

DePauw University

## Scholarly and Creative Work from DePauw University

---

Honor Scholar Theses

Student Work

---

5-2022

### The Decline of Mental Health: Pandemic Effects in School-Aged Children Katherine Lenger DePauw University Honor Scholar Program Class of 2022 Rebecca Schindler,

Katherine Lenger '22  
*DePauw University*

Follow this and additional works at: <https://scholarship.depauw.edu/studentresearch>



Part of the [Sociology Commons](#)

---

#### Recommended Citation

Lenger, Katherine '22, "The Decline of Mental Health: Pandemic Effects in School-Aged Children Katherine Lenger DePauw University Honor Scholar Program Class of 2022 Rebecca Schindler," (2022). *Honor Scholar Theses*. 199.

<https://scholarship.depauw.edu/studentresearch/199>

This Thesis is brought to you for free and open access by the Student Work at Scholarly and Creative Work from DePauw University. It has been accepted for inclusion in Honor Scholar Theses by an authorized administrator of Scholarly and Creative Work from DePauw University.

# **The Decline of Mental Health: Pandemic Effects in School-Aged Children**

**Katherine Lenger**

DePauw University Honor Scholar Program

Class of 2022

Rebecca Schindler, Sponsor

Angela Castañeda, First Reader

Caitlin Howlett, Second Reader

## **Abstract**

This research project examines the mental health impact of Covid-19 on children in primary school. When I first began this research project, there were not many reports on children's mental health in relation to the Covid-19 pandemic. There were already published studies about adult mental health, college students, and even teenagers, but not much about school-aged children. That is what prompted this study. Since I have begun my research, there have been a few more reports published, including some by the US Department of Education, that have drawn more attention to the current lack of sources available for younger children. This project aims to investigate the current mental health of children in the Greencastle, Indiana area by surveying teachers, interviewing non-profit counselors, and providing recommendations as given by professionals.

Through this research process, I have collected data from ten Greencastle school primary educators, resulting in findings of increased anxiety, restlessness, as well as diminished attention span, and difficulty meeting learning goals. This holds implications for the current growing generation in the coming years as it can be comparable to the collective trauma of gun violence Generation Z witnessed. The main goal of this study was to raise awareness and shed light on current mental health problems existing in our small community.

In March of 2020, all 50 states in the United States of America closed their schools due to the worldwide pandemic of Coronavirus (Covid-19). These unexpected and immediate closures resulted in 223 million children being sent home and placed in front of a laptop screen for hours on end (US Department of Education 2021, 8). For all children, this meant their home was where they spent most of their time, whether it was a safe and nurturing environment or not, and they spent limited time with friends. This resulted in fundamental changes in how they learned and worked every day, furthermore, resulting in delays to their social and emotional learning.

My research addresses the mental health outcomes that followed this sudden change of everyday life. More specifically, I have attempted to assess the current mental health status of school-age students through surveying teachers and analyzing the results, in effort to provide recommendations on how to improve student well-being. As mentioned in David Leonhardt's *No Way to Grow Up*, the American Academy of Pediatrics, among other medical groups, has declared a "national state of emergency in children's mental health," and, the Covid-19 pandemic has impacted the lives of every child and every family, regardless of the severity (Leonhardt, 2022).

The past two years have been a string of traumatic events affecting every family in the country, and additional research is needed regarding children's experiences in pandemics. In October of 2021, The US Department of Education released a 60-page document entitled *Supporting Child and Student Social, Emotional, Behavioral, and Mental Health Needs*, in which the authors outline the potential effects of the pandemic as well as some symptoms they are already observing. The report states that "without question, for K-12 students and families the pandemic has been a traumatic event and a catalyst for further trauma including social isolation, financial insecurity, and death of family members and friends," (9). Children may be home alone

all day, no longer socializing with their peers, which could potentially harm their psychosocial development (8). The US Department of Education also acknowledged that because of this quick and sudden adjustment in learning, children may have experienced conflict with caregivers, problems with internet access, difficulty understanding learning materials virtually, and could be more likely to experience mental health crises even if never experienced before (8).

One of the many reasons I chose this topic as my research is the compounded trauma Generation Z has already experienced following racial violence, 9/11, and school shootings. Speaking from experience, friends my age have endured collective trauma as a result of school violence. In my own life, I remember exactly where I was on the day of the Sandy Hook school shooting. At twelve years old, I was beyond shocked that the victims were not even mentioned or commemorated by the school officials in the following days. The collective trauma my entire generation has endured has resulted in anxiety and fear in public places, especially in school: looking for exit signs, sitting with our backs to the wall, participating in school shooting drills, or even feeling nauseous eating a meal at the high school lunch table.

In 2018, the American Psychological Association posted their annual survey results on “Stress in America.” They found that of the population surveyed, 75 percent of Generation Z participants said that mass shootings were a cause of stress (Diaz, 2018). In comparison, only 58 percent of Baby Boomers agreed (Diaz, 2018). Even more evidence to suggest the trauma that Generation Z has incurred, 70 percent of Generation Z youth view depression and anxiety as a major issue in their friends’ lives (“Most U.S. Teens See Anxiety, Depression as Major Problems,” 2019). What makes this such an important point to me is that my generation, at least in my school district, never received help or assistance in coping with these difficult emotions. I want to make sure that the current generation, living through the after-effects of Covid-19,

receives the help they deserve. I know, with as much certainty as I know that there are hundreds of thousands of my generation traumatized, that the generation growing up in school at this very moment will experience similar effects. The link of two separate 'school-based traumas' here poses a relevant response to the negligence towards children's mental health today throughout the pandemic.

Before presenting the research I have completed, it is first important to define trauma itself and how I will be referring to it throughout this paper. According to the American Psychological Association (APA), trauma is defined as "an emotional response to a terrible event like an accident, rape or natural disaster." According to this definition, a school shooting or a global pandemic would qualify here as well. I use mass shootings here as a way to contextualize trauma inside a school setting. Although I am more than aware that this does not have the same effect nor impact, school-based violence is the only form of school-based trauma that has been consistently researched and could be comparable to the trauma students experienced from the global pandemic. "Excessive worry, school refusal, sleeplessness, nightmares, headaches or stomach aches, or loss of interest in activities" are only a few symptoms that the APA cites children may experience in response to school-based violence. These reactions to school-based violence are some of the same symptoms that are cited in *For Whom the School Bell Tolls: Helping Youth During the Covid-19 Crisis* (11). Even when not being involved directly in a trauma, such as being a victim of collective Post Traumatic Stress, threats to security and safety will "put all children at risk of developing anxiety and mood disorders," (The Impact of Mass School Shootings, 2020). It is easy to assume then, that if safety and security are threatened in a school setting, that Covid-19 may affect children the same way and may place children at risk of developing mental health concerns.

Traumatic events affect every person involved in different ways. Such factors include the child's age, past history of traumatic events, outside support (such as family members), along with the type of trauma (Ohnogi and Drewes, 35). Due to the child's brain still developing, there are many different coping strategies that children employ. Major trauma responses discussed by Ohnogi and Drewes' are: trouble with concentration, learning and sleep difficulties, fear, withdrawn behavior, and extreme anxiety (34-35). Researchers further clarify that when adding in the possibility of losing a family member due to Covid-19, symptoms of grief, such as shock, confusion, age regression, inability to concentrate, and separation anxiety may also occur (American Academy of Adolescent Psychiatry, 2018). Based on these findings, it is evident that school-age children have the potential to be under large amounts of stress and, therefore, struggle with mental health.

Despite the pandemic not being classified as over—although as I write this, the statistics are quickly changing—the effects are already apparent in the current generation. In the *Psychiatric Times* article, “For Whom the School Bell Tolls: Helping Children During the Covid-19 Crisis,” the researchers discovered that 80% of children reported that their mental health was on the decline due to the effects of the pandemic. In addition, “about one-third (32%) of respondents said their mental health was “much worse” in March [2020]; this number increased to 41% in their summer [2020] follow-up survey” (12). Based on these findings alone, it is clear that this generation is already feeling the heavy burden of Covid-19 and its after-effects.

A more recent report released in January 2021 and published in the *Child and Adolescent Psychiatry and Mental Health* journal came to the same findings as the US Department of Education. In this study, the team of psychiatrists focused on a group of 128 children, aged 5-11,

who had previously been admitted to a pediatric care unit. These children were screened upon admission to the unit in 2019 for issues with their mental health. They then surveyed the same children at three different ‘checkpoints’ throughout the pandemic. The researchers found the following results: higher levels of emotional and behavioral symptoms when compared to pre-pandemic levels, a higher overall risk for mental health issues, and “significantly increased mental health problems—particularly depression and anxiety—during the first year of the COVID-19 pandemic, compared to the prior 6 months” (Spencer et al., *Changes in Psychosocial Functioning*, 1-8). When combined with the data above from the US Department of Education, it seems that mental health difficulties are already occurring in our schools today. In sum, professionals are stating that there is a significant concern about how professionals are going to meet the needs of children who are developing mental health conditions as a result of the pandemic (Spencer et. al.). In addition, doctors are concerned that “worsening child mental health could lead to a mental health crisis for an entire generation, including lifelong adverse consequences and increased rates of suicide,” much as I hypothesized based on the collective trauma Generation Z experienced following witnessing school-based violence (Spencer et al., 2).

## **FIELDSITE**

My fieldsite is the small, rural town of Greencastle, Indiana. Greencastle is about forty-five minutes by car from the major business hub of Indianapolis, Indiana. In 2019, the population of Greencastle was reported to be about 10,000 people. Greencastle is a college town, home to DePauw University, a liberal arts college that enrolls approximately 1,700 students each year. The median household income in 2019 was around \$47,000, although it is likely that this has changed since the pandemic, as a significant amount of people lost their jobs.

Economics are important to consider when analyzing Greencastle because this loss of income likely put enormous amounts of stress on parents which, then observed by the child, puts them at risk for anxiety and depression as well. Eleven percent of the Greencastle population falls beneath the poverty line, which is not an alarming amount, but in combination with the median household income being classified as lower-middle-class, much of the population is either lower-class or lower-middle-class (US Census 2019). Eleven percent of the population falling below the poverty line is also lower than the national average of 12.3% (*Greencastle, IN | Data USA*, n.d.). According to data collected and organized by Data USA, the largest group living in poverty are “Males 6 - 11, followed by Females 6 - 11” (*Greencastle, IN | Data USA*, n.d.). Due to this poverty being experienced by children, it is highly likely that many students were not able to access their online classes at first, whether this issue was caused by lack of technology itself or inability to access the internet due to economic inequities; or not understanding technology in general. Although Greencastle students do have access to laptops or tablets, the likelihood of being able to access the internet could be low for some students.

Another important aspect to recognize when viewing Greencastle as a fieldsite is its political context. In the 2016 Presidential Election, 72.3% of the population voted for Republican nominee Donald Trump, and 22.8% of the population voted for Democratic nominee Hillary Clinton (Data USA). In addition, the two currently serving senators, Todd Young and Mike Braun are both conservatives. Although DePauw University’s presence in Greencastle does add some liberal residents, the majority of the city is, according to data, Republican. This information is important to note because of the initial conversations surrounding Covid-19 when Donald Trump was President. As I will mention later in my methodology section, one of the implicating factors in my research is the political environment. This is because, when

considering the *general* attitude of those that are conservative, some tend to not take Covid-19 as seriously.

Given that the population of Greencastle is 87% white, race does not play a large role in my thesis. If I were to employ a more broad, statewide, or even nationwide perspective, race would become more prominent in my survey, interview, and results. However, because only two percent of the population is Black, as compared to Indianapolis in which 28% of the population is Black, I chose not to focus too heavily on this subject (US Census 2019). This is not to say that race is not a critical perspective to take when looking at the subject of mental health due to the Covid-19 pandemic, but it was not as relevant in my research.

## **METHODOLOGY**

At the beginning of my research project, I aimed to survey and interview a group of children that attended public schools in Greencastle, Indiana. However, after a few weeks of contemplation with my committee, we decided this was not feasible. Compiling a survey to interview children would require a particular wording of questions and a harder interpretation process for which I have not been trained. Wording questions for children would require a different vocabulary that could lead to biased answers or answers that were simply hard to categorize due to the children being so young. So, I decided that this would be nearly impossible to complete and much more complicated than I could accomplish in two semesters. For a brief period, interviewing parents was also considered. I decided to stray away from this idea for a few reasons. First, asking teachers to hand out these surveys to families when they are already busy enough, teaching during a pandemic, felt wrong. It felt as though I would be ignoring the entire point of the survey - acknowledging mental health in schools. Secondly, I felt that because Greencastle is a politically conservative area, it was very likely that many parents might not view Covid-19 as significant. Finally, the third reason I decided against this route was because I was worried that I would not receive any surveys back, due to the fact that parents are busy, as well as the fact that some parents may not want to self-report their child's mental health struggles.

Instead of interviewing the children, I turned my attention to their teachers and counselors. I felt that this group would be able to center the student's emotions and behaviors in a way that interviewing parents would not. We also saw this as an opportunity to give back to the teachers and counselors by offering a Starbucks gift card raffle. My committee and I thought that this might be the only opportunity for the teacher's voices to be heard, and we wanted to center those voices. At this point, I decided that I wanted to approach this study differently than

originally intended. Instead of solely relying on surveys, I wanted to add an ethnographic interview to my data collection process. I am not trained in statistics or collecting and managing data, but I have been trained in an anthropological approach to research. It seemed foolish at this point to not rely on my strengths. With this idea in my head, I transformed the original survey from quantitative questions into qualitative questions<sup>1</sup>, with an opportunity for a follow-up interview.<sup>2</sup>

The survey is split up into nine different areas, each section focusing on different categories of data and responses. For instance, Questions 1-7 gather demographic data, such as where the teacher/counselor works, how long they have been working at their grade level, as well as their school's response to Covid-19. Questions 8-16 collect information regarding the student's behavior. It is important to note that although there may be repeat questions, such as questions 11 and 15, they ask about symptoms of anxiety in different locations (virtual versus in-person classes). I compiled this list of symptoms based on the *Diagnostic Statistical Manual Volume 5*: Difficulty focusing on class assignments, restlessness, not eating lunch or snack multiple times on multiple occasions throughout the year, frustration over simple tasks, more reliance on fidget devices, outbursts of anger in typically calm students, an increase in complaining about headaches, and an increase in complaining about stomach aches. I followed the same format, pulling symptoms from the *DSM 5*, for depression: outbursts of sadness in typically calm students, "usually" social students withdrawing in social situations, increase in visits to the nurse due to tiredness, falling asleep in class, students appearing "tearful," less interest in daily activities. Although these symptoms are not exhaustive, I felt these were symptoms children were most likely to show in a school setting.

---

<sup>1</sup>See Appendix A, in which I include the survey questions that were asked of teachers and counselors in Greencastle primary schools.

<sup>2</sup>Appendix B includes the questions that were asked during follow-up interviews.

Questions 18 and 29 are ‘check’ questions to make sure participants are reading the survey. If these questions were answered incorrectly, I threw out the data to make sure the data was consistent. Questions 20 through 21 ask about the current state of their school’s policies and procedures through August of 2021. Questions 22 through 28 were again on the teacher/counselor’s observations of students and their grades. Questions 30 and 31 were aimed to see if there are any other underlying sources of anxiety such as mask wearing or vaccination status. Finally, questions 31 through 34 were aimed at teachers/counselors to assess their own mental health and the resources they are receiving to help themselves and the students. Lastly, questions 35 and 36 were added as an opportunity for follow-up interviews. I collected the counselors’ and teachers’ contact information through public records online, via the school’s websites. In total, thirty-seven emails were sent out across Deer Meadow Primary and Ridpath Primary schools, and I received six responses in the initial batch sent out.

Due to the formatting of the Google Form, I know that everyone that clicked on the link intended to take the survey. I know this information due to how I formatted the Google Form. This was done by providing the interviewees with an informed consent sheet before ever viewing or answering any questions.<sup>3</sup> After reading the informed consent sheet, I formatted the Google Form in such a way that to continue the survey, you had to either select “Yes” or “No.” I know that all participants that clicked on the link for my survey were willing to share their thoughts because I had no results of anyone refusing the informed consent agreement.

---

<sup>3</sup> See Appendix C to view the informed consent sheet.

## ***Limitations***

There are a few limitations that have affected my study and its reach. First, as I mentioned previously in the Fieldsite section, the majority of the Greencastle population is white. Because of this demographic information, I did not go into detail about race and how Covid was affecting minoritized populations. If the demographics had been different, I would have included questions on the survey and the follow-up interview that highlighted the differing impacts Covid has had on African Americans and Asian Americans. This also means that by not including this data this thesis is not as applicable to other locations. The data might be similar and could be applied to other locations similar to Greencastle - small, rural, and predominantly white, but would not serve as a representation of the United States as a whole. However, given that the goal of this study was to attempt to collect data and distribute recommendations based on that data, I would say this study is complete. If I were to extend this study to a wider population or conduct it in a different city, I would focus more on the implications Covid-19 has had on people of color.

Another implication of this study that I wish to address is that I only received survey responses and interviewed women. Given that teaching and counseling is, statistically speaking, a predominantly female field, this bias was shown here. I do not consider this a negative aspect of my study, because I believe that women's voices should be heard and uplifted, but it does create a bias. I do not know if male teachers would have said anything differently, or if administrators would have provided more information on this topic, but having only women participants is something to point out.

I initially sent out an email with the survey link to 37 participants across two schools. On this first batch of surveys, I received a total of six responses. I later sent out a second email to

remind teachers and counselors of the work that I am doing and ask for their input. I received 2 additional responses. Upon interviewing an old co-worker in February of 2022, which I will detail more later, I received three additional responses due to her spreading word about my project. In total, I received ten responses to my survey.

As I set out on the process to conduct participant interviews, I was optimistic. I was excited to hear what teachers were feeling and their first-hand experiences of how the students were *really* doing. However, my hopes quickly came to a halt within the first few days of attempting to set up interviews. Only two teachers agreed to participate in interviews in the first round of emails I sent out in November 2021. I cannot blame them because they have become incredibly overwhelmed and overworked since March 2020.

The second woman I attempted to interview seemed thrilled at first, yet we were never able to meet or schedule an interview session. The first time we set up an interview, she had to cancel due to an immediate meeting with the principal. This was during the emergence of the Omicron variant in early January, a highly contagious, although a less ‘serious’ version of the original Covid-19 virus. The second time, we had to reschedule due to her catching Covid-19. I was frustrated at first, and then I realized I should include this in my thesis paper. I found myself asking questions and doubting myself of how I was going to finish this paper, and if I could even do it. Were people going to be willing to meet with me? Why aren’t more people interested? However, I then realized that this frustration and miscommunication was likely the product of Covid-19. This interview process would go smoothly if it weren’t for the very topic of the thesis itself - Covid-19 and its effect on youth and teachers. Covid has interrupted everything in our daily lives, and it was rearing up for another round with the January surge of the Omicron variant. This frustration continued until the end of my research project in April of 2022.

I also want to note that I experienced a lot of difficulties identifying correct news information while writing this thesis. As everyone has witnessed over the past two years, regarding Covid-19, there is constantly false information, new variants, and new recommendations. Because of such a fast-paced news cycle, I struggled to keep up with what data was the most accurate. When I started this thesis in August, we did not know of the Omicron Variant surge that would make itself known in January 2022, and we did not know that we were gearing up for a few more rounds of high infection rates and many deaths. This unpredictability made research and communication more difficult.

I also want to acknowledge my positionality in writing this paper, as it might influence my viewpoint or how I make sense of the data I have collected. I am a straight, cisgender white woman from a lower-middle-class background. I have access to higher education, and neither of my parents lost their jobs during Covid-19. I also did not lose any close family members or friends to the pandemic. I have attempted to approach this thesis in the least non-biased way, utilizing cultural relativism at every turn.

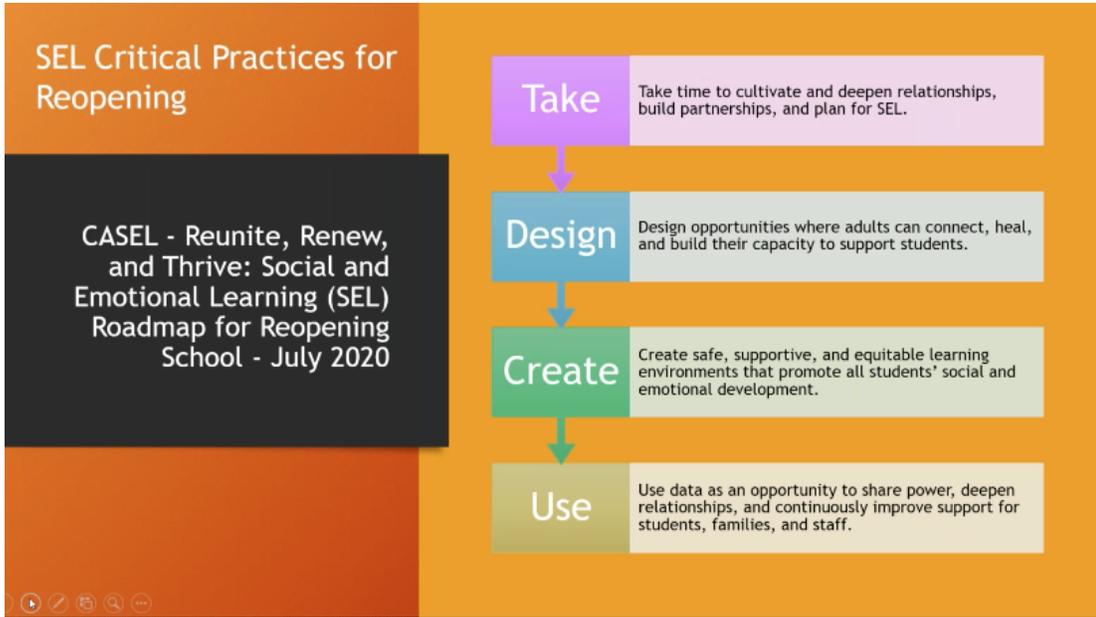
### ***Measuring Data***

To measure my data, I am using a technique I observed through a webinar I attended in August 2021. It was hosted by the Indiana Youth Institute, and the data they discussed was specific to the state. The webinar was open to youth workers, including social workers, teachers, and counselors. The main speaker for the event was Dr. Paul Cruz, a Professor of Educational Practice at the University of Texas at Austin. Due to the event being held during the back-to-school season, back-to-school anxiety during the time of Covid-19 was Dr. Cruz's main focus. He discussed how students this year are experiencing much more stress than in prior

back-to-school seasons, which, in a normal year, evokes stress responses from some students.

Dr. Cruz remarked that the normal student worries about things such as who they are going to sit with at lunch, what they will wear, and what their class schedule will be. However, this has now been altered to reflect these same worries *and* more. Children are now worrying about whether or not they will contract Covid-19, mask usage, different scheduling, and lunches than they are used to; on top of everything else they are already concerned about.

To round out the discussion, he created a poll in the Zoom meeting and asked attendees to respond. I do not remember the number of attendees, but I know it was between thirty and forty people. Sixty nine percent of the attendees reported that they noticed their students were feeling “ambivalent, curious, sensitive, skeptical, worried.” Dr. Cruz also discussed a strategy that was previously created for the safe opening of schools after the initial wave of Covid-19 in August of 2020. However, he also stated that this could apply at the time of his presentation, in August of 2021. In my opinion, this chart remains true, and that is while I will be using it. The “Reunite, Renew, and Thrive: Social and Emotional Learning (SEL) Roadmap for Reopening School - July 2020” follows four distinct pillars: take, design, create, and use. I will be using this model later to measure and reflect upon all that I have learned during my surveys and interviews with teachers and counselors.



Indiana Youth Institute Webinar: Back to School Time: focus on Social Emotional Learning, August 18, 2021

## DATA ANALYSIS

### *Demographics*

Figure A1 shows those surveyed and their role in the school. Of ten people that filled out the form, I received responses from two counselors, one preschool teacher, one pre-kindergarten teacher, one second grade teacher, one reading specialist, one kindergarten teacher, and one speech-language therapist. I also received responses from two teachers who noted their position as “K-2.” Please note here, for data representation accuracy, that I had two responses from someone that taught ‘K-2,’ and so I placed an extra teacher in each spot for kindergarten, first grade, and second grade. I do find it odd here that only two counselors responded to the questionnaire, as they most likely work with children that have been affected by the pandemic and are most likely more aware of emotional triggers in students. However, it is possible that because counselors are more likely to be working with the children that are heavily affected by the pandemic, they are experiencing more burnout and, therefore, did not have the time or energy to participate in the survey. As presented in Figure A2, I also collected how long they had been working in a school setting, whether it was teaching or counseling. The answers were across the board, but three of the ten participants have been teachers for sixteen to twenty years.

## Teaching Position

Figure A1

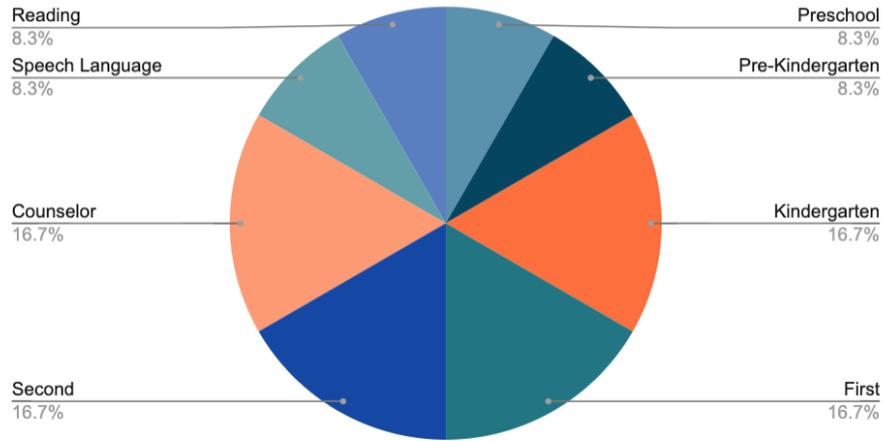


Figure A1

## How long have you been teaching? (Figure A2)

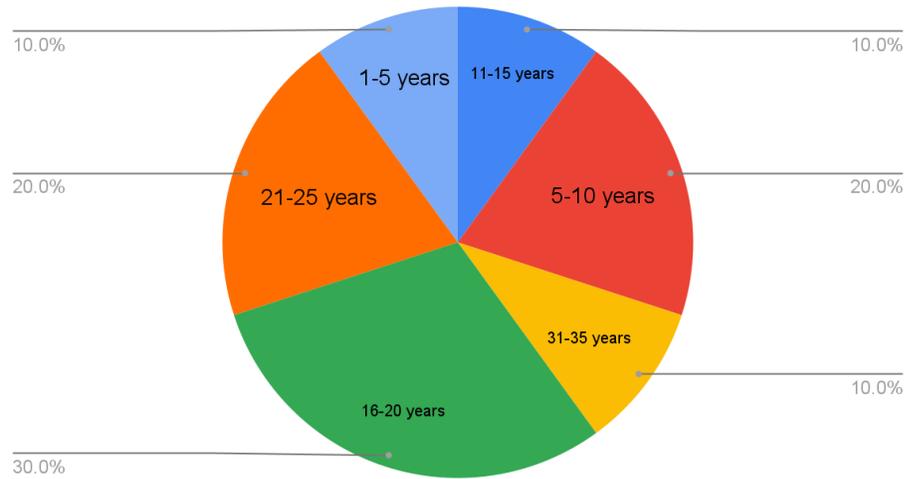


Figure A2

Of the ten teachers that responded to the survey, five teachers stated that they held online classes only from March 2020 to May 2020, four said that they did a combination of in-person and online learning, and one stated that they did not have classes at all. There is data inconsistency here in that I only surveyed two primary schools, yet I received responses that indicated three different paths of hybrid/in-person/combo learning were taken. I am not sure why the data did not add up here, perhaps the question was not worded clearly, or a participant misunderstood the time frame in which they were asked. Some of the teachers opted to write in a response instead of answering from the drop-down list. One of the teachers stated that while they did a mixture of both in-person and online learning, they “saw students via Google Meets; through phone calls; provided packets for those with limited access to the internet and consulted with families via phone and email.” When asked what the school did from August 2020 until the present, all teachers answered that they did a combination of online and in-person learning.

### ***Virtual Learning Results***

After completing the demographic and introductory questions, teachers responded to a few questions designed to analyze students' *behavior* through virtual classes. Aside from one teacher reporting that the students behaved very well for their age and two teachers choosing to not answer the question, the others had similar thoughts on the experience. For example, one wrote:

It could be difficult to get students to focus without someone assisting them (be it a parent, babysitter, or older sibling). They also required a variety of activities each session to keep them engaged. I had a lot of refusal to participate from students who I don't have that issue with in-person. They also struggled with more whining behaviors and 'I can't do it.'

While another teacher was conducting a mixture of in-person and online classes, they wrote that they only had around one-third of their class in person, and it seemed those students who were online were either completely unengaged or were adapting well to virtual class:

The kids would walk around with their tablet, talk over me, watch TV, yelling/fighting with their siblings or sit so quietly and just wait to be called on.

There did not seem to be a happy medium.

Based on these two answers alone, it is clear that some of these teachers were struggling immensely with the adjustment to online classes and were having a difficult time keeping their students engaged.

The next question was in the same category, virtual learning, and focused on learning *habits* they observed in their students. All teachers had a very similar response to how difficult it was. Two teachers chose not to answer the question, so there are only eight responses in total. These are the responses I received, and they speak for themselves:

“Virtual learning was difficult for most primary students.”

“We did not make as much progress towards goals as we would have done in person. Virtual therapy can be very effective if you have the right platforms. But the platforms were by and large developed over the course of the 2020-2021 school year. The end of the year was better progress wise than the start was. Consistent participation was an issue as well.”

“Some were more consistent than others at attending virtually and completing work. I was disappointed in the number of students that attended.”

“Unpredictable.”

“Poor!”

“Some were eager to see others and learn, others were easily distracted by home environment, and some never made contact.”

“Didn't turn in as much work.”

It is clear, as expected and mentioned in the earlier literature review, that students *and* educators were struggling with this shift. Children were overstimulated, distracted, and unwilling to participate. It is very likely that these children are also now behind on their learning goals from the past few years that they had to participate in online classes. According to a research study done by NWEA, “Among third through eighth graders, math and reading levels were all lower than normal this fall (...) The shortfalls were largest for Black and Hispanic students, as well as students in schools with high poverty rates (Leonhardt, *No Way to Grow Up* 2022). Not only are students struggling with their mental health but, as these teachers pointed out, learning goals were missed, and, nationally, grades started dropping. I do not have the exact specifics nor measurements of this data for Greencastle, but judging by the National statistics alleging that grade drops were more frequent in low-income areas, I expect that students at Greencastle schools struggled (NWEA).

Following the category discussing virtual classes and virtual learning, the teachers answered questions about the students' emotional state while doing online classes. All nine

teachers apart from one reported negative emotions from their students. One kindergarten teacher chose not to answer this question because they did not teach any virtual classes. Another teacher mentioned that the students were “sad, disengaged,” another that she saw increased markers of anxiety and defiance towards authority. Some students were quiet and concerned, and another teacher reported that their emotions were all over the place. One teacher reported that the students were happy to see them, as well as their friends. I am by no means discrediting this statement, and so I am choosing to include it in the results, but I do find it hard to believe that seven of the eight teachers stated that they saw negative emotions from their students, and only one saw their students as happy. I think it is more likely that those students were upset, as well, but the teacher did not pick up on those markers. This could potentially provide evidence for another viewpoint that there is a lack of understanding about children’s mental health in education, but I am not going to be expanding on this any further.

Have you noticed any of the following behavioral changes in your students during virtual classes? (Check all that apply).

Figure 1B

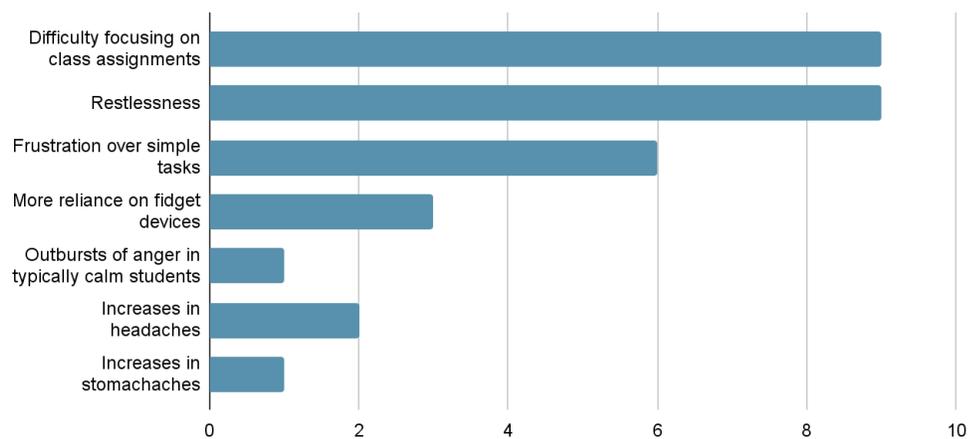


Figure 1B represents a question that also covered behavior during virtual classes. These questions focused on common symptoms of *anxiety* in students, all gathered from the *Diagnostic Statistical Manual, Volume 5*: difficulty focusing, restlessness, frustration, outbursts of emotion, headaches, and stomachaches. I added in reliance on fidget devices because of their emergence in popularity in the last few years, as seen through slime, Pop-Its, and squishy toys. There seems to be a commonality that many students, in both schools, are having difficulty focusing on class assignments. This could be because virtual classes were much shorter, and they could not have required as long of an attention span as in-person classes do. On the other hand, these could also be a symptom of anxiety and could be children focusing on other things that are worrying them. Restlessness is commonly observed in children with ADHD and anxiety, and it is the inability to sit still (*DSM 5*). Of course, restlessness could be just children being children, as many say, but it also could be a coping mechanism for anxiety. It is also important to note that this question was focused on behavioral *change*, meaning that teachers had not seen restlessness as much as prior to online classes. More reliance on fidget devices was selected three times, indicating students most likely had bottled up energy they were not used to containing or were overtly anxious. In contrast, the increase of fidget devices could be because of their burst in popularity during the pandemic. However, the question did ask if there was an increase in *reliance* on fidget devices.

Outbursts of anger in typically calm students and an increase in stomachaches were selected once, suggesting that at least one teacher is seeing all of these increases in their students. It is important to note that an increase in headaches could be due to the screen time the children are participating in, which was selected twice. However, there also is the possibility that the headaches were tension headaches, caused by anxiety and stress. It also should be clear that

teachers selecting these symptoms are not representative of just one child. These are behaviors teachers are seeing in at least a handful of children. In all, with the first three symptoms, I would say it is obvious that some kids were certainly dealing with anxiety during virtual classes.

## ***In-Person Learning Results***

In addition to the section of questions about virtual learning, I added another section about in-person learning. The first few questions were centered around rates of *anxiety in school*. In an open-ended question, I asked teachers if they had seen rates of anxiety go up in their students upon returning to in-person classes. This is what the teachers had to say:

“Coming back to in-person learning in Aug. 2020 was difficult and students struggled with behaviors. 2021 has been even worse.”

“It's been a challenge these past two years. We have increased our numbers of behavior plans in IEPs significantly. We have students physically lashing out at staff far more frequently than in the past. Students also have difficulty focusing, difficulty with transitions, and difficulty with stamina regarding lengths of time they can work on academic tasks before needing a break.”

“Typical behavior. Some are easily distracted and some are engaged in learning.”

“Distracted.”

“Very patient.”

“Several of my students seemed to be ‘on edge’ and were more likely to have meltdowns [corrected for spelling].”

“Some students seemed fine, while others had trouble focusing.”

“Immature, difficulty focusing, not working at grade level.”

“Better than virtual.”

“All over the place, some act out, others withdraw, immature, unable to cope, lack self-help skills, always tired, can't focus, don't want to be at school and learn, some enjoy being here but I work with at-risk students and they are going through a lot at home that we have no control over so you don't know what their behavior will be like the next day.”

Again, in these responses, it is not only clear that the students are struggling, but the teachers also are. The last response stood out to me as it encompassed everything that sounds

like classic anxiety to me (*DSM 5*). These children, even though they are already at risk, are very obviously struggling to cope with extreme amounts of stress.

The next few questions asked about the learning habits and emotional status of the students. The majority of the teachers agreed that the children were lacking social skills, were anxious and worried, and were defiant towards teachers. In addition, they noted that some children were easily frustrated over classwork. Here are the responses from both questions asking about learning habits, as well as students' emotional status:

“We have had to transition to materials that aren't shared or are literacy based so learning has definitely changed. We still try to keep it play based, but COVID restrictions took some of their favorite activities out of rotation.”

“Far more anxious by and large.”

“Students are frustrated easily, do not want to work for extended periods of time, help from grown-ups at home is little to non-existent.”

“Anxious, lacking social skills, defiant, etc.”

“More engaged than online.”

“Typical behaviors for children. Nothing out of the ordinary.”

“Hard to see continuity.”

“Glad to be back - but still worried at times.”

“They wanted to interact with each other and we had to keep everyone apart and it was so hard.”

“I felt like my class last year were SO patient. They had so much grace and understanding.”

“More difficult with attention spans.”

“‘On edge,’ and more likely to have temper tantrums over insignificant events.”

“Some seemed eager to learn while others were apathetic.”

“Some seemed fine and others seemed distant.”

“Difficulty focusing, not working at grade level.”

“Emotions elevated. Needed a lot of reassurance.”

“Better-able to talk in complete confidence.”

“Poor, two years behind where they usually are as far as routines, socially, emotionally, we keep taking steps back every time they are missing from school, it's hard to keep them in a routine after we have learned and worked on it.”

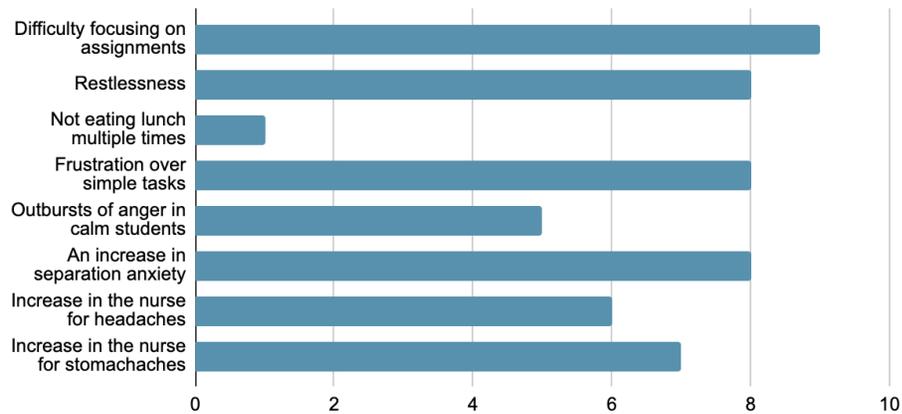
“All over the place, lots of trauma at home, up and down emotionally.”

The major recurring themes here are changes in attention spans, increased emotional instability, and higher levels of frustration. There are also a few teachers who state that their student's emotions are hard to read, and they are 'up and down' or 'on edge'. I am still noticing the same repetition in one of the teachers that they have not picked up on any emotions or behaviors that are out of the ordinary for their students. Perhaps this is true, and their class is very well adjusted, but I feel that with as many responses noted below, it is highly unlikely that their students are doing as well as they state they are, yet I have decided to include it in my results to offer two perspectives.

The next two questions highlighted anxiety and depression symptoms seen in school-aged children. The teachers selected which behaviors they had seen an *increase* in once returning to school. Judging by the data, it is clear to see that many students are struggling with anxiety after returning to school (Figure C1).

Have you noticed any of the following behavioral changes in any of your students after returning to in-person school? (Ch...

Anxiety Symptoms: Figure C1



Nine of the ten teachers indicated that they saw difficulty focusing on class assignments. Eight teachers observed frustration over simple tasks, restlessness, and an increase in separation anxiety from caregivers. In addition, five of the ten teachers observed an increase in outbursts of anger, five stated there was an increase in visits to the nurse due to increased complaints of headaches, seven teachers noting complaints of stomach aches.

Have you noticed any of the following behavioral changes in any of your students after returning to in-person classes?

Depression Symptoms - Figure C2

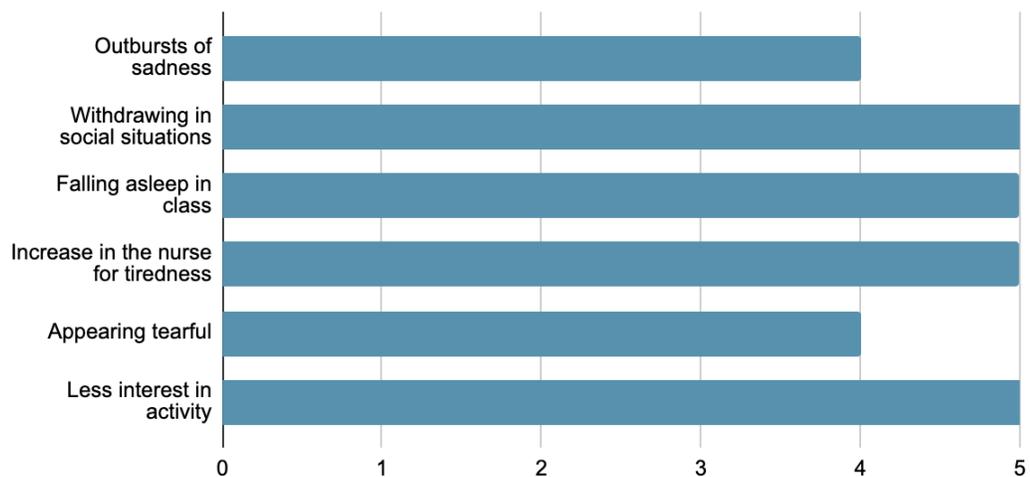


Figure C2 highlights the same question but focuses on symptoms of *depression* observed in young children. Depression does not appear to be as prevalent in these young children as anxiety and may be more prevalent in middle or high school settings, but these increases still raise alarm. The most commonly seen sign of depression is less interest in daily activities. This is followed by four of the ten teachers reporting outbursts of sadness, five noting withdrawing in social situations *and* falling asleep in class, as well as five teachers again observing children visiting the nurse because they are tired. Again, these were the symptoms listed as commonly seen in children in the *DSM 5*.

### ***Student's Behavior in the 2021-2022 School Year***

Following the section about in-person learning, I included a section for questions dedicated to the student's emotional and learning behaviors *after* returning to school during the 2021-2022 school year. Given that the school year is not over, and the majority of this data was collected in early November, this data is only accurate enough to represent the months of August 2021 until at the latest February 2022, when I stopped collecting data. I also want to acknowledge that because this survey was taken over such a long time frame due to not much interest in participating, it is likely that the occurrence of these symptoms have changed or the frequency has increased with the emergence of the Omicron Variant in January 2022.

While I was reviewing this data, I decided to test a hypothesis I had. One of the two schools shut down for about a week in Fall of 2020. What were the attitudes of the children at the school that did shut down? Did this second lockdown cause increased anxiety markers? I reviewed the data and found out that it did. Of course, this data is not representative of every child at Greencastle schools, nor is it representative of the single school itself. I only received

ten total responses, but of those responses, it is clear that teachers at that school noticed increased anxiety. In contrast, teachers at the other schools that did not close after the initial March 2020 lockdown were either less aware of the anxiety in their students, or did not comment on it at all. For instance, eight of the ten teachers I surveyed stated that their school closed. Of those eight teachers, each reported significantly increased anxiety. Below are their responses as this was an open-ended question, followed by an indication of if they shut down at all:

“Yes, primarily fear of the unknown; not knowing what to expect, when/if things will change.” - Shut Down, Fall 2020

“Yes. It's still increased the same as last year. They are more fidgety. They struggle with routines.” - Shut Down, Fall 2020

“Some students had a hard time adjusting being away from parents.” - Shut Down, Fall 2020

“Yes - less eager to share behind a mask” - Shut Down, Fall 2020

“So many kids say they want their mom/dad/grandma, and that they don't feel good and need to lay down. This hurts, that hurts, call my guardian...” - Shut Down, Fall 2020

“There are more meltdowns [sp].” - Shut Down, Fall 2020

“Some students seem to be more anxious.” - Shut Down, Fall 2020

“Yes, they need a lot of reassurance about schedules, events and activities happening at school. Afraid they are going to be in trouble if they don't have their mask on and afraid to sit too closely to other students that they will be in trouble because of protocols.” - Shut Down, Fall 2020

“Yes-needing more sensory breaks. Fear of the unknown for them-will we be sent home again?”<sup>4</sup> - Shut Down, Fall 2020

“In some students.” - *Did not report a shutdown*

---

<sup>4</sup> Note that this response was given in early February 2022, in the middle of the Omicron Variant.

At the time of this survey, Covid-19 has been considered a global pandemic for almost two years. Perhaps this is what is causing increased anxiety. The last two years have been anything but normal. I was expecting this data to show decreases in levels of anxiety, as I was hypothesizing that perhaps the children had gotten used to the way things were as much as they could, “a new normal,” as we like to call it. The separation anxiety is evident in the teacher’s quote about missing their guardian, and it is clear that they are suffering from headaches and stomachaches, similar to the questions about their behavior when they first initially returned to school. The symptoms here seem to have gotten worse. When asked about depression, the teachers said that they did not see as many symptoms of depression as they did anxiety, although another teacher wrote that they did see depression through symptoms of exhaustion and lack of interest in activities.

### ***Social Emotional Learning***

I want to circle back to the resources given to counselors when I attended the Indiana Youth Institute’s Webinar on mental health during Covid and examine the four pillars in relation to what I learned when surveying teachers and counselors through the process of social emotional learning (SEL). Social emotional learning is described by CASEL as:

“The process through which all young people and adults acquire and apply the knowledge, skills, and attitudes to develop healthy identities, manage emotions and achieve personal and collective goals, feel and show empathy for others, establish and maintain supportive relationships, and make responsible and caring decisions” (*Fundamentals of SEL*, CASEL Website).

According to research, the social emotional learning approach to teaching has shown positive outcomes in aspects of student’s grades, relationships with friends and family, and mental health.



The first of these pillars is *Take*. The specialists write that educators should “take time to cultivate and deepen relationships, build partnerships, and plan for SEL” (social emotional learning). This was evident in the US Department of Education’s report: “Supporting Child and Student Social, Emotional, Behavioral, and Mental Health Needs.” However, I feel as though this was not overly apparent in responses I received from local educators. I did receive a few responses to the question “What resources are available to students?,” although some educators were not entirely sure. Below are their responses to this question that I feel apply to the *take* pillar of social emotional learning.

“Building counselors, Cummins mental health, RTI supports, tutoring, and the SPED department.”

“We have a partnership with Cummins Behavioral Health that some students are able to utilize.”

“All of the resources that were available before covid - in addition to free breakfast and lunch everyday. There is counseling if a student qualifies for services, and I am seeing more students qualify for this.”

“Students can meet with the counselors and [spelling corrected] can get a mask if they need it.”

“Tutoring and an after school program that has been funded with Covid [spelling corrected] relief money.”

“Cummins.”

“Cummins wrap around, food backpack program, counselors, Title I support at primary level, after school enrichment and homework help.”

These are great responses and show that some students truly are being supported by their educators, but it also leaves some support to be desired. However, not one of these educators highlighted what resources they were providing for students in their own classrooms. I do not want, to put it colloquially, ‘read too far into this,’ because I fully recognize that providing for students while educators themselves are struggling, is incredibly difficult. That being said, I find it interesting that they did not mention any practices they were enforcing to make their students more comfortable and improve their well-being. In addition, I have not heard much about the Cummins Wrap Around program, but I do know that Cummins prefers to take patients that do not have health insurance. Cummins only takes Medicaid or Medicare. While this is an amazing resource and great for a low-income community, like Greencastle, this makes these mental health services not available for middle-class families that may have access to insurance but not enough funds to cover the cost of therapy or counseling. In their wrap-around programming, Cummins does allow children with insurance to participate in counseling *if recommended* by an educator. One teacher directly stated that they are currently seeing more and more students qualify for counseling through Cummins. This could mean two things depending on the situation. One, there has been a decrease in families that do not have access to health insurance, another side effect of the pandemic due to job loss and economic upheaval. Or, alternatively, educators are noticing an increase in concerning mental health behavior ‘after’ Covid-19.

However, I also received responses that I felt did not qualify as the type of resources I was searching for. Listed below are the responses and my explanation of why I feel as though they do not apply.

“Not sure about this one.”

This response is self-explanatory as it reflects on how some students may not be fully supported by present implementation in the Greencastle school district. If a teacher or a counselor has to think about what resources are available to their students, I feel as though there is a significant chance that they are not receiving the appropriate support.

“I had masks donated by the community.”

I feel similarly about this response, because, while masks being donated are great support for a student’s physical well-being and might be incredibly helpful for students living in a low-income household, this is only encompassing one part of the social emotional learning goal. This only covers physical health, while mental health is also of significant importance.

The second pillar for social and emotional learning focuses on designing a place or providing resources for adults/educators so that they can heal and, in turn, have enough mental strength to provide for their students. This pillar also correlates with a question I posed on the survey: “What resources are available to you?” I now recognize, given the responses I received, I should have made this question more explicit in defining what *type* of resources I was inquiring about. I have again divided these answers into sections of whether or not I believe they fall under the pillar of *design*.

“Teachers Pay Teachers, Discovery, ASHA, ISHA, Education.com, a nice budget from the district to use towards materials and trainings to improve hybrid or online therapy sessions, and the counselors in each building.”

These were the type of responses I was expecting from this question initially. I have done my own research on Teachers Pay Teachers, and it is a great resource for educators that are not as handy at making graphics, or run out of time to plan an activity. That being said, I am unsure if the school pays for this subscription, because each item appears to cost at least a few dollars. Discovery is similar but it appears as though it is more of an online workspace for teachers and students to collaborate (Discovery Teaching 2022). During my research, the only teaching resource I could find was the American Speech-Language-Hearing Association. Based on their website, I am not entirely sure what resources they give educators, other than providing speech language therapy. ISHA is similar, but it is Indiana's Speech-Language-Hearing Association and has a lot of resources for counselors, such as telehealth laws, guidance for language pathologists, and relief funds (ISHA 2022). Education.com has a multitude of resources from worksheets to lesson plans and activities. The participant also mentions that they got a budget from the district to improve telehealth counseling, which is great. These are the types of resources I was wondering about when I initially asked the question. Below are more quotes from teachers about other resources they have available to them:

“Mindful Mondays and Talk about it Tuesdays with our counselor.”

“I work with the counselors, administrators for resources.”

“We have a lot of resources available to us if we need. We just need to ask.”

The second participant does not go into detail about what Mindful Mondays or Talk about it Tuesdays are, but from the sounds of it, I think that the implementation of these programs are very important to teachers. As I mention later in this research, professionals recommend that educators and students talk openly about mental health and emotional well-being in order to decrease the stigma and direct students to the correct resources. I think it is important that a few

teachers noted that they feel comfortable talking to administrators and counselors if they need resources or assistance. This speaks largely to the culture that they have created for their staff. I hope that because this appears to be a very trauma-informed, self-care forward environment, that teachers are then able to relay this same attitude towards their students.

“Funding from ESSER/CARES grants were available to help purchase some resources to help support students' social-emotional needs.”

I did some research on these programs and I think they are great resources for school systems that are struggling. ESSER/CARES stands for Elementary and Secondary School Emergency Relief Fund/Coronavirus Aid, Relief, and Economic Security Act. Upon researching this further, I discovered an article from WFYI Indiana that stated that Indiana schools have to report how they allocate the funds they receive (WFYI 2022). The Greencastle School Corporation received a total of \$2,367,336.02 of funds that must be used by the year 2023. The document that I found was posted by the Greencastle School Corporation, through the WFYI website, and outlined how they were planning to spend that stipend. The four categories they divided these funds into were: learning loss, instructional supplies, professional development, and equipment (Database: Indiana Schools' Plans for \$3B in Federal COVID Stimulus, n.d.). Although this is a great resource for the district, none of their spending focused on the mental health of teachers, counselors, or, most importantly, students. In addition, it is important to keep in mind that this money will be divided across multiple schools. The budget did support increasing student's literacy and bridging the gap of academic achievement that was lost during the pandemic, which I have identified as a main issue in Greencastle school children; but there is no resource for helping the mental health of students.

“We have sanitizers and masks for students who need one. The school counselors have been checking to make sure the staff is doing okay.”

“I had masks donated by the community.”

I received a few more responses that were not aligned with the type of resources I was asking about. Two educators mentioned that they had masks and hand sanitizer donated for students who do not have access to them. Although these items may take the financial burden off of teachers from having to purchase their own protective equipment and are essential to the physical health and wellbeing of students, I am more interested in assessing the current state of mental wellbeing.

“We actually have less resources this year than in years prior because of less personnel. We have been short two aide positions in our preschool the entire first semester of 2021.”

This answer was different from the rest, but I appreciated the transparency in it. As I will elaborate more on later, schools across the country are struggling with staffing and communication between teams. The answer speaks for itself here. Being short in two teaching positions would certainly add stress, miscommunication, and anxiety in educators. In addition, I am considering how this deficiency might affect students. With two aide positions remaining unfilled, I am sure that teachers have had to stretch their time differently, which could result in not only stress for the teacher, but unmet learning needs for children.

The third pillar illustrated in the CASEL report is “Create: Create safe, supportive, and equitable learning environments that promote all students’ social and emotional development” (CASEL 2020). Given all of the quotes that I included in the first and second pillars, I do believe that the Create pillar is being met, but not to the extent that it should be. To explain this, I want to eliminate the aspect of an “equitable learning environment,” simply because race, gender, and ability were not included in my survey or interview questions. Through the usage of masks, we have seen physical safety being considered, and with the testimonies from counselors,

it appears that children who are showing severe signs of mental health difficulties are being supported. I do not necessarily have data I collected that solely supports teachers being supportive, but I do believe that teachers are supportive of their students. Given the fact that I had multiple teachers willing to take this survey, and the fact that they are still trying their best to educate during an incredibly strange and difficult time, I feel that they are supportive of their students.

The fourth and final pillar for reopening schools is “Use: Use data as an opportunity to share power, deepen relationships, and continuously improve support for students, families, and staff” (CASEL 2020). Again, this pillar does not necessarily have evidence that solely supports this claim. However, I hope that this research and the data I have collected serves as, exactly as CASEL states, “an opportunity to share power” and “improve support” for children.

## **INTERVIEW ANALYSIS / ETHNOGRAPHY**

In the middle of February, I got the opportunity to meet with a local non-profit director who wanted to discuss the effects of Covid-19 on mental health she had seen in the community, Clarissa.<sup>5</sup> I had already established a relationship with Clarissa, she was one of my supervisors during my two-year-long internship. She is incredibly knowledgeable about mental health and is very involved in the community. She is the director of a local mental health non-profit and assists in locating resources for community members, and spreads awareness for those that are struggling with their health. Clarissa is about fifty-years old and has three children. One is in college, and the other two are still in the Greencastle school district - high school and middle school.

---

<sup>5</sup> Name changed for privacy.

I met her on Friday, February 4th, 2022, on Zoom. It was after a large snowstorm that shut down the city for a few days, and I could feel the cold air pouring through my closed, but drafty, window. She was sitting in what I presumed to be her living room when she turned on her camera. I could see the snow still falling in the background of her screen, and I kept getting distracted by the flakes falling in my peripheral vision. We spent the first few minutes catching up, and then got into the interview. Because Clarissa has children of her own, a lot of the questions she answered were based on her own personal experiences over the last two years. I had to use questions I had prepared previously for school counselors because I could not change them without Institutional Review Board approval, but I still consider Clarissa a kind of counselor (and knowledgeable about the Greencastle community) even though she is not a *school* counselor, rather a community resource counselor.

We first discussed how she felt children were doing after returning to in-person school after the initial wave of Covid-19 in the Spring and Summer of 2020. She stated that she thought children were actually doing better being in school than they were during virtual school, mainly because of their emotional and social wellbeing, in which she noticed huge changes in her own kids. Clarissa said that in her personal experience in talking to other parents and educators, they much prefer in-person interactions for teaching:

For a variety of, you know, mental health reasons, or just, you know, that it's so much easier to, you know, teach, I think, and I think part of that is just the incentive, right? I think, especially kids, are very incentivized by personal interactions. And if they don't have that, then they just, they kind of stop. I think, you know, you might get to this question, but I think that there's a delay in learning.

This finding that Clarissa shared that she saw in her own children was very similar to the responses I received from those working in the schools, whether it was a counselor or teacher. Although children are still not mentally recovered (and in my humble opinion, will never be),

some aspects, such as learning goals and social skills, seemed to somewhat improve once they returned to school. For instance, as seen in my survey results, seven of the ten teachers reported decreased learning habits and goals whilst participating in virtual learning. When looking at current learning goals during the 2021-2022 school year, six of the ten teachers still were seeing issues with continuity in their learning habits.

Due to the snowstorm that had plagued the town for the past few days, we started discussing virtual learning in terms of snow days. I was very curious if her children still had to do schoolwork, or if they were given the day off. She replied that her kids did, in fact, still must log onto school that day. She appeared frustrated and I noticed her brows pulling together. Clarissa said that the snowstorm felt oddly similar to the beginning of Covid-19 - all the shoppers in the local Kroger, getting ready for *something* to hit, whether it be germs or piles of snow. It was a type of flashback, almost reminiscent of a form of collective Post Traumatic Stress - a collective trauma of sorts, as I mentioned earlier that Generation Z experienced in response to gun violence.

Clarissa was so disappointed, because she wished her kids could still have fun during their snow days like they used to: “It used to be so fun, right? Like, oh, yeah, you know, one of my kids did, right?” Clarissa shared that only one of her kids had experienced what a real snow day was like, but the others were thrown into it too late and in the age of digital learning and virtual meetings.

But the other one’s kind of a hermit. And you know, it was, it does have like, it's reminiscent of COVID. Like, where you're just isolated, you can't do anything. You don't want to do anything. You're not really getting your work done.

In my own opinion, as a student, it simply cannot be that bad to let kids have one day off from school for fun and relaxation. I specifically remember when I was a kid, schools budgeted

days at the end of the year for them to make up for the class time they missed. But before they even got to that point, there were built-in days that were okay to be missed, so that days like these could happen and relieve stress in both children and teachers. A virtual snow day was like torture to even me, an adult. I had to sit in online class for several hours, watching the white snow float down from the heavy clouds and be content with sitting inside for the entirety of a beautiful day, whilst I saw other students, without class, sledding down a hill at the back of the Green Center. I just wanted to go sledding, and I am sure Clarissa's kids did, too.

Before moving onto the next session, Clarissa seemed to get a bit more emotional and her tone of voice changed, like there was emotion she was holding tight in her throat. I could tell she felt sorry for her own children: "If...for a real snow day, before COVID? It would have been: 'Okay, I'll find things for you to do today that are still relevant, but we're not holding class. That wasn't an option.'" I could tell she, along with her kids, were really struggling with a post-Covid world.

The reason that I am avidly discussing the importance of this random snow day is because it shows how much our lives have changed since March 2020. Snow days were a common occurrence during my childhood, and I imagine every generation's childhood until this point. They were days looked forward to with excitement and relaxation, a day to sleep a bit later and watch more cartoons than normal. Snow days were a break. With all of those aspects of excitement, rejuvenation, and hours spent playing in the snow gone, what remains? If this age of digital learning remains the norm, there are no days off. Where does this lead children's mental health?

The conversation slowly changed into talking about depression during virtual classes and after, during in-person activities. Clarissa said that she didn't fully believe depression "just

disappeared” after Covid, and understandably so. From my own observation with my friends, I wholeheartedly agree with her. It is unrealistic to think that depression can fade away. Although we transitioned to a different topic, I noticed the wateriness in Clarissa’s eyes did not change and her voice continued to waiver slightly. As long as I had known Clarissa, I often saw her like this during passionate moments. She has such a strong determination to help those with mental illness and it's obvious just through her facial expressions.

Clarissa shared with me that she had access to some screening statistics that collect data based on postal code, so she could see who was screening for depression in Putnam County, Indiana. She said that there were not only more people screening for depression, but the results were increasing in severity: “I think it was something like 50-some percent were screening, like moderate to severe. Okay, so, you know, so if you went out to take a screening, then you're needing help.” Clarissa also brought up the severity of not having many available resources during the pandemic to accommodate this increase in numbers of those that were dealing with moderate to severe depression.

We discussed transportation and how Greencastle is not a walkable city, and it is likely that not every resident has access to a car and, as I mentioned previously, 11% of the Greencastle population falls below the poverty line (US Census 2019). From my experience of being a student at DePauw for the last four years, I know that transport is hard to find. There are no ride shares - no Lyft, no Uber - and only one bus that makes trips to retail locations, not necessarily counseling or therapy offices. I used an online algorithm on the WalkScore website to determine the walkability of Greencastle, which received a 63 out of 100 (63%). If the walkability was graded on an assignment, graded on a scale of A+ to F, it would be given a D minus. In addition, WalkScore also has a feature that allows you to visualize how long it would take someone to

walk across the city. You can get pretty much anywhere in Greencastle in a 20-minute walk, which might not sound bad, but when taking into account that most places you walk are not a one-way trip, you would also have to walk back 20 minutes (WalkScore). Furthermore, this is not accessible for those that have disabilities or cannot walk that far for health reasons. Also speaking from my experience studying and working in the community for the last four years, many community members go to Terre Haute or Plainfield to receive services, which is not walkable in the slightest and is, at minimum, 40 minutes by car. This all being said, it is very difficult to receive mental health services as a resident of Greencastle if you have a disability, have health concerns, or cannot afford a car.

We then discussed the mental health resources that were available to Greencastle residents. There are two main mental health clinics in the city: Cummins and Hamilton Center. Cummins prefers to not take clients that have health insurance and instead cater towards those that have either Medicaid or Medicare. Clarissa made it clear that while Cummins does sometimes accept those that have health insurance, they are not currently because of the backlog of clients due to the mental health effects of Covid. They do have a wrap-around program for students, which I outlined earlier. The wrap-around program allows students in public school, regardless of the type of insurance their family has, to access services if recommended by an educator. The Hamilton Center is similar, although they have a program that allows you to set up insurance through them. It is unclear if they prefer self-pay or if they take private insurance. There are also a handful of private practitioners in Greencastle, but Clarissa said that they are also filled with clients. My concerns with this system currently represented in Greencastle is that it creates a large gap for some residents. If those that are experiencing poverty are on Medicaid, and those that are wealthy have enough resources to self-pay their services, this leaves

middle-class clients somewhere in the middle. They do not have access to public insurance, nor do they have enough money to cover a session of counseling.<sup>6</sup>

Clarissa did share one bright side to the pandemic regarding services available to local residents: “A lot of people who get licensed in one state now can practice really anywhere,” which I consider one, positive ‘win’ for mental health during Covid-19.

---

<sup>6</sup> Based on personal experience, an hour-long session of counseling could cost anywhere from \$40 to \$150. This includes insurance coverage.

## **LOOKING TO THE FUTURE**

Based on the evidence supplied by teachers, counselors, and mental health professionals, it is obvious that a large portion of the Greencastle youth, and the Nation as a whole, are struggling with their mental health. Even students who are not overtly expressing behaviors that signal mental health difficulties will most likely be impacted by strain on their social emotional learning.

A child spends, based on average calculations, around eight hours of their day at school and ideally, another eight sleeping. I say this because it is important to recognize that a large portion of a child's youth is spent at school. Due to underlying circumstances, such as parents working or after school care, some children may spend even longer at school. Because school is such an important location and aspect of a child's development, it is not a stretch to assume that schools should be providing mental health services and resources. According to the National Center for Educational Statistics, "49.4% of students were not accessing necessary mental health treatment, and in 2018, 48.7% of public schools were not providing resources to their students (Prevalence of Mental Health Services, 2020). In rural areas, this number dropped to 44.3% (PMHS, 2020). On top of these statistics, the question still remains as to how schools will combat mental health difficulties in their students.

### ***School-Based Counselors and Covid-19***

Teachers and counselors have worked hard in the past two years, however, in an effort to continue lifting up both their voices and the children's, I have included this section. As one would expect during a global pandemic, resources fell short, districts had to cut back on who they employed, and some parents served as essential workers. This all affects the child. In

conjunction with the data I obtained during surveys and interviews, the following recommendations come from educational professionals, and I am simply relaying the information in a concise manner in an effort to help the children and educators of Greencastle, Indiana.

In the middle of the pandemic, researchers at Harvard sent out a survey to over 900 school-based counselors to discuss their role in helping children cope throughout the Covid-19 pandemic. The researchers reported six main findings amongst school counselors and included recommendations to bridge communication gaps between educators and administrators. First, the authors claim that many school-based counselors were experiencing a lack of leadership and direction from school leaders (Expanding support beyond the virtual classroom: Lessons and recommendations from school counselors during the COVID-19 crisis, 1). Half of the counselors reported that they did not feel as though they understood their responsibilities when the school transitioned to a virtual environment, and 72% felt that their local and state governments did not have “a clear vision for counseling during COVID-19 (...) nor provided adequate resources to support their work” (4). Judging by the survey responses from Greencastle counselors, they did not say anything that agreed with these statements, but they also did not contest this viewpoint. Therefore, it is possible that they were also experiencing stress surrounding the unknown requirements of their critical position as a counselor during remote learning.

The second finding was that when planning how the school would shift to remote learning, counselor’s voices were left out. According to their survey of 900 counselors, elementary school counselors were among the most common to be left behind when asking for input. This goes along with the previous finding in that because counselor’s voices were not

included in the discussion, they were unaware of what their role should be. Some mental health professionals also reported that there were restrictions in place on what they could do through their position, such as hosting virtual counseling sessions or conferencing (5). In addition, because the pandemic by nature is a very traumatizing event for many children, counselors' voices and concerns should have been not only listened to, but lifted, so that they could mitigate trauma responses in the best way possible.

The study's third key point was that counselors had less time to meet with students as they took on other administrative tasks. According to the report, "school counselors were often tasked with tracking down students on attendance issues, supporting teachers, and delivering social service and technology information to families" (6). In rural settings, as specified in the report, 48% of school counselors found that they were spending less time with students as opposed to before the pandemic, although during a strange and confusing time, this is when students needed support the most (6). As discussed previously, we are aware that Greencastle schools opted for all students to receive free lunch in response to the economic crisis that came along with the pandemic. Harvard's study found that in schools with changes to their lunch policy, counselors were even more affected by all of these variables (6). The study does not explain this finding, but using contextual cues, I can hypothesize this is because of one of two things. The first could occur due to the school being in a low-income area. Because these students were allocated free lunch, the area is most likely low-income, which could mean that these families would need more support during this time period of heavy adjustment. The second being that if lunch periods were more flexible, counselors would not have time to complete their daily tasks or have their lunch break. Either way, these situations could result in serious burn-out on behalf of counselors.

Similar to the third finding, the fourth point asserts that school-based elementary counselors were spending more time allocating resources to help students with their emotional and personal needs, rather than academic or college counseling, at the high school level. Although this is not a horrible outcome, as students needed that emotional support, it still means that certain aspects a student needed attention on started slipping through the cracks. This is especially true in my own experience. My mother, during the beginning of the pandemic, was a college counselor at a private high school. It was very obvious that a large portion of her time was spent not helping her students plan for the future, but rather processing the present they were living through. Again, this is not necessarily bad, as the focus is on what the student needs at that moment, but it does leave some skills undeveloped.

Key findings number five and six both focus on allocating resources elsewhere and competing with demanding technology. Finding number five points out that counselors struggled with “limited privacy, reduced time in students’ schedules for meeting, and difficulties connecting with hard-to-reach students,” as well as technological issues (8). A counselor that took the Harvard survey said that they thought around 65 to 75 percent of all calls she made to parents were never returned (8). Another stated that they had to break boundaries previously set in place by giving students their personal cell-phone number because that was the only way to reach them, and the counselor knew that they needed support (8).

Finding six asserts that the presence of technology created barriers and multiple hurdles to work through. Similar to what teachers reported on the survey, the study also includes a quote from a counselor stating that due to the rural location of their school, some students did not have internet access and, if they did, they later stopped communication altogether (9). This is an

example of a barrier that was difficult to overcome, and most likely worsened student's mental health, due to not having services, or lowered their chances of meeting learning goals.

The Harvard researchers also included in their report a list of three recommendations for schools of how they should proceed for the remainder of the pandemic and the coming years.

The first being that counselors' voices should be heard and lifted up. The researchers commented that:

I would encourage the state and districts to actively include their school counselors. School counselors have a wealth of knowledge regarding the school as a whole that is valuable in helping identify best practices and potential impacts of plans (10).

Given that a school counselor's main job is to assist their students, leaving them in the dark about new policies or not asking them to join in on vital conversations is a disservice to their students. The second recommendation for schools was to protect employees' time. As the study mentioned, many counselors felt as though they did not have enough time to assist all the children who needed their help. Instead, they were given administrative tasks, such as helping families with technology or taking attendance. Protecting counselors' time would allow them to allocate their time wisely, help students in need, and avoid burnout.

The third recommendation was that counselors be given resources on how to do their job better, as well as better technological platforms to conference with students and avoid breaking confidentiality, as well as being given time to take care of their own mental health amidst the flurry of breaking news and lockdowns.

Although this study was done during the beginning of the Covid-19 Pandemic, I still believe that these recommendations hold true in a non-virtual, now in-person school setting.

### *Student's Needs Nationally*

The US Department of Education's guidebook, "Supporting Child and Student Social, Emotional, Behavioral, and Mental Health Needs," includes a series of recommendations, as well as additional examples, to school corporations on how to help their students succeed amidst the Covid-19 pandemic. Although I focus my study on Greencastle, I wanted to include some statistics about children across the country. I feel that this document highlights the major issue that is occurring in student mental health

The first recommendation is to "Prioritize Wellness for Each and Every Child, Student, Educator, and Provider" (19). The authors state that "Wellness is multidimensional and may include medical, emotional, environmental, occupational, physical, intellectual, spiritual, social, and financial components," meaning that wellness is achievable in many ways and can be improved upon endlessly (19-20). However, they also affirm that student wellness starts from teacher wellness. Drawing upon one of my favorite anonymous quotes that I believe fits well here, "You can't pour from an empty cup, you have to take care of yourself first," teachers cannot be expected to preach mental health and well-being if they themselves are not healthy or thriving in their environment. For educators, the department recommended engaging in "habits of connection" (21). Some examples of this include building a set time into your schedule to talk to your students about how they are feeling or reaching out to coworkers to discuss mental wellness (21). These examples would increase workplace wellness and allow teachers time to process their own emotions before being expected to care for their students.

The second recommendation listed for educators was to "Enhance Mental Health Literacy and Reduce Stigma and Other Barriers to Access" (22). The authors write that although

this is not an easy task and it will take time, this is crucial to developing a safe environment for students and colleagues. They elaborate that:

There is an urgent need to improve access to mental health support by reducing barriers, changing attitudes and perceptions about mental health, and eliminating discriminatory practices that harm students with mental health challenges. This will require intentional efforts including providing information, building skills, actively engaging learners in intervention, empowering individuals with mental health challenges, and engaging in structural and policy change (22).

Ways in which teachers can do this include being explicit about what help you need and what help you can provide, continuously reminding students that mental health has the same level of importance as physical health, and providing support for both staff, students, and families. To advance policy change and further educate teachers, they recommend programs such as Mental Health First Aid, which Mental Health of Putnam County, a local non-profit, has access to, or learning about the Adverse Childhood Experiences Study (ACES) (23).

The third recommendation that researchers have is to “implement a continuum of evidence-based prevention practices” (24). To explain this recommendation, they first separate students into three risk categories: primary prevention, secondary prevention, and tertiary prevention. Primary prevention includes steps as detailed above, such as creating an opening and welcoming environment for all students. Secondary prevention is “targeted support” for children with continuous behavioral and/or emotional difficulties. The authors advise that for these students, teachers should engage in “more frequent opportunities for connection, reminders, skill practice, feedback, and acknowledgement” (23). Tertiary prevention focuses on students that suffer with “chronic or intense” social needs. For these students, the department recommends narrowing in on “(a) individual assessment data to identify specific areas of strength and need and (b) develop an individualized plan that promotes educational, social, emotional, and behavioral skill development and improves overall mental health or well-being” (23). The

authors state that teachers should aim to integrate this framework of wellness into everything that they do. They suggest that ways to do this include healthy communication, teamwork, and support outside the classroom (28).

The fourth recommendation is to continue to exhibit an “integrated framework” for emotional, social, and mental health. The authors state that mental health is a crucial part of education, to which I agree. As seen in the survey results, if children’s mental health is not satisfactory, their learning goals will slip. This is the same if their physical health was deteriorating. One would not reasonably expect a child to succeed in school if they had a severe illness, so why would a child be expected to do well with anxiety or depression? The Department of Education also states that by integrating all of these considerations into one pedagogy, research has shown that “children and students learn more, report feeling safer, and develop more authentic trusting relationships with peers and adults” (27).

A second report was released by the national government in 2021 by the Office for Civil Rights entitled “*Education in a Pandemic: The Disparate Impacts of COVID-19 on America’s Students*,” following an executive order from President Joe Biden opening schools across the country (i). Upon research in collaboration with the US Department of Education and their report summarized above, they released five key findings specific to students K through 12 (iii).

The first, and most obvious finding, was that the pandemic has severely impacted core education goals, specifically in mathematics and reading (iii-iv). This was affected by the amount of time students spent in the classroom pre-pandemic, as opposed to when all students were virtually attending. In May of 2020, a percentage of school districts stated that their students were receiving more than four hours of learning each day (Education in a Pandemic, 2). Although the percentage was small, I still feel as though this should be taken into consideration

when analyzing decreased learning time, as it does apply to some schools and affects the children that attend. Pre-pandemic, the national average for instructional time was five hours. This has since improved during the 2020-2021 year. In January of 2021, in a survey conducted by the National Center for Education Statistics: “31% of districts were reportedly offering more than five hours of live instruction” (2). These statistics align with the data I received in my survey results. A handful of teachers at Greencastle schools reported that some students simply did not show up to online classes, were distracted, or that their learning goals have not been met since the beginning of the pandemic. Throughout the Spring of 2021, students nationally were offered more learning time, although BIPOC (Black, Indigenous, people of color) students were still suffering as many were not able to access in-person enrollment (2). It is unclear why exactly BIPOC students were unable to attend in-person class, but the researchers share a statistic that “only 36% of Black students, 35% of Latinx students, and 18% of Asian students” were enrolled in-person, compared to 58% of white students.

Secondly, nationally, BIPOC students struggled with access to technology or the internet, resulting in loss of education for these students. As a general statistic, in 2018, BIPOC students, on average, attended districts that received “13% less in state and local funding” when compared to school districts that served white students, resulting in general academic inequities (Education in a Pandemic, 6). In addition, due to the extenuating reach of racism in the United States, Black students are faced with a high probability of living in poverty. In 2020, 16.8% of Black families in the United States were living under the poverty line (*Percentage of black families in the United States who live below the poverty level from 1990 to 2020*, Statista). This poverty would be exacerbated by a parent working odd hours in order to make ends meet, and not being home to serve as a supportive resource for their child. During Covid-19, it is likely that, due to

generational poverty, many of the essential workers were Black, and “even without a destabilizing and potentially catastrophic event like parental job loss—or a global pandemic—this resource disparity can affect household access to essential learning tools,” such as access to the internet (*Education in a Pandemic: The Disparate Impacts of COVID-19 on America’s Students 2021*, 6). On top of all of these inaccessibility’s Black children are facing, in February of 2021, it was estimated that 20% of Black children lost a parent to Covid-19, despite only making up 14% of the population (*Education in a Pandemic*, 11). It is expected that the grief these children felt further worsened the risk for depression, anxiety, and stress (11). Unfortunately, this statistic has likely grown, as this was reported over a year ago.

Third, the pandemic impacted the ability of students whose first language was not English to learn the language while also attempting to stay on top of their primary class assignments (*Education in a Pandemic 2021*, iv). Fourth, for students who have disabilities, “COVID-19 has significantly disrupted the education and related aids and services needed to support their academic progress and prevent regression,” and there are early signs that these disruptions may be impacting their long-term education and aid (iv). The Office for Civil Rights states that “students with disabilities are more likely than their non-disabled peers to be subject to restraint, seclusion, and school discipline and other exclusions from class,” (23). The Office for Civil Rights also asserted that a significant number of parents filed claims alleging that their children were not receiving adequate care or accessible services.

The three main claims were: schools did not have the resources to meet a student’s individualized education program (IEP), students had been “placed in inappropriately restrictive educational environments,” and “students were inappropriately restrained, secluded, or wrongly disciplined due to behavior related to their disability” (22-23). All of these issues continued, and

grew worse, into the pandemic. Issues like technological difficulties, changing instruction techniques, or simply not being able to communicate with the student the way that they needed to thrive; severely impacted their growth and learning goals (25). Services that needed to be in-person, such as occupational therapy, stopped. In 2020, through a group survey on Facebook by an educational advocacy group called ParentsTogether, only 20 percent of parents said that their child was receiving any of the services as laid out by their IEP.<sup>7</sup> These issues continued into the 2020-2021 school year and a school district located in Virginia reported a 111% increase in students with disabilities “receiving Fs in two or more subjects” (26).

The fifth and last finding was that LGBTQ+ students faced an increased amount of anxiety and stress due to no longer being able to access supports normally gained through school (i.e. students, teachers, support groups). They also are at an increased risk currently for neglect and abuse at the hands of unsupportive household members (iv). I recognize that it may not be as likely that a school-age child would have discovered their sexual orientation or gender identity by this time, and these statistics may be more applicable to students in middle or high school, but identity formation this young is possible for some children, and so I have included it here. The Office for Civil Rights cited four main areas of concern that directly affected children’s mental health: reduced sense of safety due to harassment and bullying, poorer mental health and risk of suicide, truancy, avoiding restrooms due to their gender identity, and lowered outcomes. Due to the heightened risk of bullying during the pandemic, LGBTQ+ students were hurt dramatically.

---

<sup>7</sup> I recognize that a Facebook Group may not be the best data collection method. However, I wanted to include it because I believe social media is a powerful social tool and I did not want to diminish these parents’ voices.

## **FINAL DISCUSSION**

How are children supposed to heal through this trauma without resources being provided to them? The answer is, in my opinion, they will not. Unless the majority of the children that have been affected by the pandemic receive resources such as counseling or support from their parents or in the classroom, it is extremely likely that this generation will feel the effects of the pandemic forever. As I mentioned in the introduction, Generation Z did not receive emotional support whilst enduring gun and racial violence and are still affected today.

At the beginning of this research project, finding articles based on children's mental health following the Covid-19 pandemic was incredibly difficult. Many news outlets were reporting on adult mental health or, more specifically, college students. Perhaps this is because adults know how to express their emotions and those opinions were attracting media coverage or for some other reason unbeknownst to me.

In the last few months of 2021 and the beginning of 2022, children's mental health seemed to become a more prevalent issue in the mainstream news cycle. CNN released an article in late February 2022 that went over warning signs of mental health in children, according to a professional. They also mentioned relevant studies that showed mental health disparities in children. However, I have already referenced both articles by the US Center for Disease Control and a meta-analysis by JAMA Pediatrics. I find it extremely concerning that these reports by mainstream media are just now becoming more prevalent. Before now, articles on children's mental health in relation to the pandemic were mainly published through academic sources. In my opinion, after all of the research I have done, this is an issue for adolescents who need mental health support. Children were already struggling with their mental health before these articles came out, and so they were not receiving the aid that they needed until now. A perfect ending

statement that could not be written any better by myself comes from *'I Still Just Worry': 3*

*Teachers on Covid's Long Shadow Over American Schools* by reporters Kalyn Belsha, Melanie

Asmar and Lori Higgins:

This pandemic may become less acute, but its effects on schools will linger: the children coping with the death of their caregivers, the fissures that remain over how to keep kids healthy and safe, the kindergartners struggling with their ABCs, the seventh graders tamping down anxiety, the high schoolers fretting over their diplomas (Belsha et al., 2022).

I sincerely hope that the data I have collected will assist educators and administrators in understanding the current needs of their students, and hopefully increase the support offered to students in the future.

## DATA INSTRUMENTS

### APPENDIX A - TEACHER AND COUNSELOR SURVEY

Please complete this survey, focusing on the mental health of school-aged children during and following the Covid-19 pandemic.

1. What grade do you teach?
2. How long have you been teaching at this current grade level?
3. How long have you been teaching in general?
4. How long have you been teaching at this school?
5. Which of the following best describes what your school did in response to Covid-19 from March 2020 until May 2020?
  - a. Online learning only
  - b. No school at all, complete shutdown
  - c. In person learning only
  - d. Combination of online and in-person learning
  - e. Other - Please specify
6. Which of the following best describes what your school did in response to Covid-19 from August 2020 until the Present?
  - a. Online learning only
  - b. No school at all, complete shutdown
  - c. In-person learning only
  - d. Combination of online and in-person learning
  - e. Other - Please specify
7. Did your school return to in-person classes during the 2020-2021 school year?
  - a. If yes, what month did you return to in-person classes during the 2020-2021 school year?
8. If you taught virtual classes, how would you describe your students' behavior?
9. If you taught virtual classes, how would you describe your students' learning habits?
10. If you taught virtual classes, how would you describe your students' emotional status?
11. Have you noticed any of the following behavioral changes in your students *during virtual classes*? (Check all that apply).
  - a. Difficulty focusing on class assignments
  - b. Restlessness
  - c. Not eating lunch or snack multiple times on multiple occasions throughout the year
  - d. Frustration over simple tasks
  - e. More reliance on fidget devices
  - f. Outbursts of anger in typically calm students
  - g. Increase in complaining about headaches
  - h. Increase in complaining about stomach aches
12. If you taught in-person classes, how would you describe your students' behavior?
13. If you taught in-person classes, how would you describe your students' learning habits?
14. If you taught in-person classes, how would you describe your students' emotional status?
15. Have you noticed any of the following behavioral changes in *any* of your students *after returning to in-person school*? (Check all that apply).

- a. Difficulty focusing on class assignments
  - b. Restlessness
  - c. Not eating lunch or snack multiple times on multiple occasions throughout the year
  - d. Frustration over simple tasks
  - e. More reliance on fidget devices
  - f. Outbursts of anger in typically calm students
  - g. An increase in separation anxiety from caregivers
  - h. Increase in visits to the nurse due to headaches
  - i. Increase in visits to the nurse due to stomach aches
16. Have you noticed any of the following behavioral changes in *any* of your students *after returning to in-person classes*? (Check all that apply).
- a. Outbursts of sadness in typically calm students
  - b. “Usually” social students withdrawing in social situations
  - c. Increase in visits to the nurse due to tiredness
  - d. Falling asleep in class
  - e. Students appearing “tearful”
  - f. Less interest in daily activities
17. Since returning to in-person classes, has your school shut down?
- a. What month did your school shut down?
  - b. What was the purpose of the shutdown?
  - c. Upon shutdown, did you return to virtual classes?
18. Please select answer number two
- a. 1
  - b. 2
  - c. 3
  - d. 4
  - e. 5
19. Have you noticed any of the following behavioral changes in *any* of your students *after returning to in-person classes*? (Check all that apply).
- a. Outbursts of sadness in typically calm students
  - b. “Usually” social students withdrawing in social situations
  - c. Increase in visits to the nurse due to tiredness
  - d. Falling asleep in class
  - e. Students appearing “tearful”
  - f. Less interest in daily activities
20. What Covid protocols were implemented in your school in the time from March 2020 until May 2021?
21. What Covid protocols were implemented in your school in the time from August 2021 to present?
22. Have you noticed an increase in student’s anxiety *after returning to school*?
- a. If yes, how?
23. Have you noticed an increase in student’s depression *after returning to school*?
- a. If yes, how?
24. Did you notice an increase in student’s anxiety *during virtual classes*?
- a. If yes, how?

25. Did you notice an increase in student's depression *during virtual classes*?
  - a. If yes, how?
26. Have you noticed a change in students that need free and/or reduced school lunches?
  - a. If yes, how?
27. Have you noticed a change in student's grades?
  - a. Can you elaborate on the changes?
28. Based on your observations...
  - a. Are students excited to be back in school?
  - b. Are students nervous to be back in school?
  - c. Are students scared to be back in school?
  - d. Are students sad to be back in school?
29. Please select answer number five
  - a. 1
  - b. 2
  - c. 3
  - d. 4
  - e. 5
30. What is the general attitude of students towards masks?
31. Have you heard students discussing anything regarding vaccinations?
  - a. If yes, what have you heard?
32. How has your job changed to meet the needs of students learning during Covid-19?
33. What resources are available to you?
  - a. From/by whom?
34. What resources are available to students?
  - a. From/by whom?
35. If you would like to be entered to win a \$50 Starbucks gift card, please leave your contact information here. Please note that this waives the anonymity of the survey, but I will be keeping your opinions confidential.
36. If you would like to submit to a follow-up interview, please leave your contact information here. Please note that this waives the anonymity of the survey, but I will be keeping your opinions confidential.

## APPENDIX B - FOLLOW-UP INTERVIEW QUESTIONS

1. What has your experience been like working through Covid-19?
2. If answering yes to any of the following questions on the survey: Can you elaborate?
  - a. Have you noticed an increase in student's anxiety *after returning to school*?
  - b. Have you noticed an increase in student's depression *after returning to school*?
  - c. Did you notice an increase in student's anxiety *during virtual classes*?
  - d. Did you notice an increase in student's depression *during virtual classes*?
  - e. Have you noticed a change in students that need free and/or reduced school lunches?
  - f. Have you noticed any of the following behavioral changes in *any* of your students *after returning to in-person school*?
3. If you answered any of these questions on the survey, can you elaborate on your answers?
  - a. If you taught virtual classes, how would you describe your students' behavior?
  - b. If you taught virtual classes, how would you describe your students' learning habits?
  - c. If you taught virtual classes, how would you describe your students' emotional status?
  - d. If you taught in-person classes, how would you describe your students' behavior?
  - e. If you taught in-person classes, how would you describe your students' learning habits?
  - f. If you taught in-person classes, how would you describe your students' emotional status?
4. How has your experience teaching/counseling changed?
5. How have you had to adapt your teaching/counseling experience to accommodate students?
6. Has there been any changes in how you conduct lunch? Recess? Specials like art and music? If yes, how?
7. Have you noticed a change in the financial needs of students and their families?
8. Have you noticed a change in student's grades?
9. What are the general emotions of students you are noticing?
10. Have any of your students had to quarantine?
  - a. What were their experiences with that like?
  - b. What were their emotions?
  - c. What about the response from the parents?
11. What were teachers/counselors told to do following March 2020?
  - a. What resources were available?
  - b. How did you feel about the situation and how it was handled?
12. What are teachers/counselors currently being told to do in response to Covid-19?
  - a. What resources are available?
  - b. How do you feel about the current situation and how it is handled?
13. What are your general perceptions of your students throughout the entirety of virtual classes?
14. What are your general perceptions of your students since returning to in-person classes?
15. Have you noticed any changes in the number or frequency of visits to the counselor/social workers?

16. What else do you feel is important to know about the current state of mental health?
17. Has there been a change in anything else I have not mentioned?

## APPENDIX C - INFORMED CONSENT SHEET

### **Informed Consent to Participate in Research The Decline of Mental Health: Pandemic Effects in School-Age Children**

**Researcher:** Katherine Lenger, senior Anthropology and Honor Scholar student

We're inviting you to take a survey for research. This survey is completely voluntary. There are no negative consequences if you don't want to take it. If you start the survey, you can always change your mind and stop at any time.

#### **What is the purpose of this study?**

We want to understand the connection between mental health in school-age children and the Covid-19 pandemic.

#### **What will I do?**

This survey will ask questions about your experience teaching during the Covid-19 pandemic and observations you have made of your students.

#### **Risks:**

- Some questions may be personal or upsetting. You can skip them or quit the survey at any time.
- Online data being hacked or intercepted: Anytime you share information online there are risks.
- Breach of confidentiality: There is a chance your data could be seen by someone who shouldn't have access to it. We're minimizing this risk in the following ways:
  - o Data is anonymous unless you decide to submit to enter to win a \$50 Starbucks gift card or agree to a follow-up interview.
  - o We'll store all electronic data on a password-protected computer.

**Possible benefits:** This survey will help us understand more about our local youth enrolled in Putnam County schools. The data will allow us to better understand how youth are affected mentally by the pandemic, as well as be able to provide resources that may be beneficial to them.

**Estimated number of participants:** 37 participants including teachers and counselors at Greencastle Primary schools.

**How long will it take?** This survey will take approximately 15 to 20 minutes.

**Costs:** None

**Compensation:** None, but there will be a \$50 Starbucks Gift Card giveaway for those that take the survey.

**Future research:** Your data won't be used or shared for any future research studies.

**Funding source:** Douglas and Mary Hallward-Driemeier Fund for The Honor Scholar

### **Confidentiality and Data Security**

Your email is necessary if you wish to enter to win the gift card or volunteer for a follow-up interview, otherwise no other information will be collected.

### **Where will data be stored?**

On the researcher's password protected computer.

### **How long will it be kept?**

Until completion of the project in May 2022.

### **Who can see my data?**

- I (the researcher) will have access to your data, which will be kept separately from any identifiable information. This is so we can analyze the data and conduct the study.
- Agencies that enforce legal and ethical guidelines, such as
  - o The Institutional Review Board (IRB) at UWM
  - o The Office for Human Research Protections (OHRP)
- We may share our findings in publications or presentations. If we do, the survey results will be de-identified with no personal information, such as name, birthdate, address, etc. If we quote you, we'll use pseudonyms (fake names).
- My advisor may view this data, but they will not see any identifiable information.

Questions about the research, complaints, or problems: Contact Katherine Lenger at [katherinelenger\\_2022@depauw.edu](mailto:katherinelenger_2022@depauw.edu).

Questions about your rights as a research participant, complaints, or problems: Contact the DPU IRB (Institutional Review Board) at [irb@depauw.edu](mailto:irb@depauw.edu)

### **Agreement to Participate**

Your participation is completely voluntary, and you can withdraw at any time.

To take this survey, you must be:

- At least 18 years old
- Employed by one of the Greencastle Schools.

If you meet these criteria and would like to take the survey, click the button below to start.

## Bibliography

- American Psychological Association. (2019, February). *Helping your children manage distress in the aftermath of a shooting*. American Psychological Association. Retrieved April 6, 2022, from <https://www.apa.org/topics/gun-violence-crime/school-shooting>
- Back to School Time: Focus on Social Emotional Learning. (2021). Indiana Youth Institute. Retrieved February 9, 2022.
- American Psychological Association. (n.d.). *Trauma and shock*. American Psychological Association. Retrieved April 6, 2022, from <https://www.apa.org/topics/trauma>
- Belsha, K., Asmar, M., & Higgins, L. (2022, March 19). 'I Still Just Worry': 3 Teachers on Covid's Long Shadow Over American Schools. *The New York Times*. <https://www.nytimes.com/2022/03/19/sunday-review/pandemic-school-education.html>
- Cohen, J. A., Mannarino, A. P., & Deblinger, E. (2006). *Treating trauma and traumatic grief in children and adolescents*. Guilford Press.
- Diaz, A. (2018, October 30). *Generation Z reported the most mental health problems, and gun violence is the biggest stressor*. CNN. <https://www.cnn.com/2018/10/30/health/generation-z-stress-report-trnd/index.html>
- Department of Education Office for Civil Rights (Ed.). (2021, June 9). *Education in a Pandemic: The Disparate Impacts of COVID-19 on America's Students*. US Department of Education. Retrieved from <https://www2.ed.gov/about/offices/list/ocr/docs/20210608-impacts-of-covid19.pdf>
- Fagan, C. (2020, October 5). *The Impact of Mass School Shootings on the Mental Health of Survivors: What Parents Need to Know*. *PsyCom*. Retrieved February 9, 2022, from <https://www.psychom.net/mental-health-wellbeing/school-shooting-survivor-mental-health>
- Greencastle, IN | Data USA*. (n.d.). Retrieved March 30, 2022, from <https://datausa.io/profile/geo/greencastle-in>
- Greencastle IN*. (n.d.). *Walk Score*. Retrieved March 30, 2022, from <https://www.walkscore.com/score/greencastle-in>
- Horowitz, J. M., & Graf, N. (2019, February 20). *Most U.S. Teens See Anxiety and Depression as a Major Problem Among Their Peers*. Pew Research Center's Social & Demographic Trends Project. Retrieved April 6, 2022.
- Jansen, J. D., & Farmer-Phillips, T. (Eds.). (2021). *Teacher stories about pandemic teaching*. In *Teaching In and Beyond Pandemic Times* (1st ed., pp. 19–148). African Sun Media. <https://doi.org/10.2307/j.ctv1smjn5p.9>

- Leonhardt, D. (2022, January 4). No Way to Grow Up. *New York Times*. Retrieved February 9, 2022, from <https://www.nytimes.com/2022/01/04/briefing/american-children-crisis-pandemic.html>.
- Little, S. G., & Akin-Little, A. (2013). Trauma in Children: A Call to Action in School Psychology. *Journal of Applied School Psychology, 29*(4), 375–388. <https://doi.org/10.1080/15377903.2012.695769>
- Lowe, S. R., & Galea, S. (2017). The Mental Health Consequences of Mass Shootings. *Trauma, Violence, & Abuse, 18*(1), 62–82. <https://doi.org/10.1177/1524838015591572>
- McCoy, D. P. (2022, January 10). *Database: Indiana schools' plans for \$3B in federal covid stimulus*. WFYI Public Media. Retrieved April 6, 2022, from <https://www.wfyi.org/news/articles/database-indiana-schools-plans-covid-stimulus-esser>
- Monchuk, L., Day, L., Rizzo, S., & Percy-Smith, B. (2020). Exploring young people's experiences of growing-up under COVID-19. In H. Kara & S. Khoo (Eds.), *Researching in the Age of COVID-19 Vol 2: Volume II: Care and Resilience* (1st ed., pp. 58–67). Bristol University Press. <https://doi.org/10.2307/j.ctv18dvt4f.10>
- O'Donnell, M. L., & Greene, T. (2021). Understanding the mental health impacts of covid-19 through a trauma lens. *European Journal of Psychotraumatology, 12*(1). <https://doi.org/10.1080/20008198.2021.1982502>
- Published by Statista Research Department. (2021, October 5). Poverty rate of black families U.S. 2020. Statista. Retrieved February 22, 2022, from <https://www.statista.com/statistics/205059/percentage-of-poor-black-families--in-the-us/>
- Ramanujam, Abhijit. (2020). For Whom the School Bell Tolls: Helping Youth During the COVID-19 Crisis. *Psychiatric Times*. Retrieved October 5, 2021, from <https://www.psychiatrictimes.com/view/whom-school-bell-tolls-helping-youth-during-covid19-crisis>
- Ruiz, N. G., Horowitz, J. M., & Tamir, C. (2020, December 17). *Many black and Asian Americans say they have experienced discrimination amid the COVID-19 outbreak*. Pew Research Center's Social & Demographic Trends Project. Retrieved April 6, 2022.
- Savitz-Romer, M., Rowan-Kenyon, H.T., Nicola, T.P., Carroll, 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.
- School SLPS: Additional resources*. Indiana Speech-Language-Hearing Association. (n.d.). Retrieved April 6, 2022, from <https://islha.org/school-slps-additional-resources/>

- Spencer, et. al. (2021). Changes in psychosocial functioning among urban, school-age children during the covid-19 pandemic. *Child and Adolescent Psychiatry and Mental Health*, 15(1). <https://doi.org/10.1186/s13034-021-00419-w>.
- Thompson, C. (2021, November 11). With COVID relief money, schools take on a bigger role in student mental health. Chalkbeat. <https://www.chalkbeat.org/2021/11/11/22772037/student-mental-health-covid-relief-money>
- U.S. Census Bureau QuickFacts: Greencastle city, Indiana. (n.d.). Retrieved November 30, 2021, from <https://www.census.gov/quickfacts/fact/table/greencastlecityindiana/INC110219>
- US Department of Education, Supporting Child and Student Social, Emotional, Behavioral, and Mental Health Needs (2021). Washington, DC.
- Vasileva, M., Alisic, E., & De Young, A. (2021). Covid-19 unmasked: Preschool children's negative thoughts and worries during the COVID-19 pandemic in Australia. *European Journal of Psychotraumatology*, 12(1). <https://doi.org/10.1080/20008198.2021.1924442>
- Webb, N. B. (2004). *Mass trauma and violence : helping families and children cope* (Ser. Social work practice with children and families). Guilford Press.