Using COVID-19 as an Opportunity to Build Collaborations With Schools

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I've lived in 3 foster homes, one group home, and 2 homeless shelters. I got taken out of my mom's custody because she was on parole and she was caught up under the influence of a controlled substance and in possession of drug paraphernalia. In addition, she was charged with child endangerment because my appendix had burst and I was not taken to a hospital for over 24 hours; I was dying. There were no family members or anyone who could take me and my 3 siblings so the system became my life.

— 17-year-old high school student

Within this context, this student developed symptoms of aggression, school absenteeism, suicidal ideation, cutting, and depression. What is more, now with the addition of the COVID-19 pandemic, her once stable institution, school, is removed and she works from home without the typical check-in from teachers and school behavioral health.

Students often express anxiety due to the pressure of deadlines, tests, attendance, and school performance, but COVID-19 has brought new challenges. Sitting in front of a camera, some students experience raw emotions around self-image or shame about their home environments. They may be expected to juggle studying while caring for their younger siblings, or at times even teaching their younger siblings who are also doing distance learning. Students and parents are forced to address new technology expectations, some with a lack of appropriate internet or computer resources. For students who relied on school for behavioral health services, adult support and guidance, and food access, the impacts of not physically being in school are surfacing. For example, the Teen Line, based in Los Angeles, is reporting a 140% increase in calls reporting child abuse, 17% increase in anxiety, 24% increase in self injury, and 29% increase in loneliness and family struggles.[1] What can students and families do? What can teachers do? What can we as child psychiatrists do? To address the underlying behavioral health needs at schools unmasked by the consequences of COVID-19, we require a coordinated effort by teachers, behavioral health professionals, and families.

Lack of School Resources and Mental Health Cuts

The financial impact of the pandemic on schools and districts has been often overlooked when state and federal governments have been providing pandemic relief funding. Many districts overnight saw their budget projections plummet in response to the pandemic's effects on local economies. Because most districts and schools are funded by local or state property taxes, the level of impact varies wildly from school to school. Estimates on cuts to K-12 education vary from 10-25% in different states.[2] To balance their budgets, districts have necessarily proposed cuts, which for some have included termination of the school's mental health service providers.[3]

Districts and schools around the country are faced with similar situations. The 2015-2016 National Teacher and Principal Survey (NTPS) conducted by the US Department of Education found that two-thirds of schools have a psychologist on staff, either full or part-time, while approximately 40% have a social worker.[4] The report indicates that 94% of schools have at least some type of mental health staff member, although this includes academic counselors who are often given little, if any, training to support students struggling with mental health issues. Removing the few mental health resources on campus during a global pandemic which

brings unprecedented stress and anxiety to students is particularly troubling.

The continued budget difficulties might not allow for the solution to be to hire more mental health workers. Instead this is an opportunity for child psychiatrists to develop collaborations with schools to meet these needs. As child psychiatrists we could provide consultation to schools or work to build bridges between schools and community mental health services. This is an opportunity to develop a collaboration that addresses previous and current needs.

Teachers Are Not Able to Check In With Students

Teachers serve as incredibly important gatekeepers who identify student mental health needs. They spend a lot of time building relationships with students and monitoring daily changes. In person, a teacher can frequently observe when a student isn't quite themself and seems particularly anxious, stressed, or depressed. A teacher can reach out to get a sense of what is happening and try to provide the resources they need. While school closures, online learning models, and socially distanced in-person classrooms have been necessary public health precautions, they have real impacts on a teacher's ability to serve as a screener of mental health concerns. The unfortunate reality is that when classes are online, or when students are masked, it is much more difficult, if not impossible, to identify these subtleties, leaving it largely up to the student to disclose if they are in distress. As child psychiatrists, we will often get this information in session from the student or a parent, which represents another opportunity to communicate with teachers regarding what to look out for, if the family allows.

Changes in Education Impact on Internalizing Disorders

We know that at-risk youth who report more positive connection to their schools endorse less severe symptoms of depression, social anxiety, and suicidal ideation,[5-7] but the online platform strains a student's relationship with school. The loss of connectedness and perceived loss of school support surrenders an important protective factor for vulnerable teens. Similarly, as the opportunities to develop social skills with peers and educators transitions online, children with underlying vulnerabilities like social anxiety are especially at risk for worsening symptoms and severity. Correlational data suggests children who substitute virtual interaction for in-person interaction "intensify their social impairments."[8]

School attendance is linked to longitudinal outcomes including opportunities for higher education, enhanced lifetime earning potential, improved risk aversion, and reduced death rates. Further, school attendance is a protective factor against negative mental and physical health outcomes.[9,10] However, online school poses new challenges to supporting school attendance. For example, families may not have reliable computer or internet access. When access is available, homes may be strained by the number of children requiring access. Of those who don't have internet access, 34% report this is due to it being too expensive, and this was before the financial strain of the pandemic.[11] However, even when a child can find themselves screen-to-screen with their educators, the ability to keep a child present in a distance learning classroom proves to be an obstacle. As child psychiatrists this presents an opportunity to advocate to schools when a child should go into school when the option is available, especially in school age children where data so far shows less transmission.[12] It is also important to be aware of resources, such as hubs, to provide to families, offering a more structured environment to participate in class.

Impact on Children With Attention-Deficit/ Hyperactivity Disorder and Learning Disabilities

Currently 9.4% of all children are diagnosed with ADHD and about 20% of all children have a learning disability.[13,14] Many of these students require extra support in school evidenced by the 14% of all students who have an Individualized Education Program (IEP).[15] With the pandemic, these students are now forced to sit in front of a screen, dealing with multiple distractions

at home, and not always able to get the same supports from their IEP. In a typical school environment, students struggling with executive function difficulties would at least have a structured day and a teacher present to provide assistance and redirection. In a virtual learning environment, students might have a mix of live learning and pre-posted videos or assignments, and are often asked to navigate multiple platforms and platform locations to find assignments. Students with ADHD already struggle with acquiring skills such as reading at level with peers; these new obstacles lead to missed assignments, worsening grades, and rising concern for how far behind these students will fall during this time of virtual learning.[16] Typically, these students would be supported with an IEP—more time for tests, a quiet space, more individualized education—but these educational supports might look different virtually then they did in person.[17]

As families are presenting to their health care providers expressing concern for new or worsening ADHD symptoms, there are increased difficulties in assessments. Teachers are no longer able to see their students in-person which, as we have seen, limits the teachers ability to fill out Vanderbilt assessments. Without the teacher assessment the specificity of the Vanderbilt forms decrease, leading to increased risk of over-diagnosis of ADHD.[18] Meanwhile, we have seen schools delay or be unable to perform much of the testing required to write new IEPs or reassess current IEPs without students physically in school. This is an opportunity for child psychiatrist to collaborate with the school to enhance supports while working virtually.

Disparities in Care

Pre-pandemic, challenges to school access were particularly prevalent in low income areas and frequently communities of color[19] and school absence rates were higher amongst students of color, students from economically disadvantaged families, and students with IEPs.[20,21] Major cities like Los Angeles identify similar populations as being "disproportionately negatively impacted" during the transit to distance learning.[22] Those who can have a parent sit with them to help redirect during online learning or can afford individualized support from supplementary educational programs may not be as negatively affected. Families who have the resources to advocate for their student's IEP to be modified to match the needs of online learning will have an increased chance of success. Meanwhile, the disproportionately higher number of students of color and in poverty that don't have these resources continue to fall behind.

Of further concern, students of color, students from lower income households, students with disabilities, and English language learners are disproportionately likely to need mental health services but lack access outside of school. For instance, the suicide rate amongst Black adolescents is increasing while access to services outside of school is decreasing.[23] A school is tasked with addressing the opportunity gap between the different populations it serves; to do so requires at least maintenance, and more likely expansion, of school-based mental health services.

Child Psychiatrists and Teachers Working Together in Response to COVID-19

The impact of the COVID-19 pandemic on education cannot be understated. As teachers, pediatricians, and a child psychiatrist, the authors of this article are seeing an opportunity for collaboration and system change to address these concerns. Technology and virtual communication offer an opportunity to collaborate and access data that was never available before.

Often, behavioral health providers have not been able to participate in IEP or 504 meetings due to challenges getting on-site or coordinating schedules, raising concerns that IEP recommendations may not reflect evidence-based practices to address a child's needs.[24] With virtual meetings, there is increased opportunity for participation by child psychiatrists to collaborate with educators. This might include discussions around the need for organization of all assignments into one place, reviewing signs of depression when a student is not participating, and much more. Even outside of IEP/504 meetings, there are opportunities to communi-

cate through email updates or teacher questionnaires. This increases the involvement of teachers in the diagnosis and treatment process for the students they know extremely well, and allows providers to share important red-flag signs and symptoms for teachers to monitor.

There are additional opportunities to get data quickly if students bring their computer in to an in person visit or screen share a virtual visit. A provider can review missed assignments, difficulties with individual assignments, and how the assignments are organized. This information provides specific data on why a student might be struggling.

As more visits occur virtually, there may even be opportunities to invite teachers or other school supports to participate in virtual mental health appointments with children and families, perhaps providing the most direct feedback to determine the impact of medication changes, need for different levels of service, and concerns that may be present in school but not home.

Conclusion

The pandemic has exposed disparities that exist in educational supports for children with mental health needs. School-based mental health supports have decreased, opportunities for teachers to be present with their students have diminished, risk of isolation and depression have increased, and children with ADHD and learning disabilities may have additional challenges. Even with these difficulties, through the use of previously unavailable or underutilized technology, we as child psychiatrists are presented with the opportunity to collaborate with schools in new ways to learn more from teachers about the needs of our patients. This is a chance to significantly impact the way that mental health interfaces at schools, and as child psychiatrists we need to work with teachers to cement these changes while the opportunity is here.

Take Home Summary

COVID-19 has lead to many changes in the way that school is conducted, especially for kids with psychiatric conditions. Due to the struggles teachers and child psychiatrists are facing in addressing the comorbidities of worsening mental health and school performance, there is an opportunity to partner together. Identifying ways to increase communication and collaboration will be essential in ensuring good care for these kids and will hopefully continue after the pandemic.

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