter medicines and vitamins).
  - Make sure guns are triple safe (unloaded, locked in a safe, ammunition locked in a separate safe) or removed from the home completely (for example, through a temporary transfer).
- These steps are important even if you don't think your child or teen is at risk of hurting themselves; you never know what they may be struggling with, and unfortunately all too often of youth who were struggling without anyone knowing. Removing access to things youth can hurt themselves with is one of the best ways to prevent suicide.

Consider how to have a (re)start-of-year school- and community-wide show of unity.
- Initiate a wellness campaign or connect to existing statewide campaigns for the school community to rally around.
- Make a video that is disseminated to all in the school community.
- Have a ceremony that involves students, parents, and community leaders.
- Wear ribbons and buttons, post posters, and create social media hashtags that show the spirit of unity & values of the school community.

Resources

The Case for School Mental Health Brief

OSPI MTSS and Social, Emotional, and Behavior Pages
- MTSS | Mental, Social, & Behavioral Health | Menu of Best Practices and Strategies for Behavior | Equity in Student Discipline | Student Discipline | Washington Integrated Student Supports Protocol (WISSP)

Mental Health Technology Transfer Centers
- National MHTTC Network
- Northwest MHTTC School Mental Health Website (AK, ID, OR, WA)

Resources for the Role of Teachers & School Staff in Supporting Student Mental Health & Well-being
- MHTTC Network's Supporting Student Mental Health: Resources to Prepare Educators
- MHTTC Network's Classroom WISE (Well-Being Information and Strategies for Educators)
- Effective Classroom Practices Modules
- Equity and SEL
- Effective Instruction as a Protective Factor

Interconnected Systems Framework *(School Mental Health within an MTSS Framework)*
- Short Video: What is the Interconnected Systems Framework?
- Advancing Education Effectiveness: Interconnecting School Mental Health and School-Wide PBIS, Vol. 2: An Implementation Guide
    - Short Video: An Introduction to the Interconnected Systems Framework Implementation Guide
    - **Chapter 4:** *Installing an Interconnected System at the District/Community Level*
        - District/Community Leadership Installation Guide & additional supporting resources
    - **Chapter 5:** *Installation and Initial Implementation of an Interconnected System at the School Level*
        - School Level Installation Guide & additional supporting resources
- **Interconnected Systems Framework Webinar Series:**
    - Introduction Webinars and Fact Sheets
    - Enhancing MTSS - Integrating Student Mental Health and Wellness through Systems, Data, and Practices

Universal Screening
- Universal Screening – Systematic Screening to Shape Instruction: Lessons Learned & Practicalities
- Systematic Screening Tools: Universal Behavior Screeners
- Comprehensive, Integrated, Three-Tiered (Ci3T) Models of Prevention Screening Website
- Best Practices in Universal Screening for Social, Emotional, and Behavioral Outcomes: An Implementation Guide

COVID-19 and School Mental Health
- ED COVID-19 HANDBOOK Roadmap to Reopening Safely and Meeting All Students' Needs- Volume 2, 2021
- A multi-tiered systems of support blueprint for re-opening schools following COVID-19 shutdown
- National Child Traumatic Stress Network COVID-19 Resource Page
- Supporting Schools During and After Crisis (Center on PBIS)
- Anxiety and the Return to School Webinar Series
- Child Trends Resources for Supporting Children's Emotional Well-being during the COVID-19 Pandemic
- National Center for School Mental Health COVID-19 Resources
- National MHTTC Network Responding to COVID-19 School Mental Health Resources
- Northwest MHTTC Well-Being Series
- Kaiser Permanente Thriving Schools: Resources for Schools and Families Impacted by COVID-19
- Planning for a School Crisis During a School Crisis
- NASP: School Reentry Considerations

Additional State, Regional and National Resources
- Forefront Suicide Prevention Center
- Seattle Children's Resources
- A Mindful State - The Washington Wellness Project

Training and Technical Assistance

Looking for support for your school or district?

ESD Behavioral Health Navigators
Email: ann.gray@k12.wa.us

ESD MTSS Regional Implementation Specialists
Email: Justyn.Poulos@k12.wa.us

Forefront Suicide Prevention Center
Email: emallone@uw.edu or cseaberg@uw.edu

Northwest Mental Health Technology Transfer Center *- School Mental Health Supplement*
Email: nwsmh@uw.edu

Northwest PBIS Network
Email: info@pbisnetwork.org

Sound Supports
Email: lynassl@gmail.com

UW SMART Training, Technical Assistance & Consultation Center
Email: smarttac@uw.edu