Behavioral Health Impacts after COVID-19 Shelter-at-Home Orders:
What to Expect and Ways to Prepare for the Return to School
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What to Expect:

- The Washington Department of Health forecasts that “impacts from the COVID-19 outbreak and related government actions will likely cause a surge in behavioral health symptoms across the state.”
- Rates and types of symptoms are likely to vary across stages of the pandemic (see Figure) and the effectiveness of the overall response effort:
  - Population-wide, anxiety in early months may yield to depression and grief by months 2-3.
  - However, for children, youth, and parents, a return to school will likely trigger a new round of anxiety.
  - Research on cycles of response to disaster suggest that depression and suicidality may peak in October to December 2020, exacerbated by seasonal affective disorder and holidays. However, the extent to which the pandemic is controlled by this time will be the largest predictor.

- Many students and families will also experience significant behavioral health impact:
  - Some will have experienced losses (deaths, prolonged hospitalizations, isolation from loved ones) that lead to grief or ongoing worry about a family member.
  - Children/youth with pre-existing anxiety about school will likely have it increased after prolonged absence.
• Some students will have anxiety related to fears of getting sick (from COVID or something else) or their loved ones getting sick.
  o Loss of school activities and disrupted social networks and friendships will likely be linked to increases in depressive symptoms and possibly suicidality.

• Many students and families will experience serious economic impact, which may exacerbate or give rise to behavioral health symptoms:
  o Students will worry about uncertainties at home (parental loss of jobs, loss of housing).
  o More students will be coming to school hungry.
  o 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.
  o Parents will have even more priorities that supersede supporting children’s schoolwork.

• Increases in effects related to trauma can be expected:
  o Some students will have experienced exposure to parental discord, maybe outright physical violence in the home.
  o Some students will have experienced more severe punishment (emotional, possibly physical).
  o The above could result in more irritability, anger, oppositional behavior, depression, and self-harm.
  o Increases in bullying may result from appearance with protective equipment, race/ethnicity associated with COVID-19 stereotypes, behavior seen as “risky” from point of view of infection.
  o 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:
  o Disparities will be present based on who was able to keep up with schoolwork; those whose families are more stressed, those with learning issues or marginal achievement prior to COVID will be even further behind academically.
  o Risks of increased anxiety, oppositionality, shaming related to inability to do work.

• Substance use issues may be impacted and substance-related disorders may increase:
  o 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.
  o Though many youth will not have had difficulty accessing substances while out of school, possible changes in drug market, return to ability to get wider variety of drugs, return to ability to shoplift, could lead to spikes in use or shifts in patterns of use.

• 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:
  o Many will have experienced stresses similar to students.
  o 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.
  o Many will feel anxious about their limited effectiveness as educators, especially if schools are only partially opened, there are staggered schedules, etc.
Recommendations for Preparing for Return to School at an Individual (e.g., Teachers and School Staff) Level

☐ Getting back to “routine” is one of the pillars of trauma recovery.
  o However, teachers and students will still be in recovery mode so it will be important to take it slowly and flexibly. Keep goals modest.
  o Re-establishing school as a safe, positive space is the first priority.

☐ 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.
  o Even if brief, teachers should try to make a brief personal connection with each student.
  o Teachers and school staff should focus on listening first.
    i. Don’t feel you have to have an answer for everything.
    ii. Use the information you hear to gauge how to get up to speed with your students/class/school.

☐ Be ready for your own “triggers”.
  o Students’ issues may be similar to yours.
  o Appreciate that the uncertainty of it all will be challenging for you.

☐ Help de-stigmatize mental health concerns students may be experiencing.
  o 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.
  o By supporting student’s social-emotional and behavioral well-being through developing a safe classroom climate and building strong relationships, you are also promoting mental health.

☐ What to do to prepare during the stay-at-home period, before school starts?
  o 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.
  o Get as much information as you can about variations in what your students have been able to accomplish.
  o Prepare to celebrate whatever they have been able to do.
  o Prepare to address concerns/uncertainty about what will happen when school starts, including concerns by students about having “fallen behind.”

Recommendations for District-Wide Preparations to Systematize Support for Teachers and Staff

☐ Establish or expand a District Leadership team.
  o Include mental health providers and youth and family voice that oversees equitable and inclusive programming and policies to support student social and emotional well-being1.
  o Team should embed programs and policies within MTSS framework focusing on implementing a small number of evidence-based initiatives (kernels) matched to the needs of students and families well.

☐ In the weeks before the re-start of school, assess current status of mental health systems and practices to determine greatest needs for additional services and initiatives.
  o Map current resources and inventory current initiatives in place throughout the district
  o Deliver high quality professional learning opportunities and other preparations for teachers and school staff. Focus on school/student wellness and impacts of COVID, considering school and community data.

☐ Consider the following competencies for teacher and staff professional development:
  o Understanding of the likely types of impact of COVID-19 on families
    i. Emphasize how the impact has systematically varied for certain populations according to demographic and other characteristics;
    ii. Also emphasize that there is large individual variation in effects and perceptions of that impact;
  o Overview of the ways that children/youth of various ages are likely to respond to uncertainty, fear, stress
  o Responses to infection control measures:

1 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)
i. 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.

ii. 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.

  o Simple methods for establishing, maintaining, and restoring relationships with individual students:
    i. Making time to talk with every student individually.
    ii. Stating clearly how excited you are to be back in school and able to be the student’s teacher.
    iii. 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?”).
    iv. Practicing empathic listening.
    v. Role-playing how to proactively repair a relationship if behavioral issues disrupt learning or the classroom.

  o Basic competencies on evidence-based classroom practices.

  o Ideas on how to incorporate social-emotional learning, and ways to cope with stress and fear into academic instruction and assignments on a regular basis.
    i. All teachers should integrate a focus on SEL, not just counselors
    ii. Consider ways to promote social-emotional learning (SEL) for students and parents via virtual methods that align with “in-school” SEL programming

  o Understanding of what to look for and how to identify students and staff who may be struggling and need more support and resources.

  o How to collect data and monitor implementation and fidelity of practices and strategies.

☐ Ensure that each school has a single integrated team that oversees programming and policies to support student social and emotional well-being within an MTSS framework.

  o In addition to key school staff, students, and parents, 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.

  o 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.

  o The single school integrated team should also be charged with selecting and implementing strategies across the tiers that are based on school and community data and are layered and available rapidly. Strategies should increase with intensity as needs increase.
    i. Tier 1: Classroom-based social-emotional learning, school-wide behavioral expectations;
    ii. Tier 2: Brief assessment and problem-solving strategies, support groups, social skills groups;
    iii. Tier 3: Targeted and/or intensive services delivered in school or via community providers

  o Before the re-start of school, current strategies and programs should be reviewed and evaluated for their effectiveness and appropriateness. Eliminate ineffective or duplicative programs or practices.

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Establish or enhance school-wide screening for internalizing and externalizing emotional/behavioral challenges, especially anxiety/depression, through the use of universal screening and/or teacher nomination.
   i. Universal screening is administered for every student three times a year.
   ii. It is recommended that the district oversee screening selection and use the same screening tool across all schools.
   iii. Use psychometrically sounds tools.
   iv. Remember: If you screen, you must intervene. Be prepared with interventions to support students who need additional support.

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 beyond only providing Tier 3 supports.
   o Clinicians should be available to teachers and school staff as well as students/families.
   o 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.
   o All requests for assistance should flow through the school-wide team.

Ensure there is a process for developing crisis response plans for students who may be actively suicidal.
   o Again, this should ideally be part of the overall school MH strategy developed by the school-wide team.

Make specific efforts to welcome and involve all families, as they may be particularly vulnerable now.
   o 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.

Consider how to have a start-of-year school- and community-wide show of unity.
   o Make a video that is disseminated to all in the school community.
   o Have a ceremony that involves students, parents, and community leaders.
   o Wear ribbons and buttons, post posters that show the spirit of unity and values of the school community.
Resources

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

Interconnected Systems Framework (Installing School Mental Health within an MTSS Framework)

Advancing Education Effectiveness: Interconnecting School Mental Health and School-Wide PBIS, Volume 2: An Implementation Guide

Chapter 4: Installing an Interconnected System at the District/Community Level
- District/Community Leadership Installation Guide
- Click here to access supporting resources

Chapter 5: Installation and Initial Implementation of an Interconnected System at the School Level
- School Level Installation Guide
- Click here to access supporting resources

Interconnected Systems Framework Webinar Series

Systematic 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

Resources Specific to COVID 19 and School Mental Health

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

Telehealth Toolbox for School Personnel

NASP: School Reentry Considerations