

## Burnout busters: 5 strategies to help school leaders combat pandemic fatigue

As COVID-19 persists amid other concerns, sharing leadership and maintaining self-care are among tips offered by principals and superintendents.

Published Aug. 18, 2021

By Katie Navarra

Burnout isn't a new concept for school leaders and staff, but prolonged uncertainty and intensity of the pandemic is pushing educators in all roles to reconsider their careers.

Results of a national survey of teachers released in April by Christopher Newport University found high levels of stress and varying degrees of anxiety. And an increasing rate of superintendent resignations and early retirements is a reminder of the toll of COVID-19.

“Superintendent positions have always been stressful, but it has been unrelenting for a year-and-a-half,” said Superintendent Ken Wallace from Maine Township High School District 207 in Illinois. The district is about 30 minutes from Chicago and serves nine communities through three high schools.

“It doesn't give you time to breathe. There is only so much any one human can stand of unrelenting pressure before reaching a breaking point,” said Wallace.

Gwendolyn Taylor, principal of Huntington Middle School in Perry, Georgia, adds that the constant presence of technology has compounded the stress that leads to feelings of burnout. Devices created 24/7 access to the school and principals where families can call anytime.

“No principal ever wants to turn a student or family away in need, and so most principals struggle not answering the phone call or email immediately to support our communities,” she said.

The effects of overwhelming stress that lead to burnout pose health risks for the individual. This also has larger implications for schools as it relates to staffing.

“In November, and in the spring, we had multiple days in which our building of 800 students nearly shut down due to substitute

shortages,” said Brian E. Cox, principal of Johnson Junior High School in Cheyenne, Wyoming.

With the delta variant and the dramatic rise in cases across the country, the coming school year will likely be challenging. While many things remain out of school leaders’ control, these strategies can help battle burnout.

### **Distributive leadership**

Administrators often feel like they are carrying the “weight” of the school (and community) on their shoulders. But they are surrounded by a team of fellow leaders who bring specific skill sets and lessen the burden. Cox tapped into insights from staff and students to discover the most significant pain points. Out of that collaboration the school began offering mental health services after hours.

“As a principal, you do not have to have all of the answers. You need to be able to ask the right question, which guides the thinking of your staff,” said Cox. “Utilizing teachers with very specific skill sets, we were able to address key topics of concern that arose. Combined, they become an unstoppable force that even COVID was unable to best for our families.”

Cox also worked with counselor Kristen Burnett to create short mindfulness newsletters for staff. The goal was to help reduce call-ins. When many people become stressed, they say they are in need of a mental health day. This can quickly result in a sick day, which can lead to staffing shortages.

“Self-care is not skipping out on work to heal mentally,” Cox said. “Self-care is the incorporation of healthier practices into your life that reduce stress. Working with our staff to be mindful of how they are doing and ways to create true self-care instead of procrastination was critical.”

### **Stay connected**

Burnout is isolating. The natural tendency with burnout is to isolate and withdraw. The superintendent position can be difficult and lonely in the best of times, according to Wallace, and he adds that COVID intensified those feelings tenfold.

His solution: to actively engage and connect.

On Twitter, he launched Project 3x3. Through this initiative, he checked in with three connections via tweets and encouraged others to do the same to amplify the benefits.



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“It was a necessary and cool thing to witness with people checking in and supporting one another,” he said. “Our state superintendent association has also been really good with weekly check-ins.”



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### **Do not disturb**

Administrators like to stay ahead of the game, but the pandemic pushed work-home boundaries to unprecedented levels. Sabreen Mutawally, assistant principal at Page High School in Greensboro, North Carolina, said she often found herself checking and responding to emails first thing in the morning or as she laid in bed at night, which ultimately led to a lack of sleep and feelings of anxiety and frustration.

“Setting your email accounts, including work and personal, on ‘do not disturb’ outside of work hours was huge. You can also use this setting or the ‘bedtime mode’ feature on your phone to silence all notifications before bed,” said Mutawally. “We must honor ourselves, peace of mind and safe space by separating work from home.”

### **Pace yourself**

As an “ultramarathoner,” Cox uses the sport to draw analogies to his role as a principal. Runners do not start a 100-mile race thinking about the last 10 miles. The thought of it will cripple even the strongest mind.

Instead, athletes think of the next mile, and then the next, and then the next aid station — and before they know it, they are nearing the completion of a race that seemed too much to comprehend. Pacing is a critical strategy for managing burnout.

“This past year was the educational equivalent of a 100-mile race. You needed to know that you had a crew supporting you,” Cox said. “You needed to know that there would be aid stations along the way to refuel and rehydrate. You needed to know that you had a pacer in your administration that would help guide you, speeding you up or slowing you down at times to keep you as constant as possible for your benefit.”

One way he paced himself was through using feedback from climate surveys and informal communications to gauge student, staff and parent pressures. That feedback has allowed for changes to temper or deflect other stressors from reaching them efficiently.

### **Put yourself first**

## Burnout Vs. Compassion Fatigue

**Burnout** (or **occupation burnout**) is a psychological term referring to a general exhaustion and lack of interest or motivation regarding one's work.

**Compassion fatigue**, also called **vicarious trauma**, refers to the negative emotions that individuals feel from helping others at work. This is most common in "helping professions", including first responders (e.g., counselors, crisis advocates, social workers, police officers, fire fighters).

Compassion fatigue consists of two parts: **burnout** and **secondary traumatic stress**. *Burnout* refers to the slow onset of feelings of hopelessness and that one's work has little positive impact. *Secondary traumatic stress* refers to the rapid onset of symptoms that mirror posttraumatic stress disorder, such as nightmares, difficulty sleeping, and flashes of intrusive images and/or thoughts, due to secondary exposure to extremely or traumatically stressful events. There are many symptoms of compassion fatigue, as shown below.

The difference between compassion fatigue and burnout is their origin. More specifically, compassion fatigue originates from dealing with victims of trauma, and burnout originates from occupational stress and being overworked.

Symptoms of Compassion Fatigue	
Personal Symptoms	Examples
Physical	Headaches, fatigue, or weakened immune system
Emotional	Feeling powerless, anxiety, helpless, or distressed
Behavioral	Increased irritability, changes in appetite and sleep, hypervigilance, or being easily startled
Spiritual	Loss of purpose and meaning or questioning the good in the world
Cognitive	Diminished concentration, pessimism, inattention, or recurrent or unwanted thoughts
Relational	Withdrawn or isolated from friends or family or distrust of friends or family
Workplace Symptoms	Examples
Performance	Decreased quality of work, low motivation, or forgetfulness
Morale	Decreased confidence, loss of interest or apathy, feeling undervalued and unappreciated, being disconnected, or reduced compassion
Relational	Detached and withdrawn from colleagues, increased conflict or impatience with colleagues or clients
Behavioral	Calling out of work, arriving late, or general irresponsibility

# BROOKINGS

[Brown Center Chalkboard](#)

## How much do teachers struggle with stress and burnout?

[Seth Gershenson](#) and [Stephen Holt](#) Tuesday, February 8, 2022

There's long been a perception—even before COVID-19—that schoolteachers are perpetually stressed and on the verge of burning out. Teaching is, without question, a challenging profession. The nature of the work is uniquely challenging, and many facets of the job are outside of teachers' control—namely, the experiences that students bring to class. And those facets that teachers can control, like lesson preparation and good classroom management, require long hours of managing emotions during the workday and extra, uncompensated effort at night.

Stories in popular media frequently tell these stories with a narrative arc that portrays teaching as a Sisyphean task. [One such story](#), “Hey, New Teachers, It’s OK To Cry In Your Car,” caught our attention years ago due to the vivid description of a rookie teacher hitting her breaking point just a couple months into the school year. Listening to the story, we wondered if teaching really differed from other professions in terms of mental health issues, or if everyone’s similarly stressed out in an increasingly fast-paced, cynical world.

### Exploring perception and reality

Does the perception that teachers are uniquely stressed out match the reality? Has mental health worsened over time? And how are trends in mental health different for teachers than similar nonteachers? With Rui Wang of Shanghai University of Finance and Economics and support from the Spencer Foundation, we [answered these questions](#).

We use nationally representative survey data from the [National Longitudinal Surveys of Youth](#) (NLSY) that tracks two cohorts of young adults as they age. The NLSY 79 sample includes roughly 13,000 respondents who were aged 14-22 when first interviewed in 1979; it assessed mental health in follow-up interviews in 1997, and at ages 40 and 50 for participants. The NLSY 97 sample includes roughly 9,000 respondents aged 12-17 when first interviewed in 1997; it assessed mental health in five different follow-up interviews spanning 2004 and 2015.

With these survey responses, we establish some basic facts about teachers' mental health:

1. In the 1979 cohort, women who became teachers had similar mental health to college-educated nonteachers *prior* to entering the profession. This suggests differences between teachers' and nonteachers' mental health are not due to pre-existing differences. We find no evidence that women with better (or worse) mental health than their peers opt for teaching as a profession.
2. While teaching, educators appear to enjoy slightly *better* mental health, on average, than their nonteaching, college-educated peers. This is not to say that teachers experience no stress, but that their stress levels are no worse—and perhaps even better—than college-educated women in other professions.
3. Regarding changes over time, in the 1997 cohort, teachers self-report *worse* mental health, on average, than their counterparts in the 1979 cohort. Yet, there is no significant difference between teachers' and nonteachers' mental health measures in the 1997 cohort—so it appears everyone has more stressors over time, and the decline in mental health is not unique to teaching.

These findings suggest that concerns about mental health, stress, burnout, and work-life balance are universal, and not unique (or uniquely pressing) in the teaching profession. A team at University College London [has been studying similar questions](#) in Europe and reached similar conclusions. This doesn't mean that we should ignore teachers' concerns, of course. Everyone needs to be in

good mental and physical health to do their job well. And in the case of teaching, there's a lot we can do to ease their workload, boost their morale, and provide supports that enable teachers to be their best selves in the classroom.

## **Teacher stress and mental health in the 2020s**

A major limitation is that all of this research predates the pandemic. Alongside their role as educators, COVID-19 put teachers on the frontlines of managing ever-changing public health guidance and forced an abrupt pivot to remote instruction for prolonged periods of time. The dual burden has re-ignited concerns about teachers' mental health, workloads, and what this means for the future of the teaching force.

As the pandemic and efforts to control it continue, teachers face unprecedented work-related stress, for sure. Recently, a [survey released by the Alberta Teachers' Association](#) made headlines with the striking result that one-third of surveyed teachers said they were not sure they'd return to the classroom next school year. In the U.S. context, a recent [survey](#) conducted by the RAND Corporation finds a notable increase (almost 50%) in the share of teachers who say they might leave the profession at the end of the current school year, compared to pre-pandemic survey results. In addition to concerns about mass departures, stress hinders the effectiveness of those who remain in the profession. Protecting and maintaining a robust workforce of effective teachers necessitates helping teachers in developing the tools and skills for managing workplace stress. But first, we need to understand the sources of workplace stress.

As if keeping schools operational during a pandemic wasn't stressful enough, keep in mind that teachers have had to confront [the ripple effects of extreme political polarization in the U.S.](#) in recent years as well. Teachers now find themselves in the center of conflicts over mask and vaccine mandates, how to teach about racial issues in social studies and history, and a nonstop cycle of current events that continue to raise the salience of both deep partisan divisions and racial inequities.

The need to address these [controversial topics](#) with students, with increasing interference from parents, has undoubtedly made an already difficult job that much more challenging. And, since public schools are a safety net institution in the U.S.—often providing children multiple meals per day and their primary access to technology—teachers, [especially those in preschool and day-care centers](#), have also been tasked with helping students navigate pandemic impacts on basic needs while experiencing their own pandemic-related hardships. In short, America's contentious political climate and ongoing pandemic have simultaneously increased teachers' workloads—and work-related stress.

## **New podcast turns spotlight onto teachers' workloads**

To help parents, school leaders, policymakers, and teachers understand and confront these challenges, we created a five-episode podcast called "[Mind the Teacher](#)," with support from the Spencer Foundation and American University's School of Public Affairs. In it, we speak to a range of experts including educators, researchers, and journalists about identifying and addressing problems related to teachers' mental health.

Our main takeaway is that mental health is an important, and too often overlooked, aspect of our lives. This is true for everyone: teachers and nonteachers, parents and students. The global pandemic has shone a spotlight on the importance of, and inequities in, mental health. It's also made the broader public, including parents, more aware of the challenges that teachers face, and the hard work they do, on a daily basis. While mental health concerns are not unique to teachers, teachers play a hugely important role in society, and their concerns must be addressed.

There's a lot that school leaders, policymakers, and community stakeholders can do to support teachers. Some of these lessons come from the general psychology literature on workplace mental health, some come from listening to teachers, and some are just common sense.

There's no silver bullet here. Rather, our reading of the literature suggests a [two-pronged approach](#), with both individual-facing interventions and organizational-level changes. Teacher-directed interventions may include [increased pay](#) or programs that provide free counseling. Other teacher-facing interventions that have been shown to lift teacher morale include [mindfulness training](#), peer mentorship, and [coaching programs](#). School leadership might consider allowing teachers more autonomy, input on policy issues, planning and preparation time, and paid personal/mental health days. Decision-makers can free up valuable teaching capacity by providing grading assistance, reducing class sizes, and employing more counselors, social workers, and supervisory administrators.

At the organizational level, interventions should focus on quality, supportive leadership, access to free or affordable health care (including mental health care), and systematic policies to ease teachers' workloads. And leadership should recognize racial and socioeconomic disparities and design support systems that alleviate the historical stresses on Black and other marginalized teachers.

Ultimately, many aspects of workplace stress stem from anxiety about being effective at work. Teachers, like many other professionals, want to be effective in their jobs and suffer from increased stress, anxiety, and depression when they know they aren't at their best or are not receiving needed support. Both the individual- and organization-level approaches outlined here share a recognition that teachers' mental health is inextricably linked to feeling supported and effective in the classroom—and that means giving teachers the dedicated time, space, and resources they need.

At the end of the day, public schools play a fundamentally important role in society, and teachers play a fundamentally important role within schools. It's a difficult job made even tougher by the pandemic. We should fully support teachers and their mental health, as they can't do their best work—and ensure that our students reach their full potential—when they're suffering from chronic fatigue, pressure, and stress.

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**Authors' note:** *If you've read this far, we hope that you'll give "[Mind the Teacher](#)" a listen. All stakeholders should find this to be a useful resource. Episodes are available on [Apple](#) and [Stitcher](#), and can also be streamed from [American University's website](#); the latter also offers transcripts and links to the research referred to in each episode.*

#### **Brown Center Chalkboard**

The Brown Center Chalkboard launched in January 2013 as a weekly series of new analyses of policy, research, and practice relevant to U.S. education.

In July 2015, the Chalkboard was re-launched as a Brookings blog in order to offer more frequent, timely, and diverse content. Contributors to both the original paper series and current blog are committed to bringing evidence to bear on the debates around education policy in America.

[Read papers in the original Brown Center Chalkboard series »](#)

MAY 2021

# Mental Health Impact of the COVID-19 Pandemic on Teachers and Parents of K-12 Students

Monitoring School COVID-19 Prevention Strategies Project:  
Triangulated Report





# Project Background

To make informed decisions, public health, schools, and elected officials need more timely, actionable, and school-specific data to help successfully prevent the spread of COVID-19 in K-12 settings and to make sure schools can reopen, and stay open, safely.

The CDC Foundation, in partnership with Deloitte and technical assistance from the Centers for Disease Control and Prevention (CDC), launched the Monitoring School COVID-19 Prevention Strategies project to collect data on the impact of COVID-19 on the social, emotional, academic, and mental health of the K-12 community. Through multiple data collection methods, the aim of the project is to collect, analyze, and disseminate near real-time data to:

- Help school districts and community members (e.g., superintendents, principals, teachers, parents, students) make **actionable, informed, data-driven decisions** to prevent the spread of COVID-19 in K-12 settings
- Characterize **policies, practices, and interventions** to support implementation of school COVID-19 prevention strategies
- Build awareness around **successes and challenges** related to COVID-19 in K-12 settings
- Understand **social, emotional, academic, and mental health** impacts on school communities



Parent helping a child get ready for school

# Report Overview

## Purpose

The purpose of this report is to triangulate data across several data collection methods and respondent groups to better understand how COVID-19 is impacting the mental health of K-12 teachers and parents of K-12 students across the U.S. The goal is to inform decisions and improve support to help schools reopen and stay open safely.

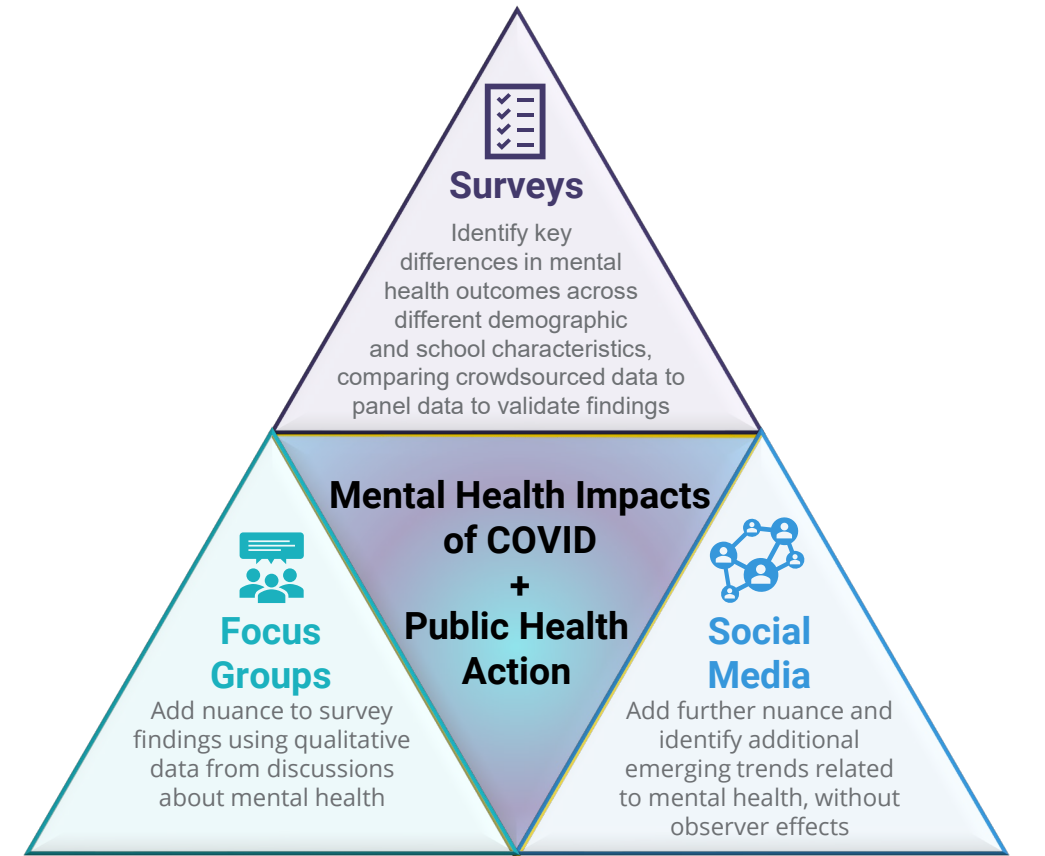
## Audience

This report is intended to be used by public health professionals, school policy makers, and the school community to better understand mental health related impacts and experiences related to COVID-19 in K-12 settings.

## Focus

The report summarizes findings related to answering the following guiding questions:

1. What are the mental health **impacts** of COVID-19 on students, parents, and school staff?
2. What **factors** influence mental health for parents and school staff?
3. How do these impacts **differ** by mode of learning and other key demographics?



Triangulation Approach

# Data Sources

The project approach uses data from multiple collection modalities to validate and provide nuance to key findings



Cross-sectional online surveys\*

### Crowdsourced (Pollfish)

Teachers and parents of students reported on their overall mental health

- n= 643 teachers (2/24/21 – 3/03/21);
- n = 1,497 parents of K-8 students (2/24/21 – 2/27/21)
- n = 1,499 parents of K-12 students (2/24/21 – 2/27/21)

### Web panels (Qualtrics)

Parents of students reported on a variety of topics related to COVID-19 and reopening schools safely

- n = 4,039 parents of K-12 students (3/2/21 – 3/10/21)
- n = 1,842 teachers of K-12 students (3/3/21 – 3/31/21)



Focus groups

### Parents of children with special education needs (March 2021)

Parents shared their experiences navigating school instructional models and accessing services for their children with special education needs during the COVID-19 pandemic. (4 participants)

### Teachers (March 2021)

Teachers shared challenges and successes related to teaching, implementing COVID-19 prevention strategies, and impacts on students and themselves during the pandemic. (6 participants)

### Superintendents (March 2021)

Superintendents shared their experiences reopening and/or closing school districts during the pandemic and impacts on students and staff. (5 participants)



Social media listening

### Public Online Conversations

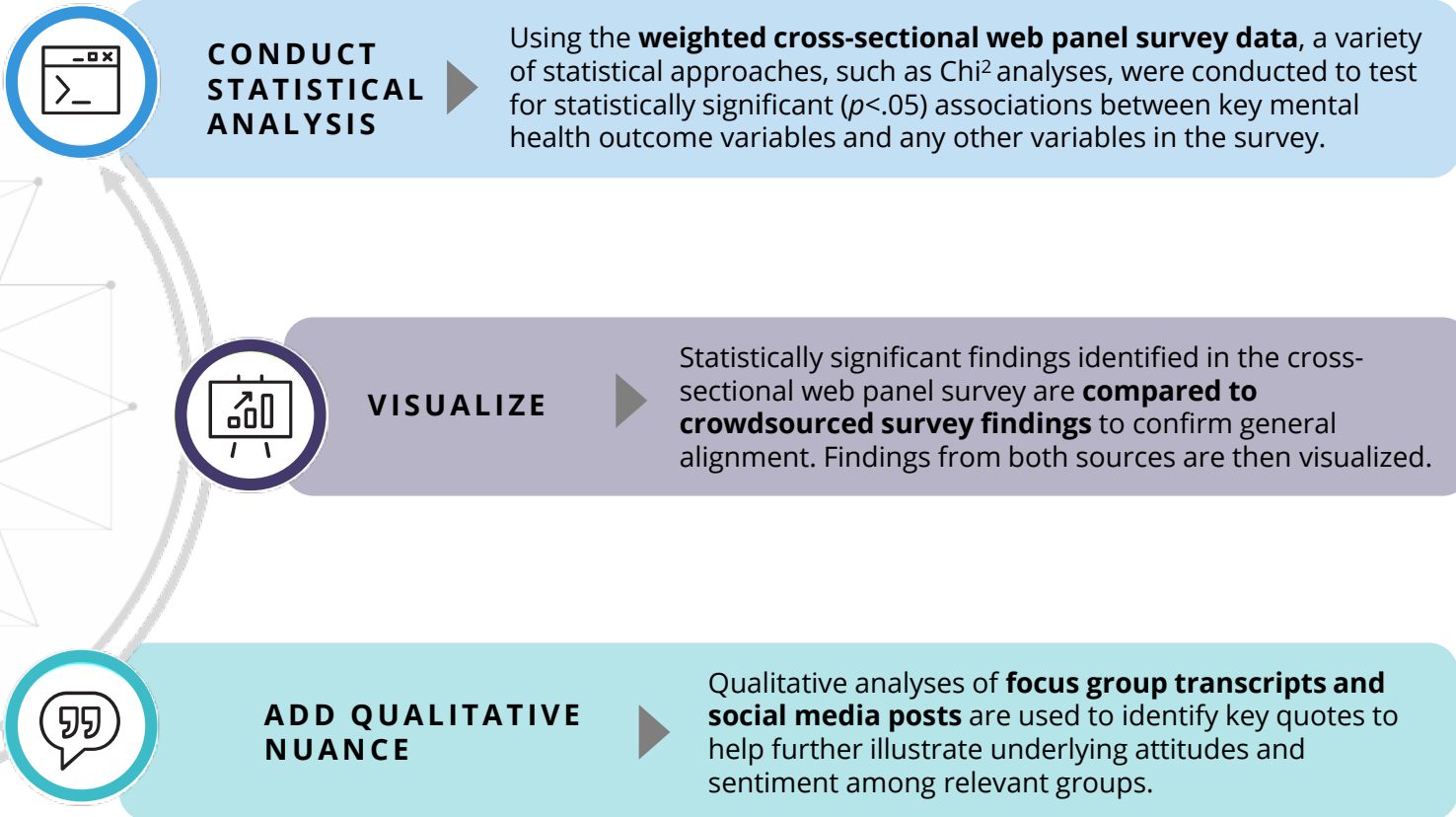
Data sourced from public posts from Twitter, Facebook, Instagram, YouTube, Reddit, forums, blogs, reviews, and WordPress; using key words relating to mental health and schools

- n = 229,171 public mentions collected via a custom mental health query
- Date Range: 1/1/21 – 3/28/21

\* The results included in this report reflect weighted data from the Web Panel surveys. However, findings shown were also validated by the crowdsourced data, where available. Parent data was weighted for calibration and distribution, but teacher data was not weighted using population totals, pending weighting data from NCES.

# Process for Identifying Key Findings

The project used a step-by-step standard process for revealing insights and triangulating across data collection methods



## NOTES AND LIMITATIONS

The research team acknowledges several important caveats to this data affecting interpretation, including:

### LIMITATIONS

- Due to the cross-sectional design, analysis cannot determine causal relationships due to temporality bias.
- Panel participants may not be representative of the populations of interest (all parents or teachers) which affects the generalizability of results.
- As all surveys were collected through a web-based platform, results from individuals with limited or no internet access may be under-represented.
- As results are based on self-reported data, biases such as self-selection, social desirability, and misclassification may impact findings and limits the generalizability of results.

### NOTES

- Post-collection data processing, cleaning (to ensure responses are in line with skip and logic patterns), and imputation (to correct for incomplete item responses) were conducted on the cross-sectional web panel survey data.
- This report does not include student self-reported mental health outcomes (which is forthcoming), only parents, teachers, and administrators.



# Summary of findings

# Overview

Based on analysis across data collection methods, there were several significant factors ( $p < .05$ ) associated with mental health for parents and teachers. The following pages provide details on each finding below.



## PARENT MENTAL HEALTH

*Overall, parents of K-12 students may be experiencing slightly higher levels of mental health distress based on pre-pandemic national estimates.*

- **16%** of parents report that their mental health was poor for 14 or more days in the past month
- Overall proportion of those with frequent mental health distress may be **slightly higher than pre-pandemic national averages**<sup>1</sup> of all adults

### Mental health impact of COVID-19

- Parents whose **child knows someone who is high-risk** for severe illness from COVID-19 have higher proportions of mental health distress
- Parents who **do not believe the COVID-19 vaccine has been adequately tested** experience mental health distress at higher proportions

### Factors influencing mental health

- Parents experiencing **involuntary unemployment and lower incomes** more likely to experience frequent mental distress than other parents
- Higher levels of **community satisfaction** are related to less frequent mental health distress in parents

### Disparities in mental health impact across groups



## TEACHER MENTAL HEALTH

*Teachers' mental health has been affected by new instructional challenges and barriers to implementing COVID-19 prevention measures.*

- **27%** of teachers self reported symptoms consistent with **clinical depression** and **37%** self reported symptoms consistent with **generalized anxiety**
- **53%** of teachers say they are thinking of **leaving the profession** more now than they were before the pandemic (February 2020)
- **19%** of teachers **started or increased alcohol use** to deal with stress during the pandemic

- Teachers who report **more difficulty focusing on their work** now as compared to before the pandemic were more than **twice as likely** to report mental health distress
- Teachers with **difficulty implementing COVID-19 prevention measures** also report experiencing symptoms of **depression and anxiety** at higher proportions

- Teachers reporting that their students are still **100% virtual** as of March 2021 had **higher rates of depression and anxiety** symptoms than other teachers

# Public Health Implications

Based on the mental health findings in this report, there are several ways that that stakeholders and partners across the school community can take action and improve mental health of teachers, parents, and students



## Mental Health Services and Resources

- Support a comprehensive employee assistance program (EAP) to address teacher mental health challenges.
- Advance professional development (PD) opportunities to help teachers and school mental health professionals identify and address student mental health needs.
- Increase access to mental health resources and services for parents, teachers, and the entire school community to address mental health challenges created or exacerbated by the COVID-19 pandemic.
- **CDC Resources:** [COVID-19 Parental Resources Kit](#), [Coping with Stress](#)



## Workforce and Workload Considerations

- Support retention strategies and flexible work options to reduce teacher turnover.
- **CDC Resources:** [Teachers and Staff Resuming In-Person Learning](#), [Employees: How to Cope with Job Stress and Build Resilience During the COVID-19 Pandemic](#)



## Addressing Disparities

- Address socioeconomic disparities; linked to adverse mental health outcomes for parents (and students).
  - Develop public and private partnerships to address unemployment, transportation, and food insecurities.
  - Engage state and local health departments to assist parents and students, including access to free or low-cost behavioral health care.

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# Parent mental health findings

Survey findings in this section come from the weighted Qualtrics web panel data unless otherwise noted (see slide 4 for details)





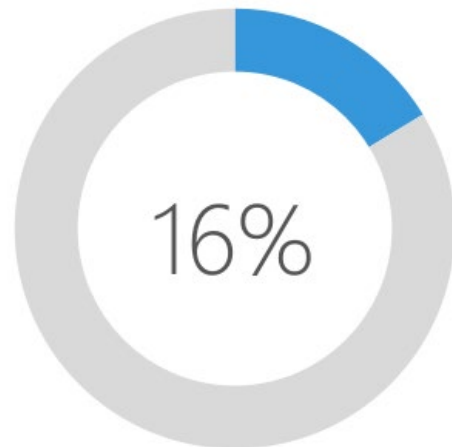
# Impact of COVID-19 on parent mental health

Parents of K-12 students report levels of mental health distress that may be slightly **higher than pre-pandemic national averages**

## SURVEY FINDINGS

### Proportion of parents experiencing frequent mental distress

N=56,205,228 parent respondents (weighted)  
"Don't know" responses excluded



**16% of parents** reported experiencing **frequent mental health distress** (14 or more days of poor mental health in the past month).<sup>1</sup>

The overall proportion of **frequent mental health distress** found among parents here is slightly higher than the 2018 BRFSS estimates\*, which show approximately **13%** of US adults report experiencing poor mental health on 14 or more days in the past month.<sup>2</sup>

## FOCUS GROUP INSIGHT

**"Parents are overwhelmed.**  
They're really, really overwhelmed  
and so **burnt out.**"

-Teacher on the impact of COVID-19 on parents of students attending school virtually

<sup>1</sup> Centers for Disease Control and Prevention (CDC). Measuring Health Days: Population Assessment of Health-Related Quality of Life. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2020.

<sup>2</sup> Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2018.

\*Results presented only included parents while BRFSS includes all adults,



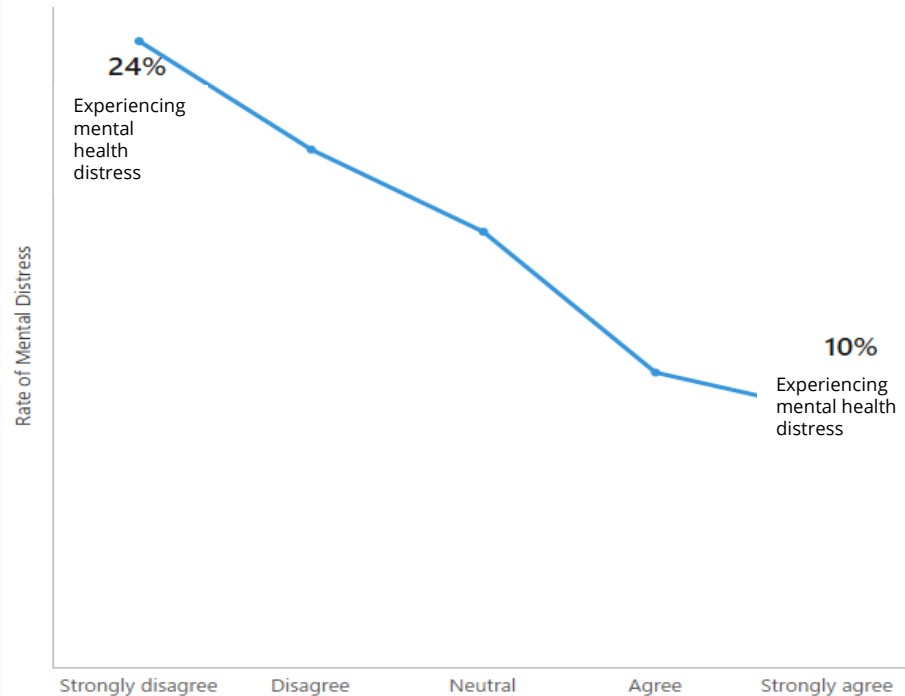
# Factors influencing parent mental health

**Attitudes toward the safety of the COVID-19 vaccine** are associated with parents' levels of mental health distress

## SURVEY FINDINGS

### Rate of frequent mental health distress among parents, by opinion on COVID-19 vaccine development

N=56,205,228 parent respondents (weighted)



How much do you agree or disagree with the following:  
The COVID-19 vaccine has been tested enough

Parents were asked to indicate how much they agree or disagree with a series of statements related to the COVID-19 vaccine.

**Parents who strongly disagree with the statement “the COVID-19 vaccine has been tested enough” were more likely to report more frequent mental health distress** as compared to parents who were more comfortable with the amount of testing.

## SOCIAL MEDIA LISTENING

Parents **expressing skepticism or worry** about the COVID-19 vaccine mention **side-effects**, a **lack of testing**, and **fear of government control** as reasons they're vaccine hesitant.

Parents supportive of the vaccine **view the vaccine as a way out of the pandemic** and mention existing vaccination requirements for schools, social responsibility, and a **desire to resume 'normal' operations** as factors in their support of the vaccine.



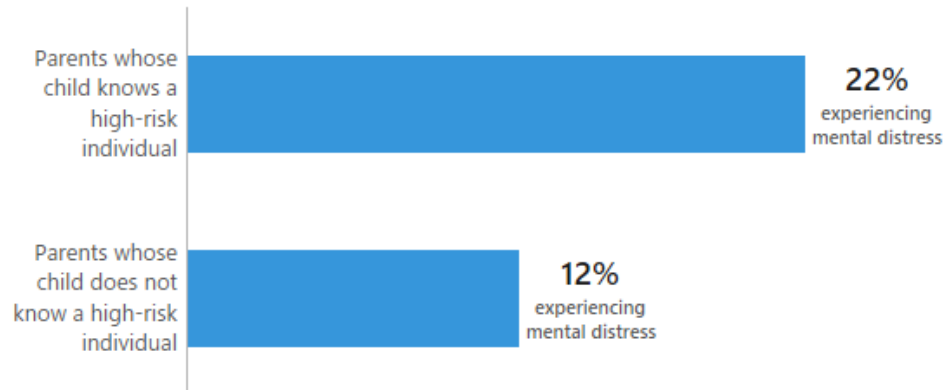
# Factors influencing parent mental health

Parents who indicated **that their child knows a high-risk individual** experience **frequent mental health distress at higher rates** than other parents

## SURVEY FINDINGS

### Frequent mental health distress among parents is more likely when the child knows a high-risk individual

Weighted N=56,205,227 parents of K-12 students



The proportion of frequent mental health distress among parents who report that their child knows a high-risk individual is **double** that of parents whose child does not know a high-risk individual

**Note:** Parents were asked if their *child* knows a person with a health condition that puts them at higher risk of serious complications if they contract COVID-19. It is possible that the high-risk person could be the parent or themselves, which may partially explain the higher rates of mental distress.

## SOCIAL MEDIA LISTENING

Parents posted on social media to voice their hesitations with schools **reopening too quickly**, with many noting that they have specific concerns with their children and other relatives with **preexisting conditions** going back to in-person schooling.

Parents with relatives or children with preexisting conditions **support a continuation of remote learning availability until all school staff have been vaccinated for COVID-19.**



FINDINGS: PARENT MENTAL HEALTH

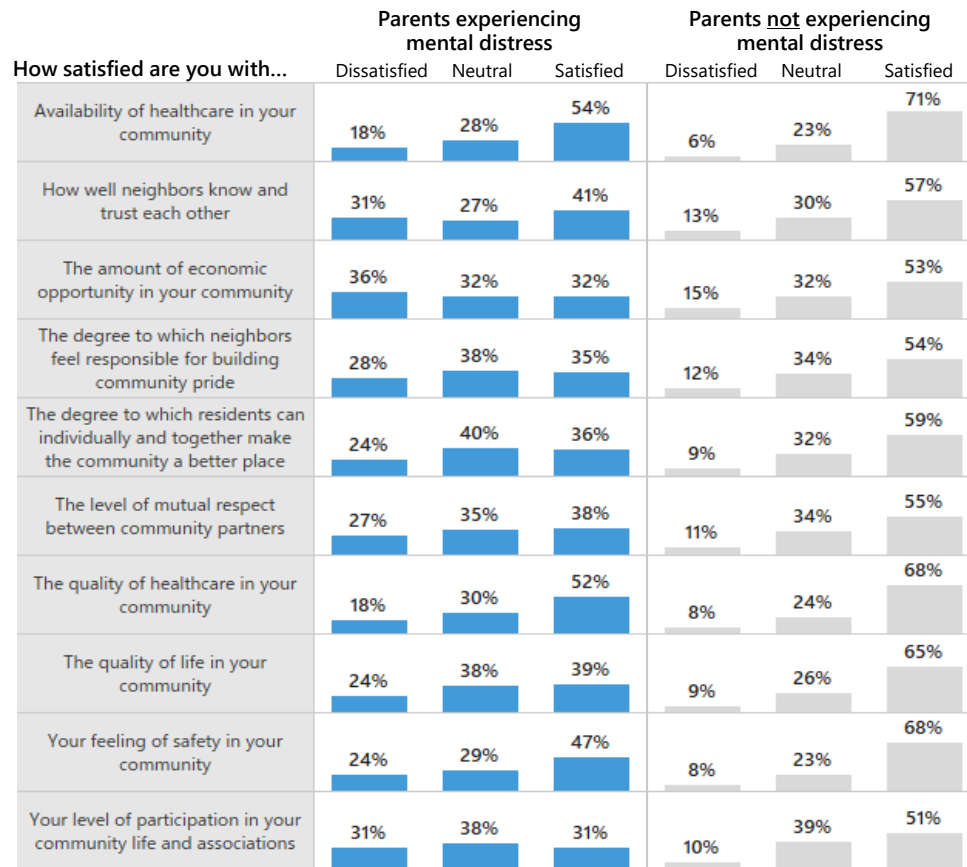
# Disparities in parents' mental health

Parents with lower levels of **satisfaction with various aspects of life in their community** report mental distress at higher rates

## SURVEY FINDINGS

Community satisfaction among parents experiencing mental health distress vs. parents not experiencing mental health distress

Weighted N=56,205,228 parents of K-12 students



Parents experiencing mental health distress reported lower levels of satisfaction with community life.

## FOCUS GROUP INSIGHT

“We have trouble finding people and qualified people, because we are very **rural**...Everybody was just happy with what was here and there's nothing here, **even now, and in 2021 there's like really nothing here**...We have no child occupational therapists in our town. **We have to drive at least an hour to get services for our kids**...Even in the schools...we get bare minimum services, and our leading functional behavior person just died from COVID.”

-Parent of a student with special education needs commenting on access to school-based services in her rural area

## SOCIAL MEDIA LISTENING

On social media, some parents **expressed their fears about schools reopening too quickly**, with others **suggesting each household should decide** for their kids. Often, **the level of community spread, and pending teacher vaccinations** were noted as major concerns and factors.



## FINDINGS: PARENT MENTAL HEALTH

# Disparities in parents' mental health

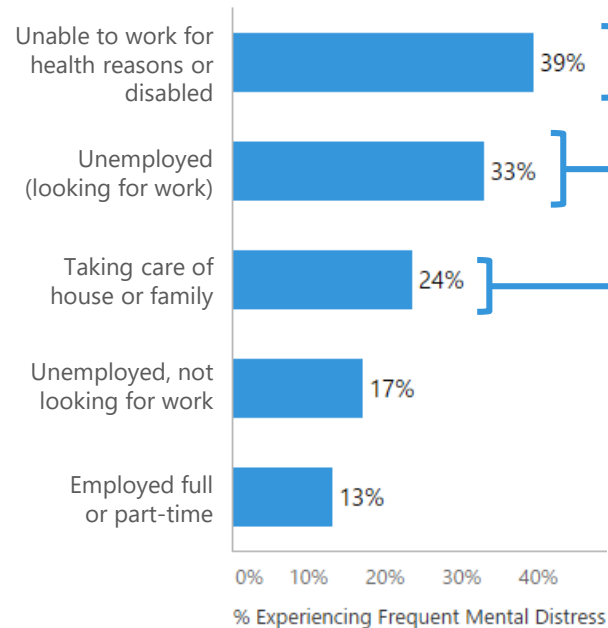
Frequent mental health distress was more commonly reported by unemployed parents looking for work or unable to work due to health reasons or disability

## SURVEY FINDINGS

### Percentage of parents experiencing frequent mental distress, by employment status

Weighted N=56,205,228 parents of K-12 students

Respondents who answered "other" or "retired" hidden from view due to small cell counts



Reported frequent mental health distress among parents who are unable to work for health reasons is **aligned with the pre-pandemic national estimate of about 37%** for this group. The proportion reporting frequent mental health distress is high relative to other parents, but not significantly different from previously observed rates.

The proportion of **involuntarily unemployed** parents experiencing frequent mental health distress (33%) is markedly **higher than the pre-pandemic national estimate (22%)** for this group.<sup>1</sup>

Compared to pre-pandemic national estimates, **those taking care of the house or family** appear to be experiencing **higher** proportions of frequent mental health distress. 2018 BRFSS estimates indicate that approximately 12% of those taking care of the house or family were distressed,<sup>1</sup> compared to 24% of those surveyed in this study.

## FOCUS GROUP INSIGHT

"In our county, a lot of the parents are **essential workers**... Many of our families also dealt **with high levels of unemployment because of this pandemic**, so we understood the challenge..."

- Superintendent on the challenges of parents within his district caring for their children during the pandemic

## SOCIAL MEDIA LISTENING

Many parents, including teachers with children, voiced their **struggle to balance remote work while helping their kids with virtual learning**.

Others noted the **unique toll placed on unemployed parents** with kids participating in virtual learning.

<sup>1</sup> Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2018.

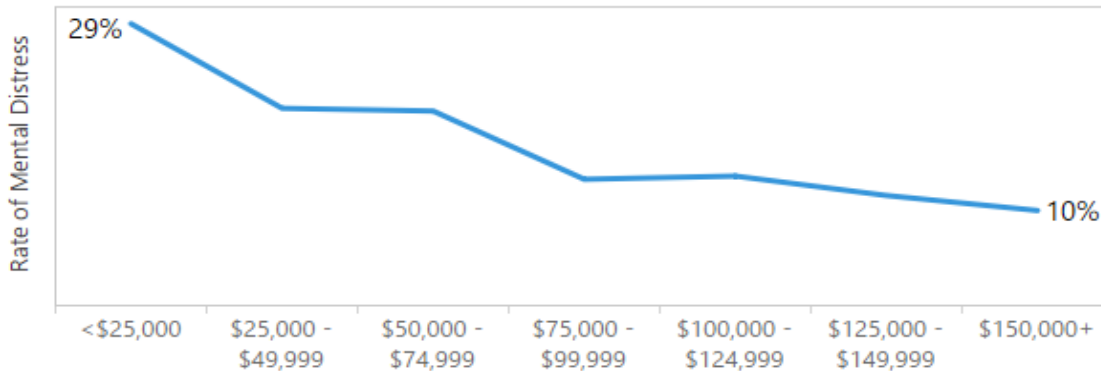
# Disparities in parents' mental health

Proportions of frequent mental health distress among parents tend to **decrease** as income **increases**

## SURVEY FINDINGS

### Rates of Parent Mental Distress by Income Level

Weighted N=56,207,069 parents of K-12 students



Parents in the lowest income group reported experiencing more frequent mental health distress **three times as much of those in the highest income bracket.**

This general trend is aligned with pre-pandemic national estimates, but with slightly higher rates of mental health distress overall.<sup>1</sup>

## PRE-PANDEMIC NATIONAL ESTIMATES<sup>1</sup>

		Income < \$10,000	\$10,000 <= Income < \$15,000	\$15,000 <= Income < \$20,000	\$20,000 <= Income < \$25,000	\$25,000 <= Income < \$35,000	\$35,000 <= Income < \$50,000	\$50,000 <= Income < \$75,000	Income >= \$75,000
Calculated variable for 3 level not good mental health status (_MENT14D)									
14+ days when mental health not good	n	4,553	4,187	4,921	5,184	4,861	5,235	4,931	7,471
	Row%	10.5% (9.9 - 11.0)	8.7% (8.2 - 9.2)	11.4% (10.8 - 12.0)	12.7% (12.0 - 13.4)	11.2% (10.6 - 11.8)	12.6% (12.0 - 13.3)	12.2% (11.5 - 12.8)	20.7% (19.9 - 21.5)
	Col%	25.1% (23.8 - 26.4)	23.1% (21.8 - 24.4)	20.6% (19.6 - 21.6)	18.3% (17.3 - 19.3)	14.2% (13.5 - 14.9)	12.6% (12.0 - 13.3)	10.3% (9.7 - 10.8)	7.4% (7.1 - 7.7)
	%	1.3% (1.3 - 1.4)	1.1% (1.1 - 1.2)	1.5% (1.4 - 1.5)	1.6% (1.5 - 1.7)	1.4% (1.4 - 1.5)	1.6% (1.5 - 1.7)	1.6% (1.5 - 1.6)	2.6% (2.5 - 2.8)
	Weighted N	2,804,606 (2650808 - 2958405)	2,340,341 (2202507 - 2478175)	3,060,919 (2892693 - 3229145)	3,396,554 (3191294 - 3601814)	2,992,302 (2831244 - 3153359)	3,382,596 (3190710 - 3574482)	3,254,534 (3069218 - 3439850)	5,528,206 (5285953 - 5770460)

<sup>1</sup> Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2018.

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# Teacher mental health findings

Survey findings in this section come from the weighted Qualtrics web panel data unless otherwise noted (see slide 4 for details)



## FINDINGS: TEACHER MENTAL HEALTH

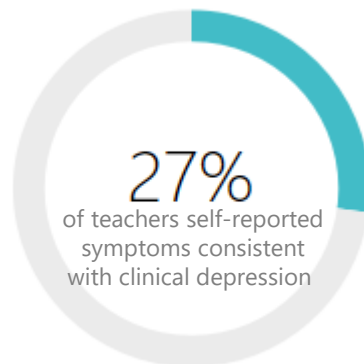
# Impact of COVID-19 on teacher mental health

Teachers reported **experiencing anxiety and depression**, as well as **increased use of substances** to cope with stress since the start of the pandemic

## SURVEY FINDINGS

Proportion of teachers who meet clinical criteria for possible depression, based on self-reported PHQ-2 screener responses

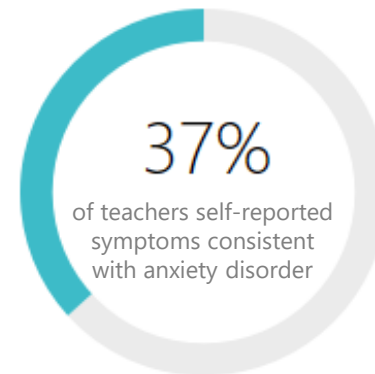
Unweighted n=1,842 teachers



Data collected via Qualtrics online survey platform, March 2021  
Respondents are considered to be at risk for depression or warranting further screening for possible depression based on responses to 2 screening questions from the validated Patient Health Questionnaire-2 (PHQ-2), which asks about frequency of depressive symptoms over the past 2 weeks.  
Citation: Kroenke K, Spitzer RL, Williams JB. The Patient Health Questionnaire-2: Validity of a Two-Item Depression Screener. Medical Care. 2003; 41:1284-92.

Proportion of teachers who meet clinical criteria for possible anxiety disorder, based on self-reported GAD-2 screener responses

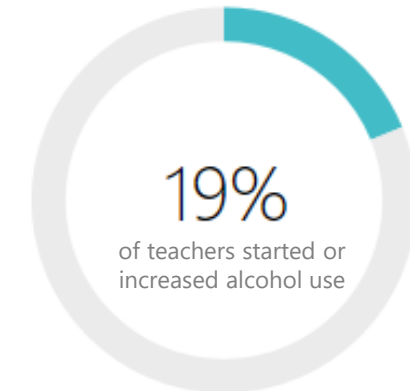
Unweighted n=1,842 teachers



Data collected via Qualtrics online survey platform, March 2021  
Respondents are considered to be at risk for generalized anxiety or warranting further screening for a possible anxiety disorder based on responses to 2 screening questions from the validated Generalized Anxiety Disorder-2 Questionnaire (GAD-2), which asks about frequency of anxious symptoms over the past 2 weeks.  
Citation: Faye P, Laura M, Dominic T, Dean M. Screening for anxiety disorders with the GAD-7 and GAD-2: a systematic review and diagnostic metanalysis. General Hospital Psychiatry. 2016; 39:24-31.

Proportion of teachers who report starting or increasing use of alcohol to deal with stress & emotions

Unweighted n=1,842 teachers





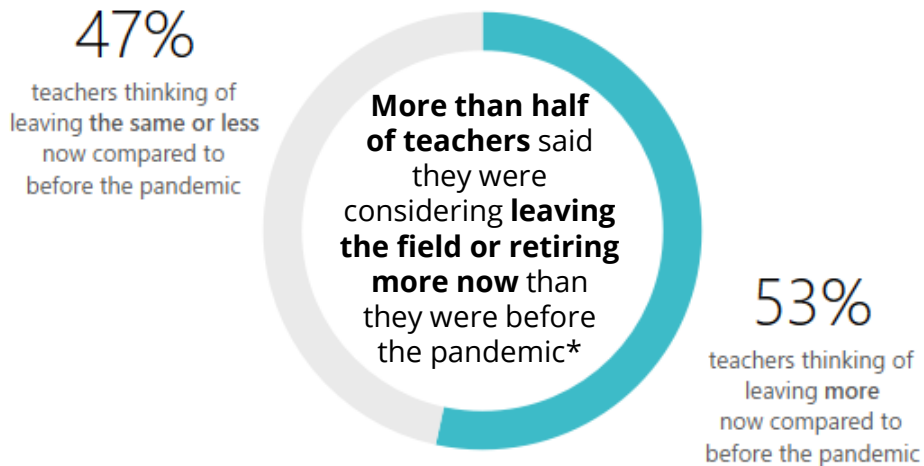


## FINDINGS: TEACHER MENTAL HEALTH

# Impact of COVID-19 on teacher mental health

The pandemic may present a teacher **retention risk**, with **more than half** of teachers reporting that they are **thinking of leaving the profession more now** than before the pandemic (February 2020)

## SURVEY FINDINGS



N=1,842 teachers

Increased thoughts of leaving the profession / retiring were associated with **higher proportions** of depression compared to other teachers.

Teachers thinking about leaving the profession...

the same or less	more
<b>18%</b> experiencing symptoms of depression	<b>35%</b> experiencing symptoms of depression

N=1,842 teachers

## FOCUS GROUP INSIGHT

"We're seeing teachers leave, we're seeing administrators leave at all levels, we're seeing superintendents leave **at the highest levels I've ever seen...** This pandemic is really causing a stress on our workforce in our educational settings."

-Superintendent on administrative and teaching staff turnover due to COVID-19

## SOCIAL MEDIA LISTENING

Teachers took to social media to voice frustrations with schools reopening, feeling as though they must choose between their **careers** and their **safety**.

Perceived **lack of institutional support** and **unenforced mitigation strategies** within their schools are cited as a factors for teachers who mention quitting or changing careers

\*Age was also significant to this question, with higher proportion of teachers 40+ reporting considering leaving the field or retiring



## FINDINGS: TEACHER MENTAL HEALTH

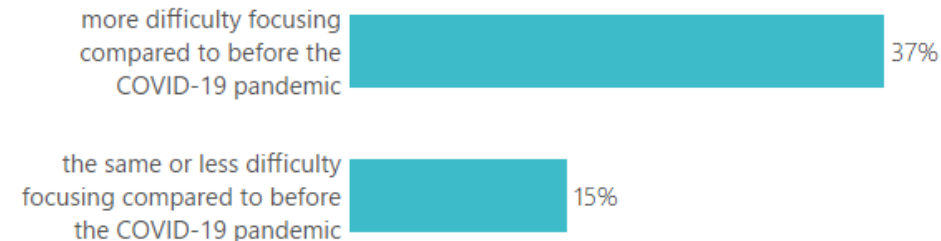
# Factors influencing teacher mental health

Teachers that are having **more difficulty focusing on work** now as compared to before the pandemic also report **experiencing symptoms of depression and anxiety at higher proportions** than other teachers

## SURVEY FINDINGS

Proportion of teachers experiencing symptoms of depression by reported difficulty focusing compared to before the COVID-19 pandemic

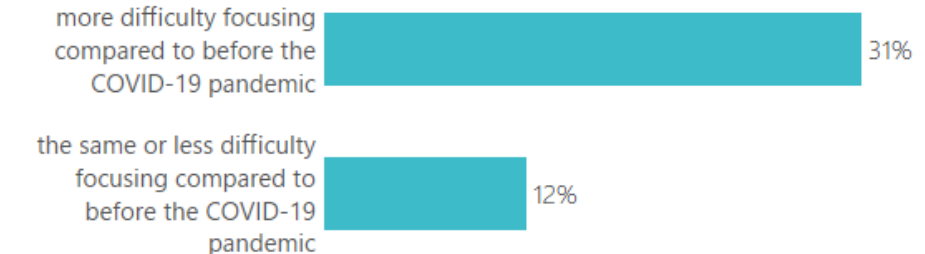
Unweighted n=1,842 teachers



Teachers experiencing more difficulty focusing on work were more than **twice as likely** to be experiencing symptoms of **depression** than other teachers.

Proportion of teachers experiencing symptoms of anxiety by reported difficulty focusing compared to before the COVID-19 pandemic

Unweighted n=1,842 teachers



Teachers having more trouble focusing are also reported experiencing clinically significant symptoms of **anxiety** at much greater proportions.

## FOCUS GROUP INSIGHT

"I'm a single mom, so when I say **I'm drowning** it's like you're literally like losing sleep and...when you're **behind multiple weeks in grading** because you don't have the time...there's so much work that you just have to learn how to be subpar sometimes because you don't have enough time to be the teacher you think you should be."

-Teacher on the mental health impact of COVID-19



## FINDINGS: TEACHER MENTAL HEALTH

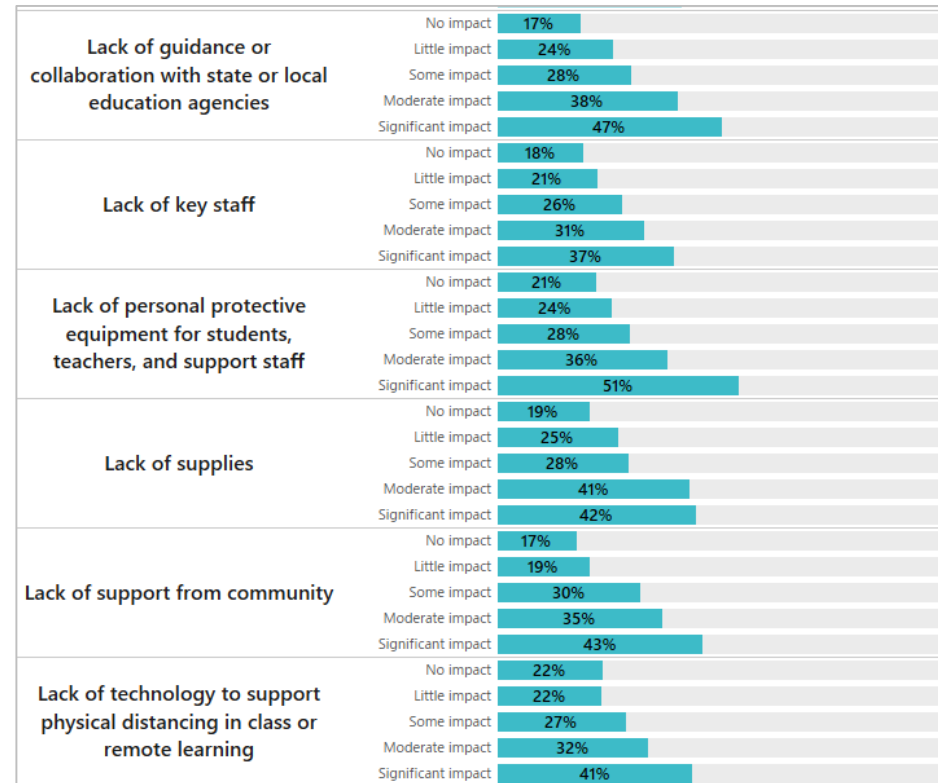
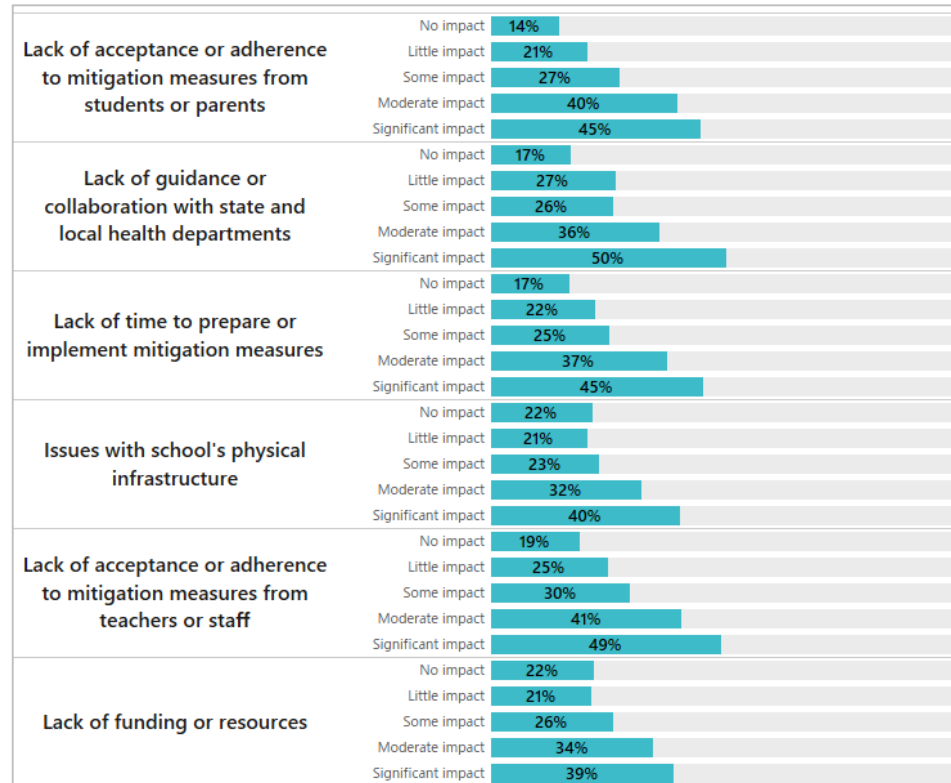
# Factors influencing teacher mental health

Teachers that are having **difficulty implementing COVID-19 prevention measures due to various key barriers** also report experiencing **symptoms of depression** at higher proportions than teachers who do not have these issues

## SURVEY FINDINGS

### Proportion of teachers experiencing symptoms of depression, by reported impact of various barriers

N=1,842 teachers



Teachers **struggling more with various barriers** were also more likely to report **symptoms of depression** than teachers who were less impacted by these issues



## FINDINGS: TEACHER MENTAL HEALTH

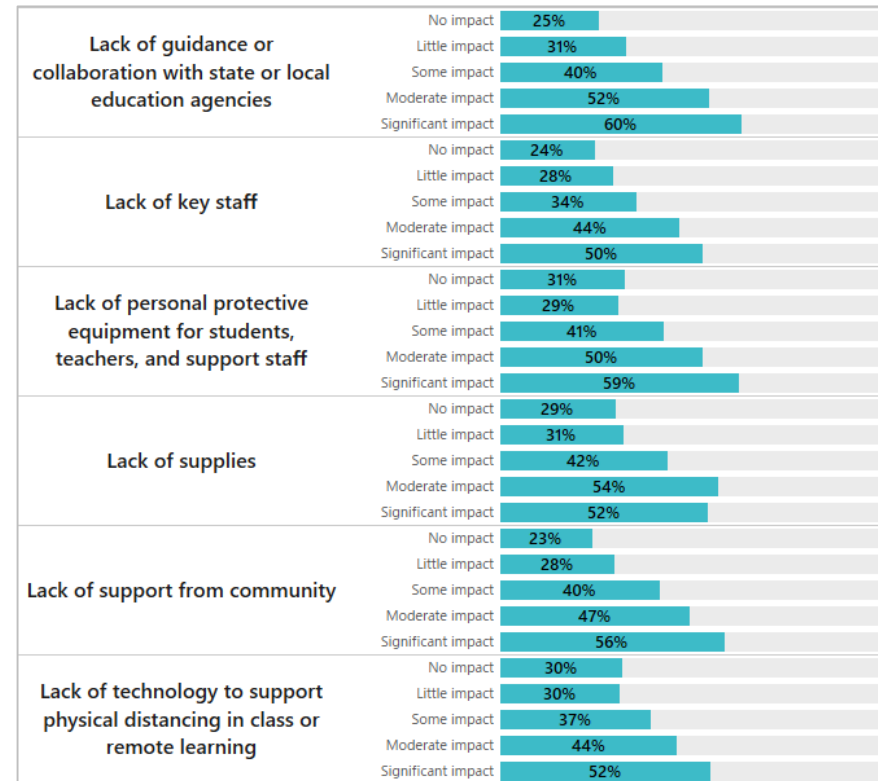
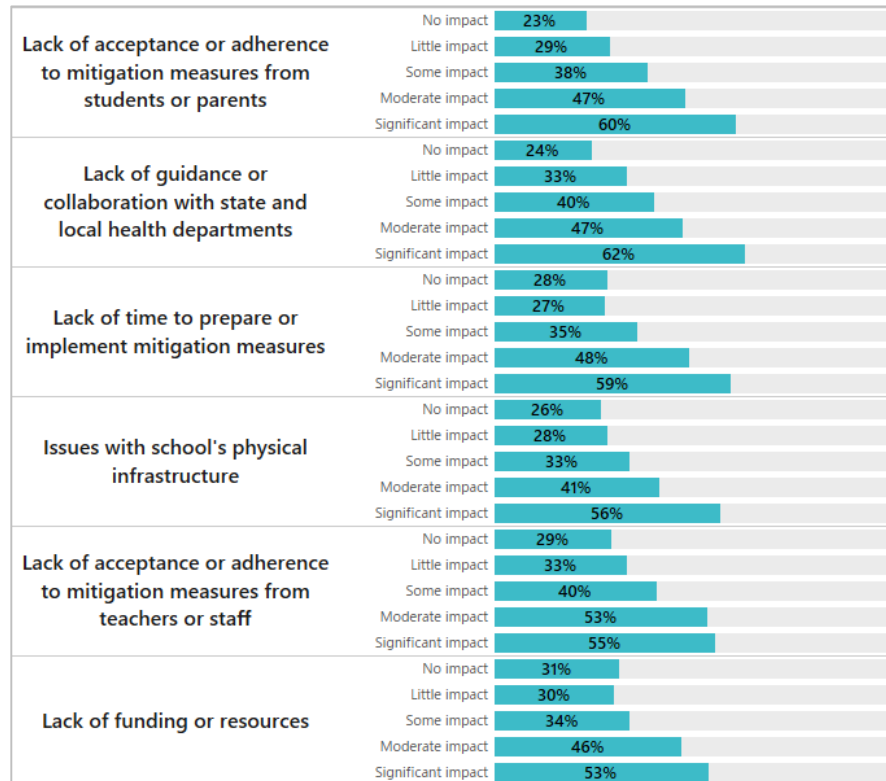
# Factors influencing teacher mental health

Teachers who have **difficulty implementing COVID-19 prevention measures due to various key barriers** also report experiencing **symptoms of generalized anxiety** at higher proportions than teachers who do not have these issues

## SURVEY FINDINGS

### Proportion of teachers experiencing symptoms of anxiety, by reported impact of various barriers

N=1,842 teachers



Teachers **struggling more with various barriers were also more likely to report symptoms of anxiety** than teachers who were less impacted by these issues.



## FINDINGS: TEACHER MENTAL HEALTH

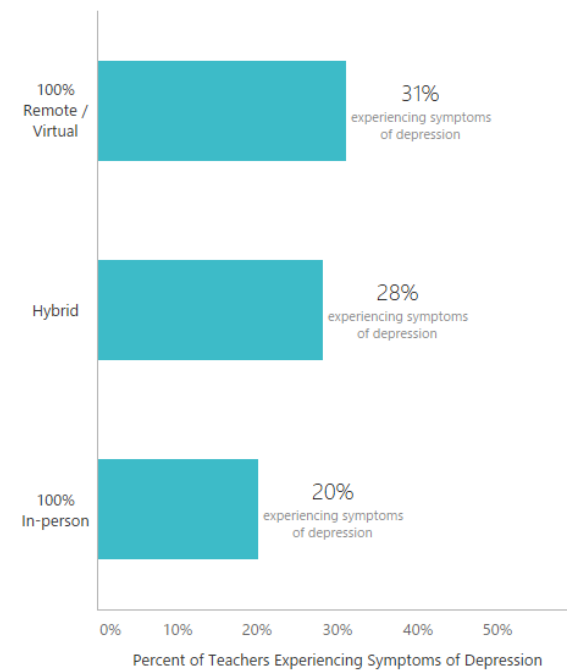
# Differences in teacher mental health by learning mode

Teachers reporting that their students are still **100% virtual** as of March 2021 had **higher rates of depression and anxiety symptoms** than other teachers

## SURVEY FINDINGS

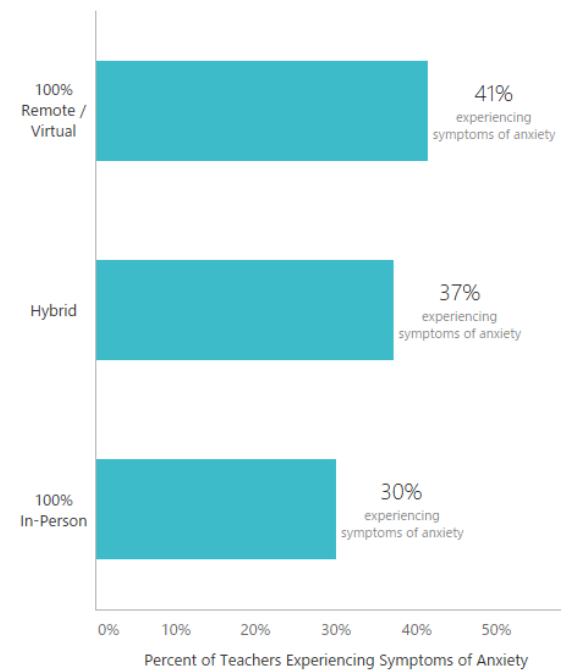
### Proportion of teachers reporting symptoms of depression by school learning model

Unweighted n= 1,842 teachers



### Proportion of teachers reporting symptoms of anxiety by school learning model

Unweighted n=1,842 teachers



Teachers at schools where students are back **100% in-person** report symptoms of depression and anxiety at **lower proportions** than those still teaching partially or fully remote.

## FOCUS GROUP INSIGHT

"I feel like my students, especially being in special education... to have this lack of instruction... **I haven't laid eyes on them this school year. I'm feeling like I'm failing my kids...** They're not at school, and I know how far behind they were already... **How are we ever going to make up those deficits?"**

– Teacher who has been teaching virtually since March 2020

## SOCIAL MEDIA LISTENING

Teachers commenting on social media about their own fully virtual experience noted the need to **balance concerns for their own personal safety with concern over student progress and engagement.**

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# Conclusion

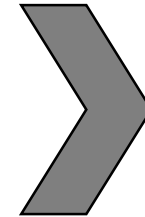


# Key Takeaways and Opportunities Moving Forward

This report provides new insights that can be used to improve the mental health of teachers, parents, and ultimately, students in K-12 settings

## Overall Mental Health Status

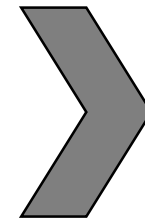
About 16% of parents reported poor mental health, which is higher than pre-pandemic estimates. Over a quarter of teachers reported symptoms consistent with clinical depression and anxiety, and nearly 20% have started or increased use of alcohol to deal with stress.



**Mental health resources and services are critically important for teachers and the entire school community to address mental health challenges created or exacerbated by the COVID-19 pandemic.**

## Impacts across Learning Environment

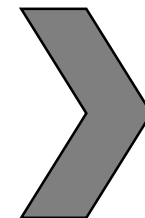
The COVID-19 pandemic has disrupted the learning environment and put additional stress and challenges on teachers. Those with students in 100% virtual learning models reported higher rates of anxiety and depression, and those in hybrid and in-person models reported difficulties with implementing COVID-19 prevention strategies.



**School districts and schools must explore retention strategies, flexible work options, and comprehensive employee assistance program (EAP) to address teacher mental health challenges.**

## Influence of Community

Disparities exist in mental health outcomes, including higher rates of mental health distress for parents who were involuntarily unemployed or of lower income. However, those who reported higher community satisfaction (safety, trust, etc.) reported less distress.



**Community partners, including schools, must come together to provide critical resources to families, such as access to free or low-cost mental health services to improve overall health and mental health outcomes.**

MAY 2021

# Mental Health Impact of the COVID-19 Pandemic on Teachers and Parents of K-12 Students

Monitoring School COVID-19 Prevention Strategies Project:  
Triangulated Report





# Project Background

To make informed decisions, public health, schools, and elected officials need more timely, actionable, and school-specific data to help successfully prevent the spread of COVID-19 in K-12 settings and to make sure schools can reopen, and stay open, safely.

The CDC Foundation, in partnership with Deloitte and technical assistance from the Centers for Disease Control and Prevention (CDC), launched the Monitoring School COVID-19 Prevention Strategies project to collect data on the impact of COVID-19 on the social, emotional, academic, and mental health of the K-12 community. Through multiple data collection methods, the aim of the project is to collect, analyze, and disseminate near real-time data to:

- Help school districts and community members (e.g., superintendents, principals, teachers, parents, students) make **actionable, informed, data-driven decisions** to prevent the spread of COVID-19 in K-12 settings
- Characterize **policies, practices, and interventions** to support implementation of school COVID-19 prevention strategies
- Build awareness around **successes and challenges** related to COVID-19 in K-12 settings
- Understand **social, emotional, academic, and mental health** impacts on school communities



Parent helping a child get ready for school

# Report Overview

## Purpose

The purpose of this report is to triangulate data across several data collection methods and respondent groups to better understand how COVID-19 is impacting the mental health of K-12 teachers and parents of K-12 students across the U.S. The goal is to inform decisions and improve support to help schools reopen and stay open safely.

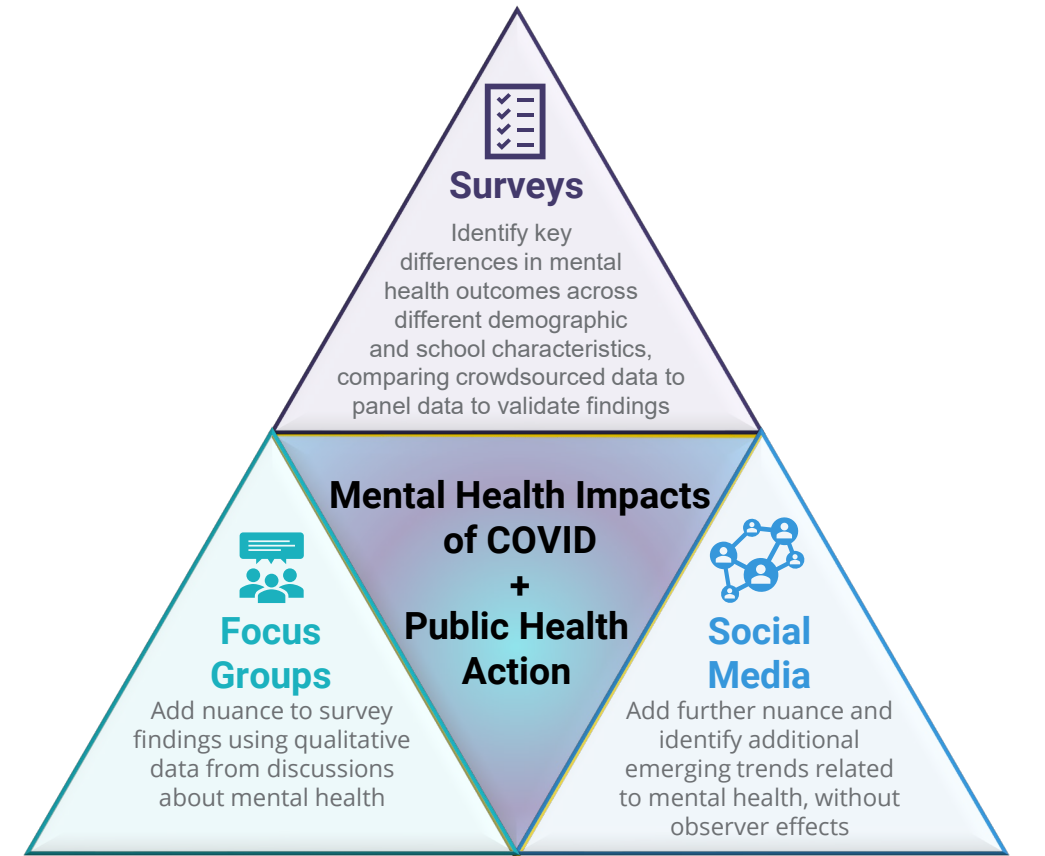
## Audience

This report is intended to be used by public health professionals, school policy makers, and the school community to better understand mental health related impacts and experiences related to COVID-19 in K-12 settings.

## Focus

The report summarizes findings related to answering the following guiding questions:

1. What are the mental health **impacts** of COVID-19 on students, parents, and school staff?
2. What **factors** influence mental health for parents and school staff?
3. How do these impacts **differ** by mode of learning and other key demographics?



# Data Sources

The project approach uses data from multiple collection modalities to validate and provide nuance to key findings



Cross-sectional online surveys\*

### Crowdsourced (Pollfish)

Teachers and parents of students reported on their overall mental health

- n= 643 teachers (2/24/21 – 3/03/21);
- n = 1,497 parents of K-8 students (2/24/21 – 2/27/21)
- n = 1,499 parents of K-12 students (2/24/21 – 2/27/21)

### Web panels (Qualtrics)

Parents of students reported on a variety of topics related to COVID-19 and reopening schools safely

- n = 4,039 parents of K-12 students (3/2/21 – 3/10/21)
- n = 1,842 teachers of K-12 students (3/3/21 – 3/31/21)



Focus groups

### Parents of children with special education needs (March 2021)

Parents shared their experiences navigating school instructional models and accessing services for their children with special education needs during the COVID-19 pandemic. (4 participants)

### Teachers (March 2021)

Teachers shared challenges and successes related to teaching, implementing COVID-19 prevention strategies, and impacts on students and themselves during the pandemic. (6 participants)

### Superintendents (March 2021)

Superintendents shared their experiences reopening and/or closing school districts during the pandemic and impacts on students and staff. (5 participants)



Social media listening

### Public Online Conversations

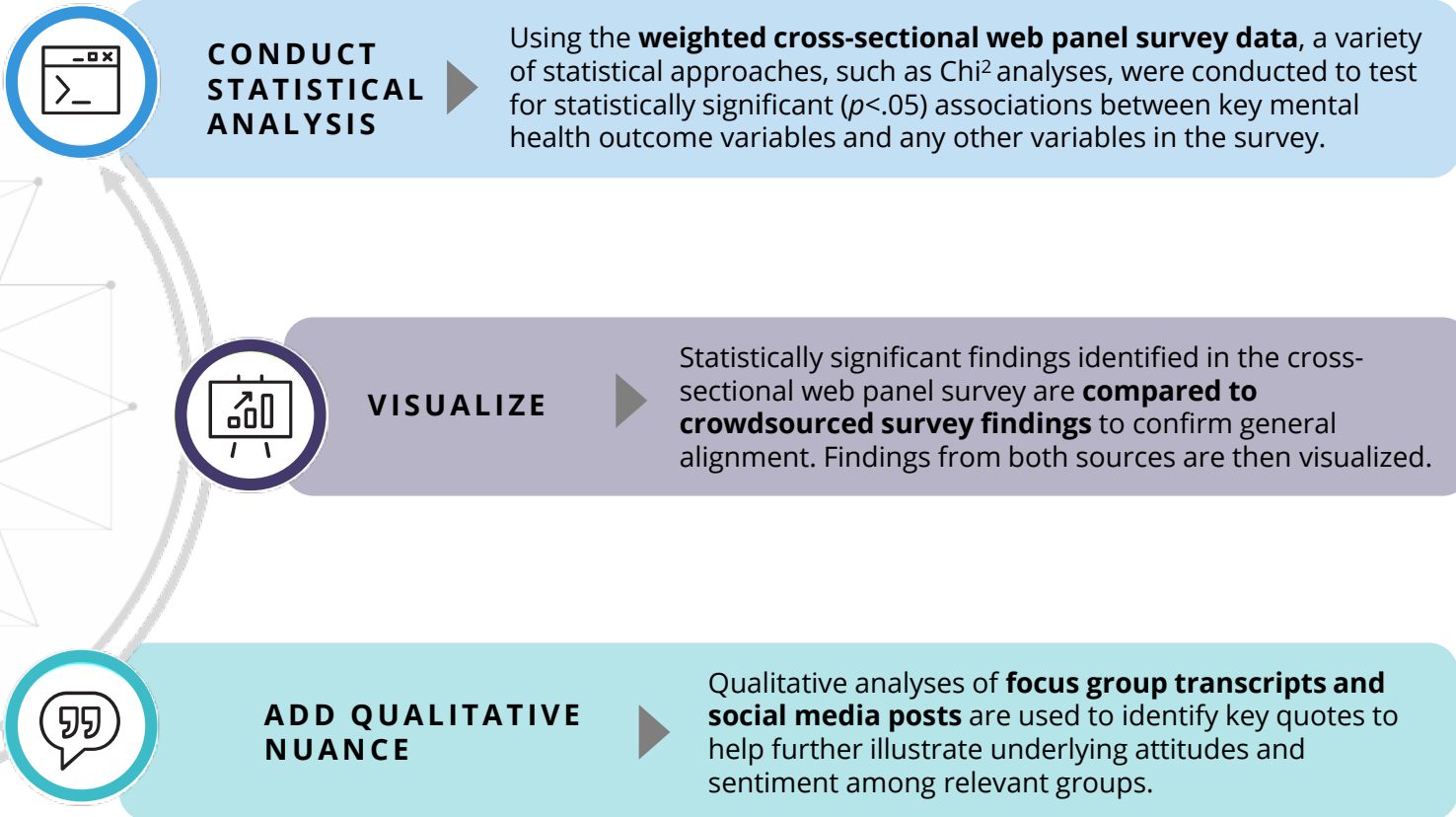
Data sourced from public posts from Twitter, Facebook, Instagram, YouTube, Reddit, forums, blogs, reviews, and WordPress; using key words relating to mental health and schools

- n = 229,171 public mentions collected via a custom mental health query
- Date Range: 1/1/21 – 3/28/21

\* The results included in this report reflect weighted data from the Web Panel surveys. However, findings shown were also validated by the crowdsourced data, where available. Parent data was weighted for calibration and distribution, but teacher data was not weighted using population totals, pending weighting data from NCES.

# Process for Identifying Key Findings

The project used a step-by-step standard process for revealing insights and triangulating across data collection methods



## NOTES AND LIMITATIONS

The research team acknowledges several important caveats to this data affecting interpretation, including:

### LIMITATIONS

- Due to the cross-sectional design, analysis cannot determine causal relationships due to temporality bias.
- Panel participants may not be representative of the populations of interest (all parents or teachers) which affects the generalizability of results.
- As all surveys were collected through a web-based platform, results from individuals with limited or no internet access may be under-represented.
- As results are based on self-reported data, biases such as self-selection, social desirability, and misclassification may impact findings and limits the generalizability of results.

### NOTES

- Post-collection data processing, cleaning (to ensure responses are in line with skip and logic patterns), and imputation (to correct for incomplete item responses) were conducted on the cross-sectional web panel survey data.
- This report does not include student self-reported mental health outcomes (which is forthcoming), only parents, teachers, and administrators.



# Summary of findings

# Overview

Based on analysis across data collection methods, there were several significant factors ( $p < .05$ ) associated with mental health for parents and teachers. The following pages provide details on each finding below.



## PARENT MENTAL HEALTH

*Overall, parents of K-12 students may be experiencing slightly higher levels of mental health distress based on pre-pandemic national estimates.*

- **16%** of parents report that their mental health was poor for 14 or more days in the past month
- Overall proportion of those with frequent mental health distress may be **slightly higher than pre-pandemic national averages**<sup>1</sup> of all adults

### Mental health impact of COVID-19

### Factors influencing mental health

### Disparities in mental health impact across groups

- Parents whose **child knows someone who is high-risk** for severe illness from COVID-19 have higher proportions of mental health distress
- Parents who **do not believe the COVID-19 vaccine has been adequately tested** experience mental health distress at higher proportions
- Parents experiencing **involuntary unemployment and lower incomes** more likely to experience frequent mental distress than other parents
- Higher levels of **community satisfaction** are related to less frequent mental health distress in parents



## TEACHER MENTAL HEALTH

*Teachers' mental health has been affected by new instructional challenges and barriers to implementing COVID-19 prevention measures.*

- **27%** of teachers self reported symptoms consistent with **clinical depression** and **37%** self reported symptoms consistent with **generalized anxiety**
- **53%** of teachers say they are thinking of **leaving the profession** more now than they were before the pandemic (February 2020)
- **19%** of teachers **started or increased alcohol use** to deal with stress during the pandemic
- Teachers who report **more difficulty focusing on their work** now as compared to before the pandemic were more than **twice as likely** to report mental health distress
- Teachers with **difficulty implementing COVID-19 prevention measures** also report experiencing symptoms of **depression and anxiety** at higher proportions
- Teachers reporting that their students are still **100% virtual** as of March 2021 had **higher rates of depression and anxiety** symptoms than other teachers

# Public Health Implications

Based on the mental health findings in this report, there are several ways that that stakeholders and partners across the school community can take action and improve mental health of teachers, parents, and students



## Mental Health Services and Resources

- Support a comprehensive employee assistance program (EAP) to address teacher mental health challenges.
- Advance professional development (PD) opportunities to help teachers and school mental health professionals identify and address student mental health needs.
- Increase access to mental health resources and services for parents, teachers, and the entire school community to address mental health challenges created or exacerbated by the COVID-19 pandemic.
- **CDC Resources:** [COVID-19 Parental Resources Kit](#), [Coping with Stress](#)



## Workforce and Workload Considerations

- Support retention strategies and flexible work options to reduce teacher turnover.
- **CDC Resources:** [Teachers and Staff Resuming In-Person Learning](#), [Employees: How to Cope with Job Stress and Build Resilience During the COVID-19 Pandemic](#)



## Addressing Disparities

- Address socioeconomic disparities; linked to adverse mental health outcomes for parents (and students).
  - Develop public and private partnerships to address unemployment, transportation, and food insecurities.
  - Engage state and local health departments to assist parents and students, including access to free or low-cost behavioral health care.

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# Parent mental health findings

Survey findings in this section come from the weighted Qualtrics web panel data unless otherwise noted (see slide 4 for details)





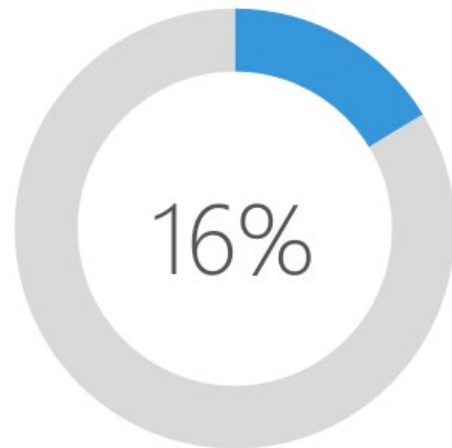
# Impact of COVID-19 on parent mental health

Parents of K-12 students report levels of mental health distress that may be slightly **higher than pre-pandemic national averages**

## SURVEY FINDINGS

### Proportion of parents experiencing frequent mental distress

N=56,205,228 parent respondents (weighted)  
"Don't know" responses excluded



**16% of parents** reported experiencing **frequent mental health distress** (14 or more days of poor mental health in the past month).<sup>1</sup>

The overall proportion of **frequent mental health distress** found among parents here is slightly higher than the 2018 BRFSS estimates\*, which show approximately **13%** of US adults report experiencing poor mental health on 14 or more days in the past month.<sup>2</sup>

## FOCUS GROUP INSIGHT

**"Parents are overwhelmed.**  
They're really, really overwhelmed  
and so **burnt out.**"

-Teacher on the impact of COVID-19 on parents of students attending school virtually

<sup>1</sup> Centers for Disease Control and Prevention (CDC). Measuring Health Days: Population Assessment of Health-Related Quality of Life. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2020.

<sup>2</sup> Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2018.

\*Results presented only included parents while BRFSS includes all adults,

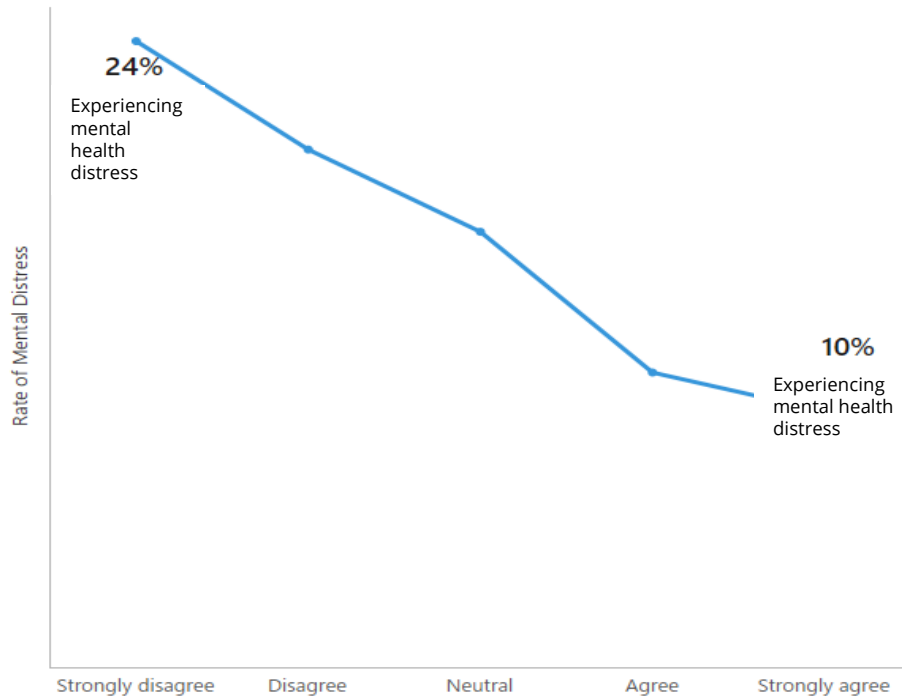
# Factors influencing parent mental health

**Attitudes toward the safety of the COVID-19 vaccine** are associated with parents' levels of mental health distress

## SURVEY FINDINGS

**Rate of frequent mental health distress among parents, by opinion on COVID-19 vaccine development**

N=56,205,228 parent respondents (weighted)



How much do you agree or disagree with the following:  
The COVID-19 vaccine has been tested enough

Parents were asked to indicate how much they agree or disagree with a series of statements related to the COVID-19 vaccine.

**Parents who strongly disagree with the statement “the COVID-19 vaccine has been tested enough” were more likely to report more frequent mental health distress** as compared to parents who were more comfortable with the amount of testing.

## SOCIAL MEDIA LISTENING

Parents **expressing skepticism or worry** about the COVID-19 vaccine mention **side-effects, a lack of testing, and fear of government control** as reasons they're vaccine hesitant.

Parents supportive of the vaccine **view the vaccine as a way out of the pandemic** and mention existing vaccination requirements for schools, social responsibility, and **a desire to resume 'normal' operations** as factors in their support of the vaccine.



## FINDINGS: PARENT MENTAL HEALTH

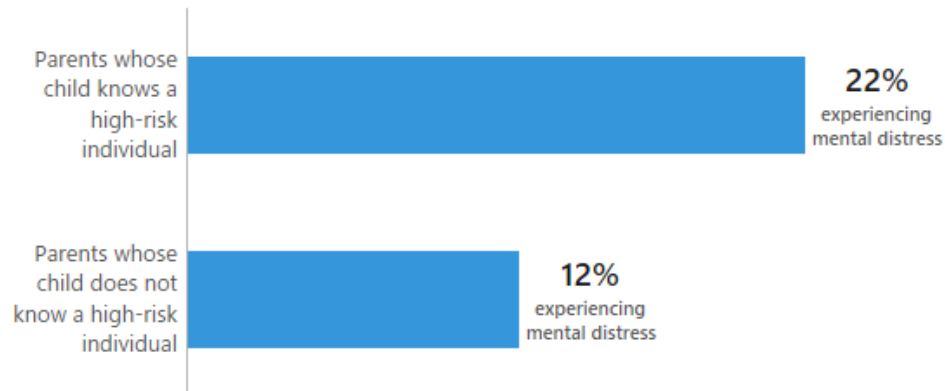
# Factors influencing parent mental health

Parents who indicated **that their child knows a high-risk individual** experience **frequent mental health distress at higher rates** than other parents

## SURVEY FINDINGS

### Frequent mental health distress among parents is more likely when the child knows a high-risk individual

Weighted N=56,205,227 parents of K-12 students



The proportion of frequent mental health distress among parents who report that their child knows a high-risk individual is **double** that of parents whose child does not know a high-risk individual

**Note:** Parents were asked if their *child* knows a person with a health condition that puts them at higher risk of serious complications if they contract COVID-19. It is possible that the high-risk person could be the parent or themselves, which may partially explain the higher rates of mental distress.

## SOCIAL MEDIA LISTENING

Parents posted on social media to voice their hesitations with schools **reopening too quickly**, with many noting that they have specific concerns with their children and other relatives with **preexisting conditions** going back to in-person schooling.

Parents with relatives or children with preexisting conditions **support a continuation of remote learning availability until all school staff have been vaccinated for COVID-19.**



FINDINGS: PARENT MENTAL HEALTH

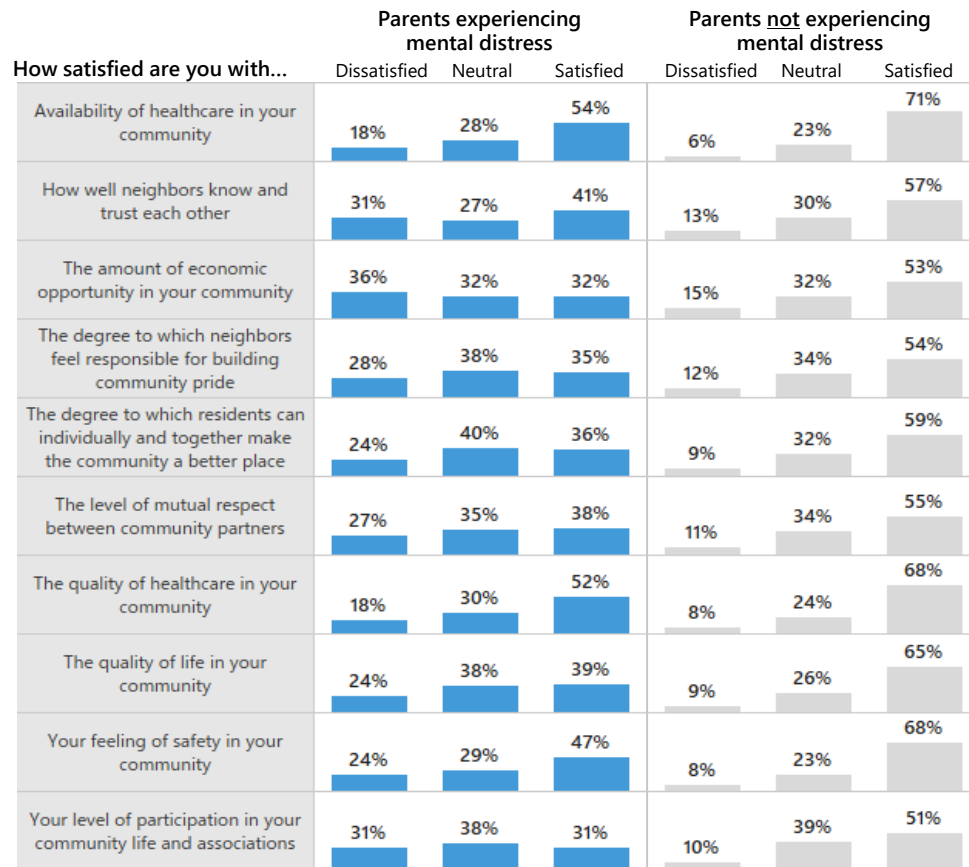
# Disparities in parents' mental health

Parents with lower levels of **satisfaction with various aspects of life in their community** report mental distress at higher rates

## SURVEY FINDINGS

Community satisfaction among parents experiencing mental health distress vs. parents not experiencing mental health distress

Weighted N=56,205,228 parents of K-12 students



Parents experiencing mental health distress reported lower levels of satisfaction with community life.

## FOCUS GROUP INSIGHT

“We have trouble finding people and qualified people, because we are very **rural**...Everybody was just happy with what was here and there's nothing here, **even now, and in 2021 there's like really nothing here**...We have no child occupational therapists in our town. **We have to drive at least an hour to get services for our kids**...Even in the schools...we get bare minimum services, and our leading functional behavior person just died from COVID.”

-Parent of a student with special education needs commenting on access to school-based services in her rural area

## SOCIAL MEDIA LISTENING

On social media, some parents **expressed their fears about schools reopening too quickly**, with others **suggesting each household should decide** for their kids. Often, **the level of community spread, and pending teacher vaccinations** were noted as major concerns and factors.

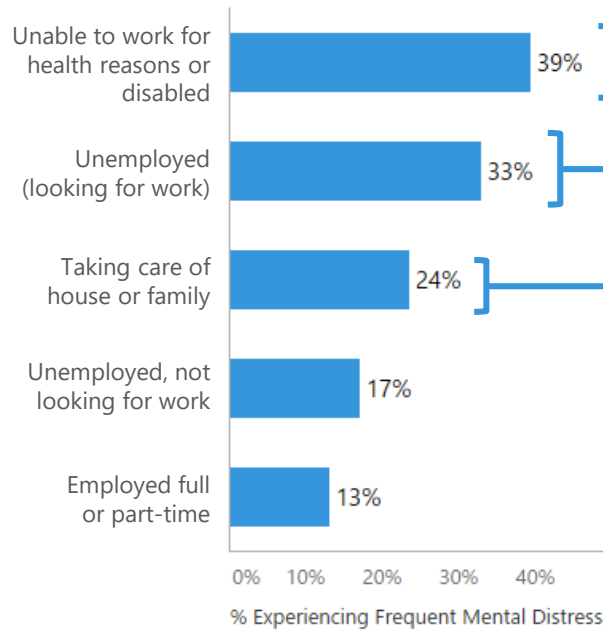
# Disparities in parents' mental health

Frequent mental health distress was more commonly reported by unemployed parents looking for work or unable to work due to health reasons or disability

## SURVEY FINDINGS

### Percentage of parents experiencing frequent mental distress, by employment status

Weighted N=56,205,228 parents of K-12 students  
 Respondents who answered "other" or "retired" hidden from view due to small cell counts



Reported frequent mental health distress among parents who are unable to work for health reasons is **aligned with the pre-pandemic national estimate of about 37%** for this group. The proportion reporting frequent mental health distress is high relative to other parents, but not significantly different from previously observed rates.

The proportion of **involuntarily unemployed** parents experiencing frequent mental health distress (33%) is markedly **higher than the pre-pandemic national estimate (22%)** for this group.<sup>1</sup>

Compared to pre-pandemic national estimates, **those taking care of the house or family** appear to be experiencing **higher** proportions of frequent mental health distress. 2018 BRFSS estimates indicate that approximately 12% of those taking care of the house or family were distressed,<sup>1</sup> compared to 24% of those surveyed in this study.

## FOCUS GROUP INSIGHT

"In our county, a lot of the parents are **essential workers**... Many of our families also dealt **with high levels of unemployment because of this pandemic**, so we understood the challenge..."

- Superintendent on the challenges of parents within his district caring for their children during the pandemic

## SOCIAL MEDIA LISTENING

Many parents, including teachers with children, voiced their **struggle to balance remote work while helping their kids with virtual learning**.

Others noted the **unique toll placed on unemployed parents** with kids participating in virtual learning.

<sup>1</sup> Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2018.



FINDINGS: PARENT MENTAL HEALTH

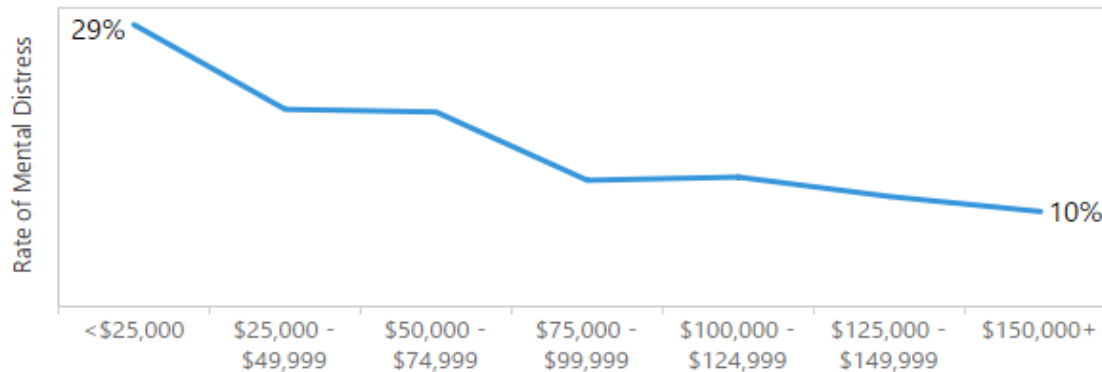
# Disparities in parents' mental health

Proportions of frequent mental health distress among parents tend to **decrease** as income **increases**

## SURVEY FINDINGS

### Rates of Parent Mental Distress by Income Level

Weighted N=56,207,069 parents of K-12 students



Parents in the lowest income group reported experiencing more frequent mental health distress **three times as much of those in the highest income bracket.**

This general trend is aligned with pre-pandemic national estimates, but with slightly higher rates of mental health distress overall.<sup>1</sup>

## PRE-PANDEMIC NATIONAL ESTIMATES<sup>1</sup>

		Income < \$10,000	\$10,000 <= Income < \$15,000	\$15,000 <= Income < \$20,000	\$20,000 <= Income < \$25,000	\$25,000 <= Income < \$35,000	\$35,000 <= Income < \$50,000	\$50,000 <= Income < \$75,000	Income >= \$75,000
Calculated variable for 3 level not good mental health status (_MENT14D)									
14+ days when mental health not good	n	4,553	4,187	4,921	5,184	4,861	5,235	4,931	7,471
	Row%	10.5% (9.9 - 11.0)	8.7% (8.2 - 9.2)	11.4% (10.8 - 12.0)	12.7% (12.0 - 13.4)	11.2% (10.6 - 11.8)	12.6% (12.0 - 13.3)	12.2% (11.5 - 12.8)	20.7% (19.9 - 21.5)
	Col%	25.1% (23.8 - 26.4)	23.1% (21.8 - 24.4)	20.6% (19.6 - 21.6)	18.3% (17.3 - 19.3)	14.2% (13.5 - 14.9)	12.6% (12.0 - 13.3)	10.3% (9.7 - 10.8)	7.4% (7.1 - 7.7)
	%	1.3% (1.3 - 1.4)	1.1% (1.1 - 1.2)	1.5% (1.4 - 1.5)	1.6% (1.5 - 1.7)	1.4% (1.4 - 1.5)	1.6% (1.5 - 1.7)	1.6% (1.5 - 1.6)	2.6% (2.5 - 2.8)
	Weighted N	2,804,606 (2650808 - 2958405)	2,340,341 (2202507 - 2478175)	3,060,919 (2892693 - 3229145)	3,396,554 (3191294 - 3601814)	2,992,302 (2831244 - 3153359)	3,382,596 (3190710 - 3574482)	3,254,534 (3069218 - 3439850)	5,528,206 (5285953 - 5770460)

<sup>1</sup> Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2018.

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# Teacher mental health findings

Survey findings in this section come from the weighted Qualtrics web panel data unless otherwise noted (see slide 4 for details)



## FINDINGS: TEACHER MENTAL HEALTH

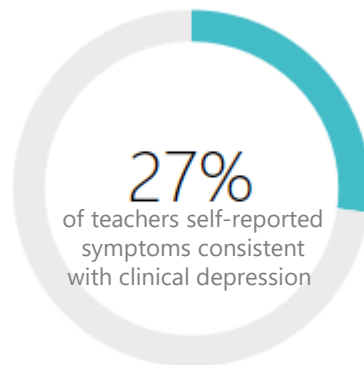
# Impact of COVID-19 on teacher mental health

Teachers reported **experiencing anxiety and depression**, as well as **increased use of substances** to cope with stress since the start of the pandemic

## SURVEY FINDINGS

Proportion of teachers who meet clinical criteria for possible depression, based on self-reported PHQ-2 screener responses

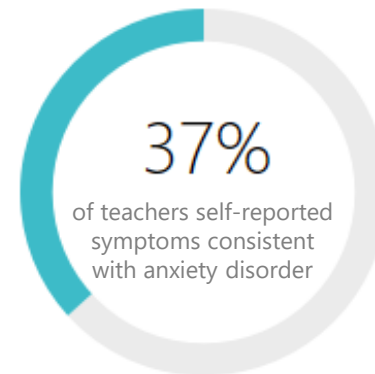
Unweighted n=1,842 teachers



Data collected via Qualtrics online survey platform, March 2021  
Respondents are considered to be at risk for depression or warranting further screening for possible depression based on responses to 2 screening questions from the validated Patient Health Questionnaire-2 (PHQ-2), which asks about frequency of depressive symptoms over the past 2 weeks.  
Citation: Kroenke K, Spitzer RL, Williams JB. The Patient Health Questionnaire-2: Validity of a Two-Item Depression Screener. Medical Care. 2003; 41:1284-92.

Proportion of teachers who meet clinical criteria for possible anxiety disorder, based on self-reported GAD-2 screener responses

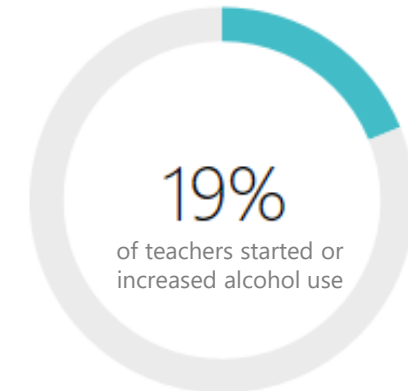
Unweighted n=1,842 teachers



Data collected via Qualtrics online survey platform, March 2021  
Respondents are considered to be at risk for generalized anxiety or warranting further screening for a possible anxiety disorder based on responses to 2 screening questions from the validated Generalized Anxiety Disorder-2 Questionnaire (GAD-2), which asks about frequency of anxious symptoms over the past 2 weeks.  
Citation: Faye P, Laura M, Dominic T, Dean M. Screening for anxiety disorders with the GAD-7 and GAD-2: a systematic review and diagnostic metanalysis. General Hospital Psychiatry. 2016; 39:24-31.

Proportion of teachers who report starting or increasing use of alcohol to deal with stress & emotions

Unweighted n=1,842 teachers





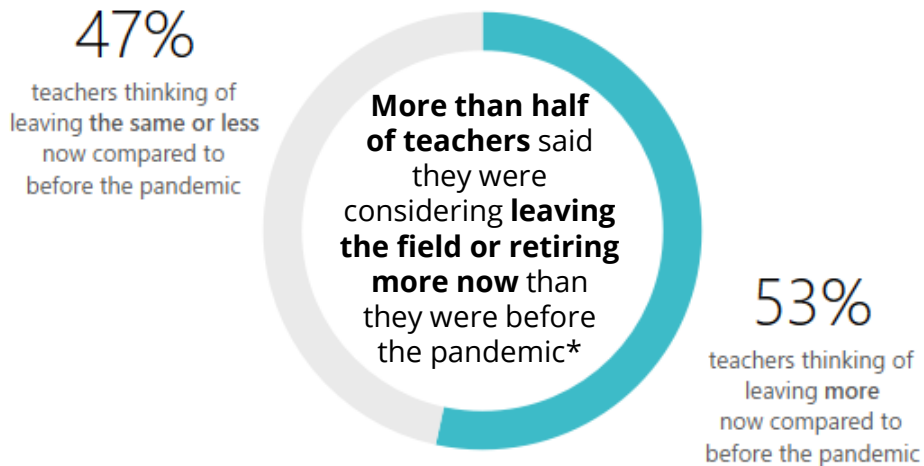


## FINDINGS: TEACHER MENTAL HEALTH

# Impact of COVID-19 on teacher mental health

The pandemic may present a teacher **retention risk**, with **more than half** of teachers reporting that they are **thinking of leaving the profession more now** than before the pandemic (February 2020)

## SURVEY FINDINGS



N=1,842 teachers

Increased thoughts of leaving the profession / retiring were associated with **higher proportions** of depression compared to other teachers.

### Teachers thinking about leaving the profession...

the same or less	more
<b>18%</b> experiencing symptoms of depression	<b>35%</b> experiencing symptoms of depression

N=1,842 teachers

## FOCUS GROUP INSIGHT

"We're seeing teachers leave, we're seeing administrators leave at all levels, we're seeing superintendents leave **at the highest levels I've ever seen...** This pandemic is really causing a stress on our workforce in our educational settings."

-Superintendent on administrative and teaching staff turnover due to COVID-19

## SOCIAL MEDIA LISTENING

Teachers took to social media to voice frustrations with schools reopening, feeling as though they must choose between their **careers** and their **safety**.

Perceived **lack of institutional support** and **unenforced mitigation strategies** within their schools are cited as a factors for teachers who mention quitting or changing careers

\*Age was also significant to this question, with higher proportion of teachers 40+ reporting considering leaving the field or retiring



## FINDINGS: TEACHER MENTAL HEALTH

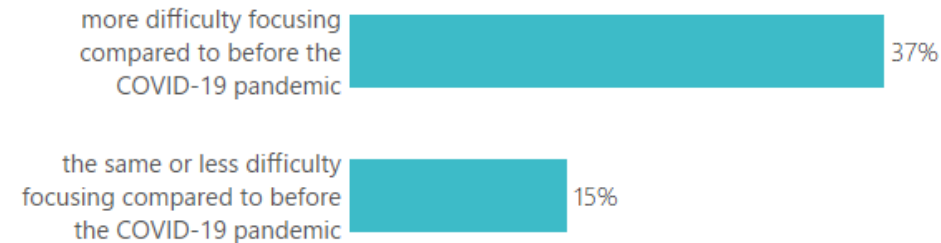
# Factors influencing teacher mental health

Teachers that are having **more difficulty focusing on work** now as compared to before the pandemic also report **experiencing symptoms of depression and anxiety at higher proportions** than other teachers

## SURVEY FINDINGS

Proportion of teachers experiencing symptoms of depression by reported difficulty focusing compared to before the COVID-19 pandemic

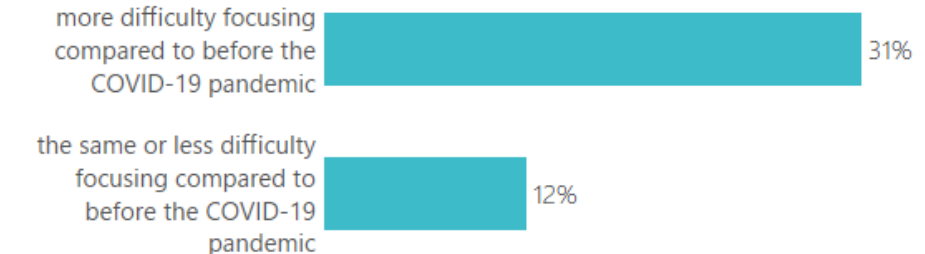
Unweighted n=1,842 teachers



Teachers experiencing more difficulty focusing on work were more than **twice as likely** to be experiencing symptoms of **depression** than other teachers.

Proportion of teachers experiencing symptoms of anxiety by reported difficulty focusing compared to before the COVID-19 pandemic

Unweighted n=1,842 teachers



Teachers having more trouble focusing are also reported experiencing clinically significant symptoms of **anxiety** at much greater proportions.

## FOCUS GROUP INSIGHT

"I'm a single mom, so when I say **I'm drowning** it's like you're literally like losing sleep and...when you're **behind multiple weeks in grading** because you don't have the time...there's so much work that you just have to learn how to be subpar sometimes because you don't have enough time to be the teacher you think you should be."

-Teacher on the mental health impact of COVID-19



## FINDINGS: TEACHER MENTAL HEALTH

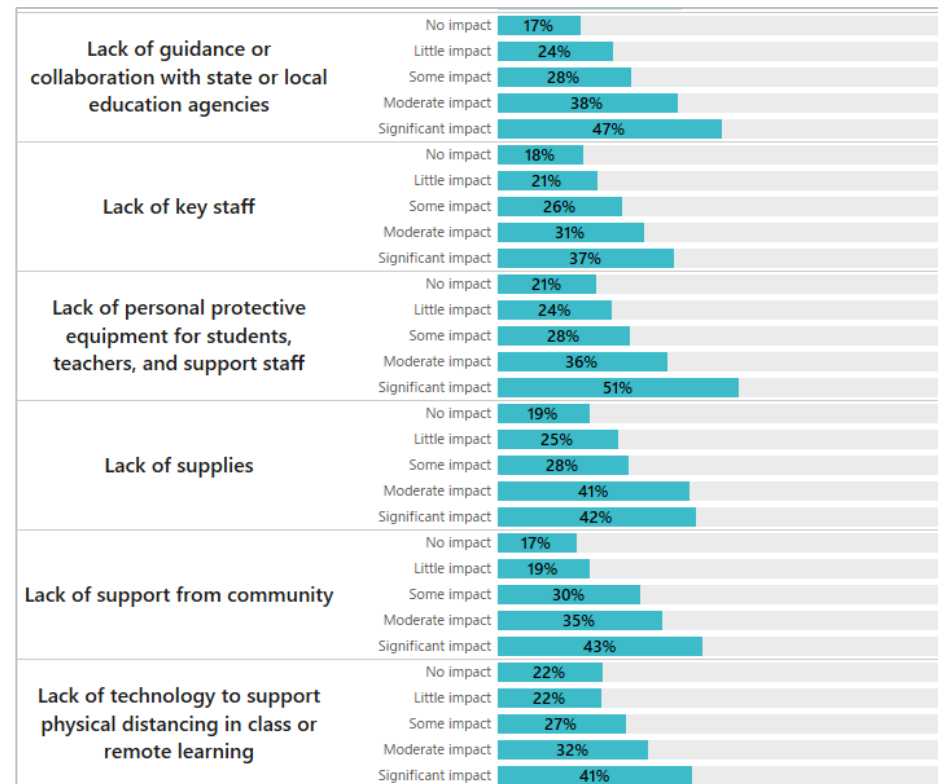
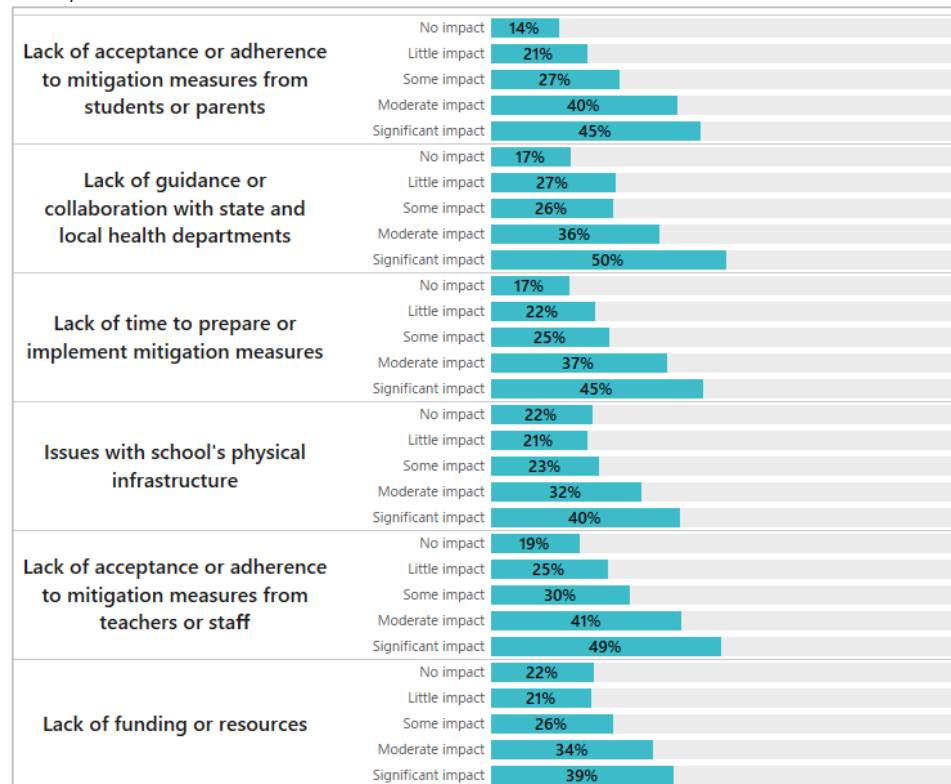
# Factors influencing teacher mental health

Teachers that are having **difficulty implementing COVID-19 prevention measures due to various key barriers** also report experiencing **symptoms of depression** at higher proportions than teachers who do not have these issues

## SURVEY FINDINGS

### Proportion of teachers experiencing symptoms of depression, by reported impact of various barriers

N=1,842 teachers



Teachers **struggling more with various barriers were also more likely to report symptoms of depression** than teachers who were less impacted by these issues



## FINDINGS: TEACHER MENTAL HEALTH

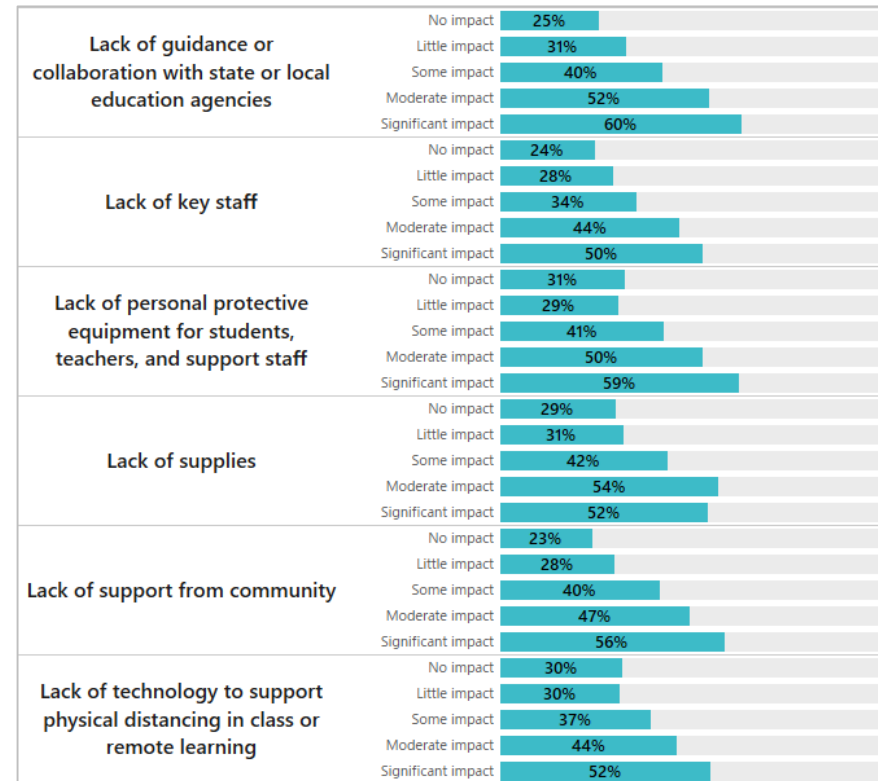
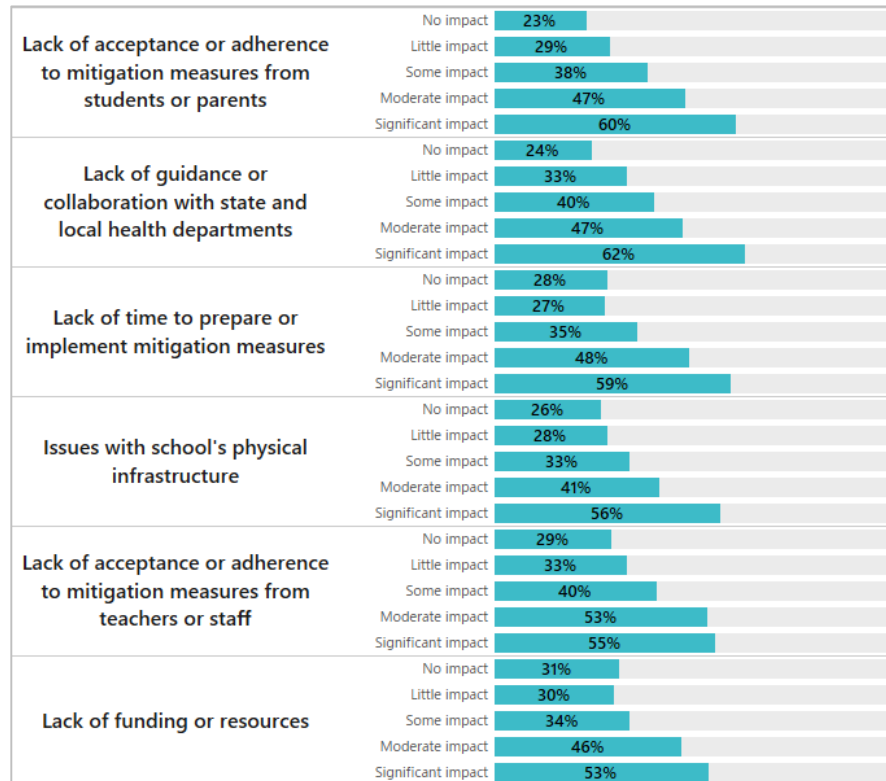
# Factors influencing teacher mental health

Teachers who have **difficulty implementing COVID-19 prevention measures due to various key barriers** also report experiencing **symptoms of generalized anxiety** at higher proportions than teachers who do not have these issues

## SURVEY FINDINGS

### Proportion of teachers experiencing symptoms of anxiety, by reported impact of various barriers

N=1,842 teachers



Teachers **struggling more with various barriers were also more likely to report symptoms of anxiety** than teachers who were less impacted by these issues.



## FINDINGS: TEACHER MENTAL HEALTH

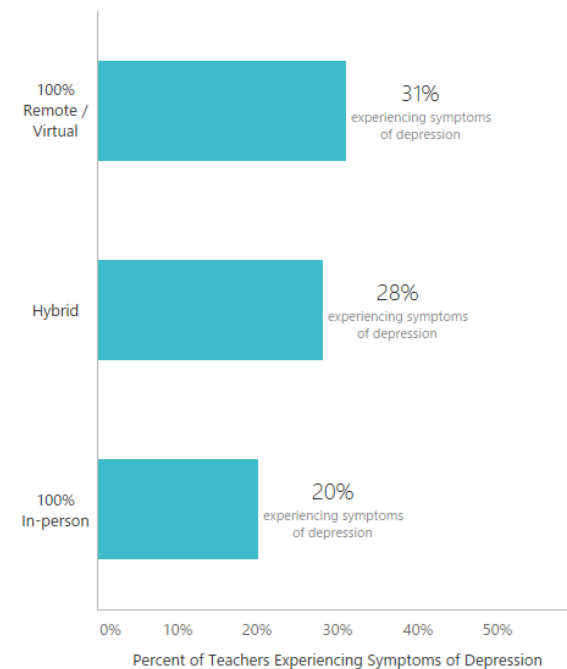
# Differences in teacher mental health by learning mode

Teachers reporting that their students are still **100% virtual** as of March 2021 had **higher rates of depression and anxiety symptoms** than other teachers

## SURVEY FINDINGS

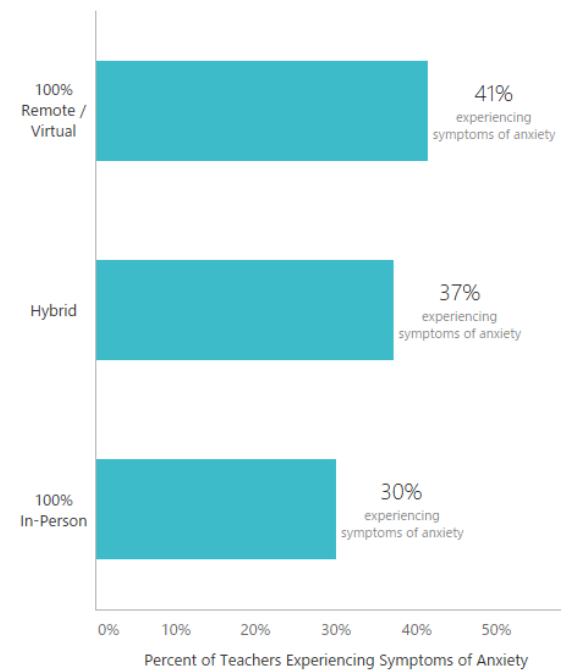
### Proportion of teachers reporting symptoms of depression by school learning model

Unweighted n= 1,842 teachers



### Proportion of teachers reporting symptoms of anxiety by school learning model

Unweighted n=1,842 teachers



Teachers at schools where students are back **100% in-person** report symptoms of depression and anxiety at **lower proportions** than those still teaching partially or fully remote.

## FOCUS GROUP INSIGHT

"I feel like my students, especially being in special education... to have this lack of instruction... **I haven't laid eyes on them this school year. I'm feeling like I'm failing my kids...** They're not at school, and I know how far behind they were already... **How are we ever going to make up those deficits?"**

– Teacher who has been teaching virtually since March 2020

## SOCIAL MEDIA LISTENING

Teachers commenting on social media about their own fully virtual experience noted the need to **balance concerns for their own personal safety with concern over student progress and engagement.**

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# Conclusion

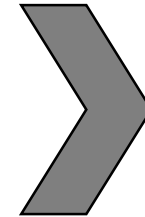


# Key Takeaways and Opportunities Moving Forward

This report provides new insights that can be used to improve the mental health of teachers, parents, and ultimately, students in K-12 settings

## Overall Mental Health Status

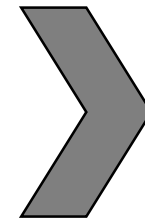
About 16% of parents reported poor mental health, which is higher than pre-pandemic estimates. Over a quarter of teachers reported symptoms consistent with clinical depression and anxiety, and nearly 20% have started or increased use of alcohol to deal with stress.



**Mental health resources and services are critically important for teachers and the entire school community to address mental health challenges created or exacerbated by the COVID-19 pandemic.**

## Impacts across Learning Environment

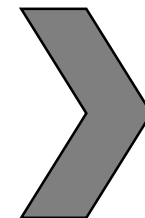
The COVID-19 pandemic has disrupted the learning environment and put additional stress and challenges on teachers. Those with students in 100% virtual learning models reported higher rates of anxiety and depression, and those in hybrid and in-person models reported difficulties with implementing COVID-19 prevention strategies.



**School districts and schools must explore retention strategies, flexible work options, and comprehensive employee assistance program (EAP) to address teacher mental health challenges.**

## Influence of Community

Disparities exist in mental health outcomes, including higher rates of mental health distress for parents who were involuntarily unemployed or of lower income. However, those who reported higher community satisfaction (safety, trust, etc.) reported less distress.



**Community partners, including schools, must come together to provide critical resources to families, such as access to free or low-cost mental health services to improve overall health and mental health outcomes.**

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# School Leader Crisis: Overwhelmed by Mounting Mental Health Issues and Public Distrust, a 'Mass Exodus' of Principals Could be Coming



Former middle school principal Nadia Lopez at her desk in Brooklyn. Lopez left her position in summer 2020 after developing illnesses from severe stress. She now coaches education leaders — many are signing resignations mid-year, some to leave the field altogether.

**By Marianna McMurdock | February 20, 2022**

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# Supporting School Wellness Toolkit



The COVID-19 pandemic continues to cause stress, affect emotional well-being and intensify mental health needs. The Protecting Youth Mental Health: The U.S. Surgeon General's Advisory

(<https://www.hhs.gov/sites/default/files/surgeon-general-youth-mental-health-advisory.pdf>) identified that mental health needs in young people

continue to rise with symptoms of anxiety and depression doubling during the pandemic. Though increases in distress symptoms are common during disasters, most people cope well and do not go on to develop mental health disorders. Resiliency can be learned and developed, especially with home, school and community support. This toolkit will help people do hard things later in life.

For students, these mental health needs can go unsupported, leading to behaviors that are inconsistent with school expectations. It is important that students and staff know that it is okay to ask for help and be ready to respond to those who need additional support. Providing school-based mental health supports and safe learning environments help students improve their overall well-being, allowing them to thrive.

Ohio's educators and students have shown an incredible amount of resilience despite ongoing changes and concerns. This toolkit provides teachers, administrators, students and families and communities with support to assist in responding to challenges amplified by the COVID-19 pandemic. Click on the boxes below to find a collection of resources and recommendations, organized by audience type, to address current student and staff wellness challenges.

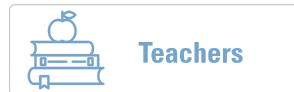

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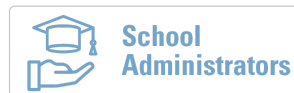
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**School Administrators**



**District Administrators**



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## Teachers

Teachers continue to support students while trying to stay physically, mentally and emotionally well. The following are practical resources and tools teachers can use to support student behavior through relationship building, self-regulation and trauma-informed practices. Teachers should also continue to practice self-care and seek additional support when needed.

### Relationship Building

**Create safe and supportive classrooms**

(<https://www.classroomwise.org/video-library>).

**Learn effective ways to connect and engage with students**

(<https://searchinstitute.org/resources-hub/relationships-matter-the-five-elements-of-developmental-relationships>).

**Make empathetic connections with students**

(<https://wosu.pbslearningmedia.org/resource/the-power-of-connection-video/stress-trauma-and-the-brain-insights-for-educators-thinktv-cet/>).

- Allow students to share about their personal lives through show and tell, pictures or stories.

### Student Calming and Focusing Strategies

Establish a calm down corner (<https://www.youtube.com/watch?v=dxBv1w45Qyw>).

Use brain breaks (<https://www.edutopia.org/video/9-brain-breaks-elementary-students>) to transition between activities.

Introduce grounding technique (<https://www.mayoclinichealthsystem.org/hometown-health/speaking-of-health/5-4-3-2-1-countdown-to-make-anxiety-blast-off>) to help students regulate emotions.

Offer fidgets, flexible seating options or sensory interventions.

### Staff Self-Care

Regulate yourself (<https://www.pbs.org/video/episode-4-regulating-yourself-and-your-classroom-lvcxvc/>) to regulate your classroom.

Recognize the signs (<https://ohiofamiliesengage.osu.edu/wp-content/uploads/2019/09/8.-NCTSN-Self-Care-for-Educators.pdf>) compassion fatigue.

Take steps toward self-care (<https://ohiofamiliesengage.osu.edu/wp-content/uploads/2019/09/9.-Taking-Care-of-Yourself-Checklist.pdf>).

Monitor your feelings of stress, anger or sadness (<https://mha.ohio.gov/wps/portal/gov/mha/community-partners/schools/resources/abcs-of-mental-health>) and seek support.

### Trauma Informed Practices

Be aware of common symptoms of trauma and helpful strategies to use in the classroom.

([https://ies.ed.gov/ncee/edlabs/regions/appalachia/events/materials/04-8-20-Handout3\\_common-trauma-symptoms-and-helpful-strategies-for-educators.pdf](https://ies.ed.gov/ncee/edlabs/regions/appalachia/events/materials/04-8-20-Handout3_common-trauma-symptoms-and-helpful-strategies-for-educators.pdf))

Post schedules and create classroom routines to create predictability, structure and consistency.

Recognize when students may be experiencing a fight, flight or freeze response (<https://www.youtube.com/watch?v=BaNAQIdb6dQ>)

- Manage stress in the classroom. (<https://www.pbisapps.org/articles/10-strategies-to-combat-stress-in-the-classroom>)

Become familiar with the strategy of addressing challenging behaviors through regulating, relating and reasoning

(<https://wosu.pblearningmedia.org/resource/educator-strategies-for-the-classroom-video/stress-trauma-and-the-brain-insights-for-educators-thinktv-ct/>).

### Classroom Management

Use de-escalation and emotional regulation strategies (<https://www.classroomwise.org/video-library#Module2>) when students are experiencing big emotions.

Practice maintaining a “low and slow” voice volume and pitch.

Use reflective statements to convey understanding.

- Example: “You are feeling frustrated with being told to complete the math problems before you have tablet time.”

### Know When to Refer for Services

Be aware and identify warning signs of a mental health crisis (<https://mha.ohio.gov/wps/portal/gov/mha/get-help/prevention-services/suicide-prevention>). Refer to counseling or case management services.

#### RESOURCES FOR TEACHERS

Trauma Informed Schools (<https://education.ohio.gov/Topics/Student-Supports/PBIS-Resources/Trauma-Informed-Schools>): Trauma Informed Schools are sensitive to the needs of individuals who have experienced trauma.

Trauma Informed, Resilience-Oriented Schools Toolkit (<https://www.nc2s.org/resource/trauma-informed-resilience-oriented-schools-tiros-toolkit/>): The toolkit provides tools, videos, professional development slide decks, and concise instruction to explain the concepts of trauma and toxic stress, offers strategies for addressing trauma and fostering and offers strategies to assess the impact of these adaptations throughout the school community.

Support for Teachers: The Role of Mindfulness ([https://www.youtube.com/watch?v=zNn\\_R32h0Rc&list=PLU5d15PFey\\_qS96ioQLbbgSA045wAEVOB&index=6](https://www.youtube.com/watch?v=zNn_R32h0Rc&list=PLU5d15PFey_qS96ioQLbbgSA045wAEVOB&index=6)): Teachers can address stress in their lives, both at school and at home, by practicing mindfulness.

Child Mind Institute (<https://childmind.org/healthyminds/educators/>): Age-appropriate videos which teach students key skills related to

mental health and emotions. Each video comes with skill sheets that summarize and reinforce key ideas.

## School Administrators

School administrators are facing increased incidents of student behavioral challenges and staffing shortages.

The following are practical resources and tools school administrators can use to implement multi-tiered systems of support to create safe, trauma-informed schools and to develop an environment that promotes staff wellness.

### Evidence-Based Programs

Utilize evidence-based, prevention-focused curriculum, programs and supports.

- Ohio's Evidence-Based Clearinghouse (<https://ess.state.edu/home>)
- Substance Abuse and Mental Health Services Administration Evidence-Based Practices Resource Center (<https://www.samhsa.gov/resource-search/ebp>)
- What Works Clearinghouse (<https://ies.ed.gov/ncee/wwc/WWW/Results?filters=,Behavior>)

Integrate Social and Emotional Learning into your PBIS Framework (<https://www.pbis.org/resource/integrating-social-and-emotional-learning-into-your-school-wide-positive-behavior-interventions-and-supports-framework>).

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### Strengthen Tiered Supports

Implement universal screenings (<https://k12engagement.unl.edu/School-wide%20Behavior%20Screening%204-15-15.pdf>) to identify student needs.

- Identify and provide supports to youth at higher risk for significant stress or trauma.

Evaluate implementation and fidelity of universal strategies (<https://www.pbis.org/pbis/tier-1>) to support student behavior.

Support positive school climate to increase feelings of safety and belonging among staff and students.

- Promoting a Positive and Equitable School Climate During the Pandemic in Ohio's Districts and Schools ([https://cehs.csuohio.edu/sites/default/files/promoting\\_a\\_positive\\_and\\_equitable\\_school\\_climate\\_during\\_the\\_pandemic\\_0.pdf](https://cehs.csuohio.edu/sites/default/files/promoting_a_positive_and_equitable_school_climate_during_the_pandemic_0.pdf))
- Supporting School Safety in Response to Social Media Challenges (<https://ohioschoolsafetycenter.ohio.gov/static/SupportingSchoolSafetyResponseToSocialMediaChallenges.pdf>)
- Supporting Positive School Climate with ESSER and ARP Funds (<https://education.ohio.gov/Topics/Student-Supports/PBIS-Resources/Supporting-Positive-School-Climate-with-ESSER-and>)

Review school mental health best practices

(<https://mhccnetwork.org/centers/mhcc-network-coordinating-office/national-school-mental-health-implementation-guidance>) and implementation.

Promote Positive Behavioral Interventions and Supports with fidelity in your school. (</getattachment/Topics/Student-Supports/Supporting-Student-Wellness-Toolkit/Strategic-Planning-for-Increased-Social-Emotional-and-Behavioral-Needs-in-2021-2022-Leveraging-PBIS-003-1.pdf.aspx?lang=en-US>)

- Strategic Planning for Increased Social, Emotional and Behavioral Needs in 2021-2022: Leveraging PBIS (</getattachment/Topics/Student-Supports/Supporting-Student-Wellness-Toolkit/Strategic-Planning-for-Increased-Social-Emotional-and-Behavioral-Needs-in-2021-2022-Leveraging-PBIS-003-1.pdf.aspx?lang=en-US>)
- Leveraging Multi-Tiered Systems of Support Systems to Support the Return to School During and After Crisis (<https://www.pbis.org/video/leveraging-mtss-systems-to-support-the-return-to-school-during-and-after-crisis>)
- Returning after COVID: Differentiating School and District Supports (<https://www.pbis.org/video/session-a2-pbis-forum-2020-returning-after-covid-differentiating-school-district-supports>)

### Trauma-Informed Practices and Policies

Support a sustainable trauma informed framework

(<https://www.nctsn.org/resources/creating-supporting-and-sustaining-trauma-informed-schools-system-framework>) in your school.

### Professional Development

Identify flexibilities and opportunities to revise professional development programming to address emerging needs.

Connect with community partners to provide ongoing professional development on relevant topics like Positive Behavioral Interventions and Supports, evidence-based prevention programs, trauma informed practices and other best practices for safety and school climate.

- **Educational Service Centers** (<https://www.oesca.org/>)
- **State Support Team** (<https://education.ohio.gov/Topics/District-and-School-Continuous-Improvement/State-Support-Teams>)
- **ADAMH Board** (<https://mha.ohio.gov/wps/portal/gov/mha/community-partners/adamh-boards>)
- **Ohio Association of County Behavioral Health Authorities** (<https://www.oacbha.org/>)
- **Positive Behavioral Interventions and Supports for Administrators** (<https://education.ohio.gov/Topics/Student-Supports/PBIS-Resources/Ohio-Positive-Behavior-Interventions-Network-2>)

### Relationship Building

#### Promote parental engagement

(<https://ohiofamiliesengage.osu.edu/2019/05/07/introduction-to-building-school-family-partnerships-a-guide-for-school-leaders/>) through resource sharing, newsletters, or workshops about mental health and well-being.

Increase opportunities for connection between staff and cooperation... day. Allow time for and encourage staff collaboration through a shared

Promote collaboration at staff or team meetings through a shared agenda and opportunities for staff to reflect or share with peers.

### Staff Support and Mentorship

Develop a support group or mentoring program to allow teachers to receive peer-support. Allow groups time for real-time problem solving.

Become familiar with Secondary Traumatic Stress (<https://ohiofamiliesengage.osu.edu/wp-content/uploads/2019/09/10.-Secondary-Traumatic-Stress-Handout.pdf>) and develop a response for your building.

#### Support school wide practices to combat stress

(<https://www.pbisapps.org/articles/building-system-level-solutions-to-school-wide-stress>).

Promote wellness events or groups for staff such as: yoga, walking groups, recipe swaps or a social event for staff engagement.

Create a physical staff wellness space (</getattachment/Topics/Student-Supports/Supporting-Student-Wellness-Toolkit/Staff-Wellness-Space-Infographic.pdf.aspx?lang=en-US>) in your building.

Acknowledge and address grief or trauma experienced by staff.

### RESOURCES FOR SCHOOL ADMINISTRATORS

**Supporting Child and Student Social, Emotional, and Mental Health Needs** (<https://www2.ed.gov/documents/students/supporting-child-student-social-emotional-behavioral-mental-health.pdf>) : Address challenges to providing school-based mental health support.

**Trauma Informed, Resilience-Oriented Schools Toolkit** (<https://www.nc2s.org/resource/trauma-informed-resilience-oriented-schools-tiros-toolkit/>): The toolkit provides tools, videos, professional development slide decks, and concise instruction to explain the concepts of trauma and toxic stress, offers strategies for addressing trauma and fostering and offers strategies to assess the impact of these adaptations throughout the school community.

**Ohio School Safety Center 2021-2022 Back to School Safety & Wellness Resources:** (<https://ohioschoolsafetycenter.ohio.gov/pre-k-12-schools/2021-2022-back-to-school-safety-and-wellness-resources/resources-for-administrators>) The Ohio School Safety Center has compiled a list of resources and initiatives to support administrators regarding student and staff mental health, anti-bullying/violence prevention, suicide prevention, threat assessment teams and other school safety initiatives.

### District Administrators

District administrators are working to provide additional supports to meet the need of schools, educators and students. The pandemic has created new challenges in meeting the needs of school buildings, school personnel and students.

The following are practical resources and tools district administrators can use to create new partnerships to increase support services and improve student health and wellness.

#### Create Partnerships

Connect with partners to provide additional professional development or support services.

- **Educational Service Center** (<https://www.oesca.org/>)
- **State Support Team** (<https://education.ohio.gov/Topics/District-and-School-Continuous-Improvement/State-Support-Teams>)

- **ADAMH Board** (<https://mha.ohio.gov/wps/portal/gov/mha/community-partners/adamh-boards>)
- **Ohio Association of County Behavioral Health Authorities** (<https://www.oacbha.org/>)
- **Prevention Services for Schools** (<https://education.ohio.gov/Topics/Student-Supports/Creating-Caring-Communities/Prevention-Education>)

Establish school-based health centers or community partnerships with health and mental health providers.

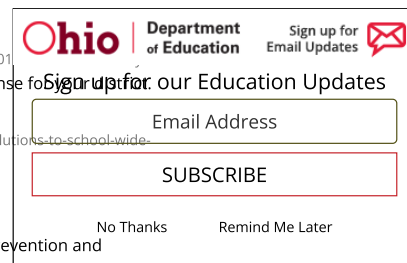
- **Resources for Districts to Support Student Wellness** (<https://education.ohio.gov/Topics/Student-Supports/Supporting-Student-Wellness/Student-Wellness-and-Success-Resources-for-District>)

#### Staff Mental Health Support

Expand access to Employee Assistance Program or create connections to provide services for school personnel.

Become familiar with Secondary Traumatic Stress (<https://ohiofamiliesengage.osu.edu/wp-content/uploads/2017/08/Traumatic-Stress-Handout.pdf>) and develop a response for your staff.

Support school wide practices to combat stress (<https://www.pbisapps.org/articles/building-system-level-solutions-to-school-wide-stress>).



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#### Student Mental Health Supports

Identify funding strategies for schools to expand prevention and mental health services.

- **ESSER and ARP Funds for Prevention Education and Mental Health Supports** (<https://education.ohio.gov/Topics/Student-Supports/Creating-Caring-Communities/ESSER-and-ARP-Funds-for-Prevention-Education-and-M>)

Become familiar with school mental health best practices (<https://mhccnetwork.org/centers/mhcc-network-coordinating-office/national-school-mental-health-implementation-guidance>) and implementation.

#### Social, Emotional and Behavioral Health

Support social and emotional learning strategies in the district.

Use data to find locations where behavioral needs require additional support.

- Consider using the Ohio Healthy Youth Environments Survey (OHYES!) (<https://ohyes.ohio.gov/>), a free, voluntary, web-based survey for grades 7 through 12, used to collect student health and wellness information to assess student needs.

Create strong district-family partnerships to leverage families' expertise and diversity.

#### Trauma-Informed Practices and Policies

Identify policies ([http://cars-rp.org/\\_MHCC/docs/Trauma-Informed-Policies.pdf](http://cars-rp.org/_MHCC/docs/Trauma-Informed-Policies.pdf)) that can lead to impactful trauma-informed practices.

Support a sustainable trauma informed framework (<https://www.nts.org/resources/creating-supporting-and-sustaining-trauma-informed-schools-system-framework>) in your district.

#### RESOURCES FOR DISTRICT ADMINISTRATORS

**Trauma Informed, Resilience-Oriented Schools Toolkit** (<https://www.nc2s.org/resource/trauma-informed-resilience-oriented-schools-tiros-toolkit/>): The toolkit provides tools, videos, professional development slide decks, and concise instruction to explain the concepts of trauma and toxic stress, offers strategies for addressing trauma and fostering and offers strategies to assess the impact of these adaptations throughout the school community.

**Back to School after COVID-19: Supporting Student and Staff Mental Health** (<https://mhccnetwork.org/sites/default/files/2020-07/B2S%20Toolkit%20-%20Print%20Ready3.pdf>) : This toolkit is designed to help guide conversations to include a trauma-informed, equitable and compassionate lens to providing mental health supports to every member of the school community.

**Responding to COVID-19: Simple Strategies Anyone Can Use to Foster an Emotionally Safe School Environment:** (<https://csch.uconn.edu/wp-content/uploads/sites/2206/2020/07/CSCH-Report-Responding-to-COVID-19-Simple-Strategies-7-6-20.pdf>) The Collaboratory on School and Child Health provides practical strategies for school staff to foster a safe and positive school climate.

**Ohio School Safety Center 2021-2022 Back to School Safety & Wellness Resources:** (<https://ohioschoolsafetycenter.ohio.gov/pre-k-12-schools/2021-2022-back-to-school-safety-and-wellness-resources/resources-for-administrators>) The Ohio School Safety Center has compiled a list of resources and initiatives to support administrators regarding

student and staff mental health, anti-bullying/violence prevention, suicide prevention, threat assessment teams and other school safety initiatives.

#### Community Partnership Toolkit:

(<https://education.ohio.gov/Topics/Student-Supports/Ohio-Whole-Child-Framework/Community-Partnership-Toolkit>) The Ohio Department of Education's Local Stakeholder Engagement Toolkit is a great starting point for developing, sustaining, and engaging local stakeholders and community partners in whole child work.

#### Mental Health Toolkit: (<https://askearn.org/page/mental-health-toolkit>)

The Employer Assistance and Resource Network on Disability Inclusion provides background, tools and resources to help employers learn more about mental health and cultivate a welcoming and supportive work environment.

#### Positive Behavioral Interventions and Supports for Administrators

([/Topics/Student-Supports/Ohio-PBIS/PBIS-for-Administrators](https://education.ohio.gov/Topics/Student-Supports/Ohio-PBIS/PBIS-for-Administrators)): A state example of recommendations for aligning social and emotional learning and Positive Behavioral Interventions and

The form features the Ohio Department of Education logo and a 'Sign up for Email Updates' button with an envelope icon. Below the logo is a text input field labeled 'Email Address' and a prominent 'SUBSCRIBE' button. At the bottom, there are two smaller buttons: 'No Thanks' and 'Remind Me Later'.

## Students and Families

Students and families may find these resources and tools helpful as students adjust to new learning environments. Below are ideas for families to support their student's wellness.

### Help Manage Intense Feelings and Build Social Skills

Practice and use calming and focusing strategies like deep breathing, mindful movements, progressive relaxation and positive self-talk.

- **Relaxation techniques for families**  
(<https://ohiofamiliesengage.osu.edu/wp-content/uploads/2019/09/6-Relaxation-Exercises.pdf>)
- **Relaxation Script for Younger Children**  
(<https://depts.washington.edu/uwhatc/PDF/TF-%20CBT/pages/4%20Emotion%20Regulation%20Skills/Client%20Handouts/Relaxation/Relaxation%20Script%20for%20Younger%20>)
- **Model Resiliency and Healthy Responses. When adults care for themselves, they model healthy behaviors for children. Children watch and repeat how adults manage stress.**

Normalize confusion, anxieties or frustration about current events or changes in routines ([https://www.cmhnetwork.org/news/transitioning-back-to-school-tips-for-parents/?vgo\\_ee=MsHGMLpy22UbBTTZyesQVQ%3D%3D](https://www.cmhnetwork.org/news/transitioning-back-to-school-tips-for-parents/?vgo_ee=MsHGMLpy22UbBTTZyesQVQ%3D%3D)).

Let Them Play. Just like adults need to talk through difficult topics to process them, children need to play to process the difficult things in their lives. Engage in fun games that increase focus and memory. (<https://ggie.berkeley.edu/collection/brain-games-to-try-at-home/>)

Collaborate with strategies from your child's school to make a family schedule, choose family expectations, and make a plan to teach, remind, reward, and respond to behavior at home. (<https://www.pbis.org/resource/family-plan-for-positive-behavior-at-home>)

## Stay Connected

Help build upon positive childhood experiences: encourage your child to talk about feelings or how their day was, support child during difficult times, facilitate relationships with other trusted adults outside of your family, discuss and emphasize family traditions.

Reach out to friends and family via phone or video chats to stay socially connected.

### Maintain communication

(<https://ohiofamiliesengage.osu.edu/2020/10/23/conversation-starters-to-use-with-your-childs-teachers/>) with your child's teacher around needs, concerns and progress (<https://ohiofamiliesengage.osu.edu/2019/10/02/how-to-prepare-for-a-conversation-with-your-childs-teacher/>).

## Maintain Healthy Habits

At an age-appropriate level, have conversations about potential consequences associated with inappropriate online behavior.

- **Common Sense Media-Technology Support and Strategies for Parents**  
(<https://www.commonsensemedia.org/screen-time>)
- **Starting Conversations with Youth about Social Media**  
(<https://ohioschoolsafetycenter.ohio.gov/static/StartConversationsAboutSocialMedia.pdf>)

A nutritious, balanced diet can promote overall wellness. The U.S. Department of Agriculture has provided online resources (<https://www.choosemyplate.gov/>) to encourage healthy nutrition.

Be sure children are getting enough sleep. Have the same nightly routine and bedtime on both weeknights and weekends to maintain consistency. The Centers for Disease Control has posted recommendations



([https://www.cdc.gov/sleep/about\\_sleep/how\\_much\\_sleep.html](https://www.cdc.gov/sleep/about_sleep/how_much_sleep.html)) for how much sleep children should get each night.

Continue to maintain and attend appointments for well-child visits, immunizations and oral health care.

### Seek Help

Seek additional supports through school, behavioral health agencies or other community resources.

- SAMHSA National Helpline: 1-800-662-HELP (4357)
- SAMHSA Online Treatment Locator (<https://findtreatment.samhsa.gov/>)
- Ohio Care Line (<https://mha.ohio.gov/wps/portal/gov/mha/get-help/get-help-now/ohio-careline>)

**RESOURCES FOR STUDENTS AND FAMILIES**

How to Support Children's Social, Emotional and Behavioral Health and Well-Being (<https://education.ohio.gov/Topics/Student-Supports/Creating-Caring-Communities/Health-and-Well-Being>) provides practical ideas and easy steps to help support children's well-being.

Return to School Roadmap: (<https://sites.ed.gov/roadmap/parent-checklist/>)

Considerations and strategies for assisting your child's health and well-being while in school.

Supporting Self-Care, Routines, and Understanding COVID-19: (<https://www.ocali.org/project/HereToHelp-Resources-for-Families-and-Caregivers/page/Supporting-Self-Care-Routines-and-Understanding-COVID-19>)

Resources designed for families, and individuals to support self-care practices, emotional well-being, and maintaining a healthy foundation during these uncertain times.

Ohio School Safety Center 2021-2022 Back to School Safety & Wellness Resources (<https://ohioschoolsafetycenter.ohio.gov/pre-k-12-schools/2021-2022-back-to-school-safety-and-wellness-resources/resources-for-parents-and-guardians/>): The Ohio School Safety Center has compiled a list of resources and initiatives to support families regarding students' mental health, returning to school, learning, anti-bullying/violence prevention, and suicide prevention.

Supporting Emotional Wellbeing in Children and Youth: (<https://www.nap.edu/resource/other/dbasse/wellbeing-tools/interactive/>) From the National Academies of Medicine, tools for children, teens, and parents to learn how to cope with challenges.

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### Communities

Community organizations play a critical role in supporting the mental health of children and young people by providing programming and supports and working to create safe, stable, and nurturing environments children and youth need to thrive. Children and young people themselves can also take action to protect, improve and advocate for their mental health.

While different community organizations may address different community problems, serve various youth populations and may implement different solutions, all community organizations can use the following recommendations:

#### **Educate the public about the importance of mental health and reduce negative stereotypes, bias and stigma around mental illness.**

Create open dialogue about mental health and correct misconceptions and biases.

Partner with trusted messengers such as youth-led programs, faith leaders and behavioral health professionals to speak to community members about youth mental health needs.

Address misconceptions in key community stakeholder groups that have outside influence over young people such as educators, faith leaders and the media.

#### **Implement evidence-based programs that promote healthy development, support youth and their families, increase protective factors and increase their resilience.**

Youth-led programming, mentoring and afterschool programs.

Skill-based parenting and family relationship programs.

Evidence-based programs designed to prevent substance use/misuse, suicide, violence and other mental, emotional and behavior problems.

Community coalition efforts addressing substance use/misuse, suicide, depression/anxiety, violence and social determinants of health.

**Ensure that programs are rigorously evaluate mental health related outcomes**

Track outcomes around anxiety, depression, and suicide, as well as upstream risk and protective factors such as social connectedness and coping skills.

**Address the unique mental health needs of at-risk youth.**

Youth-serving organizations should be intentional about how and to whom program services are offered.

Actively recruit and engage populations who have historically been prevented from equal access to opportunities and services.


Engage with youth to understand what unique barriers may prevent them from accessing services.

Recruit program staff directly from communities being served.

Build program staff capacity to recognize personal biases and structural challenges in these communities.

**Elevate the voices of children, young people and the**

Engage youth in community-based mental health efforts  
Gather feedback from youth and families involved in programming to understand what is and isn't working.

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**RESOURCES FOR COMMUNITIES**

**Ohio CareLine (1-800-720-9616)** (<https://mha.ohio.gov/get-help/get-help-now/ohio-careline>): The Ohio CareLine is a toll-free emotional support call services developed by the Ohio Department of Mental Health and Addiction Services. Behavioral health professionals' staff the CareLine 24 hours a day, 7 days/week. They offer confidential support in times of personal or family crisis when individuals may be struggling to cope with challenges in their lives.

**Crisis Text Line** (<https://www.crisistextline.org/>): Text "4hope" to 741-741 to be connected to a trained Crisis Counselor. The Crisis Text Line is a free, confidential service available 24/7 via text on mobile devices. The Crisis Text Line is free, and the number will not appear on a phone bill with the mobile service provider.

**Be Present Ohio** (<https://bepresentohio.org/>): The Be Present Ohio campaign provides support content for parents and caregivers. The message "Your Presences is a Present" - let youth know how much you care.

**With You Here** (<https://www.withyouhere.org/>): Life is Better With You Here provides resources and supports for African American middle and high school age and young adults.

**Sources of Strength Ohio** (<https://sourcesofstrength.org/>): Sources of Strength is a comprehensive wellness program that focuses on suicide prevention but impacts other issues such as substance abuse, bullying and violence. Sources of Strength is available for elementary and secondary grades and can be implemented in schools or community settings.

**Know!**

(<https://preventionactionalliance.org/about/programs/know/#:-:text=Know!%20is%20an%20educational%20program,Know!>):

An educational program that empowers parents and teachers to promote health and wellness and protect the young people in lives from unhealthy behaviors. Know! Provides ongoing, timely, and relevant information about the latest trends in behavioral health and substance misuse prevention with an eye towards how parents and teachers can use the information to support young people.

**On Our Sleeves** (<https://www.onoursleeves.org/>): Created by Nationwide Children's Hospital, On Our Sleeves is a free educational resource to start conversations, educate families, and boost mental health and wellness. On Our Sleeves works to break stigmas and educate families and advocates about children's mental health by providing all families access to free, evidence-based educational recourses and supports access by connecting families to trusted local resources.

**Ohio Adult Allies** (<https://www.ohioadultallies.com/>): The Ohio Adult Allies is a diverse network of adults who are committed to advancing the work of youth-led programs by working alongside young people to create change in their communities.


**Ohio Youth Led Prevention Network**

(<https://preventionactionalliance.org/connect/ohio-youth-led-prevention-network/>): OYLPN is a network of youth-led substance misuse prevention providers and youth across the state who are committed to the cornerstones of youth-led prevention, peer prevention, positive youth development, and community service. The network provides needed support for the student, school, and parent organizations, and can connect you with other like-minded groups in addition to providing resources, training, and more.

Protecting Youth Mental Health: The U.S. Surgeon General's Advisory (<https://www.hhs.gov/sites/default/files/surgeon-general-youth-mental-health-advisory.pdf>) : This Advisory offers recommendations for supporting the mental health of children, adolescents, and young adults.

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# Supporting School Wellness Toolkit



The COVID-19 pandemic continues to cause stress, affect emotional well-being and intensify mental health needs. The Protecting Youth Mental Health: The U.S. Surgeon General's Advisory

(<https://www.hhs.gov/sites/default/files/surgeon-general-youth-mental-health-advisory.pdf>) identified that mental health needs in young people

continue to rise with symptoms of anxiety and depression doubling during the pandemic. Though increases in distress symptoms are common during disasters, most people cope well and do not go on to develop mental health disorders. Resiliency can be learned and developed, especially with home, school and community support. This toolkit will help people do hard things later in life.

For students, these mental health needs can go unsupported, leading to behaviors that are inconsistent with school expectations. It is important that students and staff know that it is okay to ask for help and be ready to respond to those who need additional support. Providing school-based mental health supports and safe learning environments help students improve their overall well-being, allowing them to thrive.

Ohio's educators and students have shown an incredible amount of resilience despite ongoing changes and concerns. This toolkit provides teachers, administrators, students and families and communities with support to assist in responding to challenges amplified by the COVID-19 pandemic. Click on the boxes below to find a collection of resources and recommendations, organized by audience type, to address current student and staff wellness challenges.

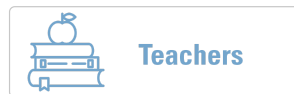

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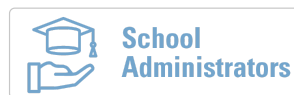
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**Teachers**



**School Administrators**



**District Administrators**



**Students and Families**



**Communities**

## Teachers

Teachers continue to support students while trying to stay physically, mentally and emotionally well. The following are practical resources and tools teachers can use to support student behavior through relationship building, self-regulation and trauma-informed practices. Teachers should also continue to practice self-care and seek additional support when needed.

### Relationship Building

**Create safe and supportive classrooms**

(<https://www.classroomwise.org/video-library>).

**Learn effective ways to connect and engage with students**

(<https://searchinstitute.org/resources-hub/relationships-matter-the-five-elements-of-developmental-relationships>).

**Make empathetic connections with students**

(<https://wosu.pbslearningmedia.org/resource/the-power-of-connection-video/stress-trauma-and-the-brain-insights-for-educators-thinktv-cet/>).

- Allow students to share about their personal lives through show and tell, pictures or stories.

### Student Calming and Focusing Strategies

Establish a calm down corner (<https://www.youtube.com/watch?v=dxBv1w45Qyw>).

Use brain breaks (<https://www.edutopia.org/video/9-brain-breaks-elementary-students>) to transition between activities.

Introduce grounding technique (<https://www.mayoclinichealthsystem.org/hometown-health/speaking-of-health/5-4-3-2-1-countdown-to-make-anxiety-blast-off>) to help students regulate emotions.

Offer fidgets, flexible seating options or sensory interventions.

### Staff Self-Care

Regulate yourself (<https://www.pbs.org/video/episode-4-regulating-yourself-and-your-classroom-lvcxvc/>) to regulate your classroom.

Recognize the signs (<https://ohiofamiliesengage.osu.edu/wp-content/uploads/2019/09/8.-NCTSN-Self-Care-for-Educators.pdf>) compassion fatigue.

Take steps toward self-care (<https://ohiofamiliesengage.osu.edu/wp-content/uploads/2019/09/9.-Taking-Care-of-Yourself-Checklist.pdf>).

Monitor your feelings of stress, anger or sadness (<https://mha.ohio.gov/wps/portal/gov/mha/community-partners/schools/resources/abcs-of-mental-health>) and seek support.

### Trauma Informed Practices

Be aware of common symptoms of trauma and helpful strategies to use in the classroom.

([https://ies.ed.gov/ncee/edlabs/regions/appalachia/events/materials/04-8-20-Handout3\\_common-trauma-symptoms-and-helpful-strategies-for-educators.pdf](https://ies.ed.gov/ncee/edlabs/regions/appalachia/events/materials/04-8-20-Handout3_common-trauma-symptoms-and-helpful-strategies-for-educators.pdf))

Post schedules and create classroom routines to create predictability, structure and consistency.

Recognize when students may be experiencing a fight, flight or freeze response (<https://www.youtube.com/watch?v=BaNAQIdb6dQ>)

- Manage stress in the classroom. (<https://www.pbisapps.org/articles/10-strategies-to-combat-stress-in-the-classroom>)

Become familiar with the strategy of addressing challenging behaviors through regulating, relating and reasoning

(<https://wosu.pblearningmedia.org/resource/educator-strategies-for-the-classroom-video/stress-trauma-and-the-brain-insights-for-educators-thinktv-ct/>).

### Classroom Management

Use de-escalation and emotional regulation strategies (<https://www.classroomwise.org/video-library#Module2>) when students are experiencing big emotions.

Practice maintaining a “low and slow” voice volume and pitch.

Use reflective statements to convey understanding.

- Example: “You are feeling frustrated with being told to complete the math problems before you have tablet time.”

### Know When to Refer for Services

Be aware and identify warning signs of a mental health crisis (<https://mha.ohio.gov/wps/portal/gov/mha/get-help/prevention-services/suicide-prevention>). Refer to counseling or case management services.

#### RESOURCES FOR TEACHERS

Trauma Informed Schools (<https://education.ohio.gov/Topics/Student-Supports/PBIS-Resources/Trauma-Informed-Schools>): Trauma Informed Schools are sensitive to the needs of individuals who have experienced trauma.

Trauma Informed, Resilience-Oriented Schools Toolkit (<https://www.nc2s.org/resource/trauma-informed-resilience-oriented-schools-tiros-toolkit/>): The toolkit provides tools, videos, professional development slide decks, and concise instruction to explain the concepts of trauma and toxic stress, offers strategies for addressing trauma and fostering and offers strategies to assess the impact of these adaptations throughout the school community.

Support for Teachers: The Role of Mindfulness ([https://www.youtube.com/watch?v=zNn\\_R32h0Rc&list=PLU5d15PFey\\_qS96ioQLbbgSA045wAEVOB&index=6](https://www.youtube.com/watch?v=zNn_R32h0Rc&list=PLU5d15PFey_qS96ioQLbbgSA045wAEVOB&index=6)): Teachers can address stress in their lives, both at school and at home, by practicing mindfulness.

Child Mind Institute (<https://childmind.org/healthyminds/educators/>): Age-appropriate videos which teach students key skills related to

mental health and emotions. Each video comes with skill sheets that summarize and reinforce key ideas.

## School Administrators

School administrators are facing increased incidents of student behavioral challenges and staffing shortages.

The following are practical resources and tools school administrators can use to implement multi-tiered systems of support to create safe, trauma-informed schools and to develop an environment that promotes staff wellness.

### Evidence-Based Programs

Utilize evidence-based, prevention-focused curriculum, programs and supports.

- Ohio's Evidence-Based Clearinghouse (<https://ess.state.edu/home>)
- Substance Abuse and Mental Health Services Administration Evidence-Based Practices Resource Center (<https://www.samhsa.gov/resource-search/ebp>)
- What Works Clearinghouse (<https://ies.ed.gov/ncee/wwc/WWW/Results?filters=,Behavior>)

Integrate Social and Emotional Learning into your PBIS Framework (<https://www.pbis.org/resource/integrating-social-and-emotional-learning-into-your-school-wide-positive-behavior-interventions-and-supports-framework>).

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### Strengthen Tiered Supports

Implement universal screenings (<https://k12engagement.unl.edu/School-wide%20Behavior%20Screening%204-15-15.pdf>) to identify student needs.

- Identify and provide supports to youth at higher risk for significant stress or trauma.

Evaluate implementation and fidelity of universal strategies (<https://www.pbis.org/pbis/tier-1>) to support student behavior.

Support positive school climate to increase feelings of safety and belonging among staff and students.

- Promoting a Positive and Equitable School Climate During the Pandemic in Ohio's Districts and Schools ([https://cehs.csuohio.edu/sites/default/files/promoting\\_a\\_positive\\_and\\_equitable\\_school\\_climate\\_during\\_the\\_pandemic\\_0.pdf](https://cehs.csuohio.edu/sites/default/files/promoting_a_positive_and_equitable_school_climate_during_the_pandemic_0.pdf))
- Supporting School Safety in Response to Social Media Challenges (<https://ohioschoolsafetycenter.ohio.gov/static/SupportingSchoolSafetyResponseToSocialMediaChallenges.pdf>)
- Supporting Positive School Climate with ESSER and ARP Funds (<https://education.ohio.gov/Topics/Student-Supports/PBIS-Resources/Supporting-Positive-School-Climate-with-ESSER-and>)

Review school mental health best practices (<https://mhccnetwork.org/centers/mhcc-network-coordinating-office/national-school-mental-health-implementation-guidance>) and implementation.

Promote Positive Behavioral Interventions and Supports with fidelity in your school. (</getattachment/Topics/Student-Supports/Supporting-Student-Wellness-Toolkit/Strategic-Planning-for-Increased-Social-Emotional-and-Behavioral-Needs-in-2021-2022-Leveraging-PBIS-003-1.pdf.aspx?lang=en-US>)

- Strategic Planning for Increased Social, Emotional and Behavioral Needs in 2021-2022: Leveraging PBIS (</getattachment/Topics/Student-Supports/Supporting-Student-Wellness-Toolkit/Strategic-Planning-for-Increased-Social-Emotional-and-Behavioral-Needs-in-2021-2022-Leveraging-PBIS-003-1.pdf.aspx?lang=en-US>)
- Leveraging Multi-Tiered Systems of Support Systems to Support the Return to School During and After Crisis (<https://www.pbis.org/video/leveraging-mtss-systems-to-support-the-return-to-school-during-and-after-crisis>)
- Returning after COVID: Differentiating School and District Supports (<https://www.pbis.org/video/session-a2-pbis-forum-2020-returning-after-covid-differentiating-school-district-supports>)

### Trauma-Informed Practices and Policies

Support a sustainable trauma informed framework (<https://www.nctsn.org/resources/creating-supporting-and-sustaining-trauma-informed-schools-system-framework>) in your school.

### Professional Development

Identify flexibilities and opportunities to revise professional development programming to address emerging needs.

Connect with community partners to provide ongoing professional development on relevant topics like Positive Behavioral Interventions and Supports, evidence-based prevention programs, trauma informed practices and other best practices for safety and school climate.

- **Educational Service Centers** (<https://www.oesca.org/>)
- **State Support Team** (<https://education.ohio.gov/Topics/District-and-School-Continuous-Improvement/State-Support-Teams>)
- **ADAMH Board** (<https://mha.ohio.gov/wps/portal/gov/mha/community-partners/adamh-boards>)
- **Ohio Association of County Behavioral Health Authorities** (<https://www.oacbha.org/>)
- **Positive Behavioral Interventions and Supports for Administrators** (<https://education.ohio.gov/Topics/Student-Supports/PBIS-Resources/Ohio-Positive-Behavior-Interventions-Network-2>)

### Relationship Building

#### Promote parental engagement

(<https://ohiofamiliesengage.osu.edu/2019/05/07/introduction-to-building-school-family-partnerships-a-guide-for-school-leaders/>) through resource sharing, newsletters, or workshops about mental health and well-being.

Increase opportunities for connection between staff and cooperation... day. Allow time for and encourage staff collaboration through a shared

Promote collaboration at staff or team meetings through a shared agenda and opportunities for staff to reflect or share with peers.

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### Staff Support and Mentorship

Develop a support group or mentoring program to allow teachers to receive peer-support. Allow groups time for real-time problem solving.

Become familiar with Secondary Traumatic Stress (<https://ohiofamiliesengage.osu.edu/wp-content/uploads/2019/09/10.-Secondary-Traumatic-Stress-Handout.pdf>) and develop a response for your building.

Support school wide practices to combat stress (<https://www.pbisapps.org/articles/building-system-level-solutions-to-school-wide-stress>).

Promote wellness events or groups for staff such as: yoga, walking groups, recipe swaps or a social event for staff engagement.

Create a physical staff wellness space (</getattachment/Topics/Student-Supports/Supporting-Student-Wellness-Toolkit/Staff-Wellness-Space-Infographic.pdf.aspx?lang=en-US>) in your building.

Acknowledge and address grief or trauma experienced by staff.

### RESOURCES FOR SCHOOL ADMINISTRATORS

**Supporting Child and Student Social, Emotional, and Mental Health Needs** (<https://www2.ed.gov/documents/students/supporting-child-student-social-emotional-behavioral-mental-health.pdf>) : Address challenges to providing school-based mental health support.

**Trauma Informed, Resilience-Oriented Schools Toolkit** (<https://www.nc2s.org/resource/trauma-informed-resilience-oriented-schools-tiros-toolkit/>): The toolkit provides tools, videos, professional development slide decks, and concise instruction to explain the concepts of trauma and toxic stress, offers strategies for addressing trauma and fostering and offers strategies to assess the impact of these adaptations throughout the school community.

**Ohio School Safety Center 2021-2022 Back to School Safety & Wellness Resources:** (<https://ohioschoolsafetycenter.ohio.gov/pre-k-12-schools/2021-2022-back-to-school-safety-and-wellness-resources/resources-for-administrators>) The Ohio School Safety Center has compiled a list of resources and initiatives to support administrators regarding student and staff mental health, anti-bullying/violence prevention, suicide prevention, threat assessment teams and other school safety initiatives.

### District Administrators

District administrators are working to provide additional supports to meet the need of schools, educators and students. The pandemic has created new challenges in meeting the needs of school buildings, school personnel and students.

The following are practical resources and tools district administrators can use to create new partnerships to increase support services and improve student health and wellness.

#### Create Partnerships

Connect with partners to provide additional professional development or support services.

- **Educational Service Center** (<https://www.oesca.org/>)
- **State Support Team** (<https://education.ohio.gov/Topics/District-and-School-Continuous-Improvement/State-Support-Teams>)

- **ADAMH Board** (<https://mha.ohio.gov/wps/portal/gov/mha/community-partners/adamh-boards>)
- **Ohio Association of County Behavioral Health Authorities** (<https://www.oacbha.org/>)
- **Prevention Services for Schools** (<https://education.ohio.gov/Topics/Student-Supports/Creating-Caring-Communities/Prevention-Education>)

Establish school-based health centers or community partnerships with health and mental health providers.

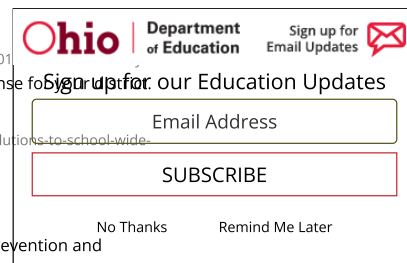
- **Resources for Districts to Support Student Wellness** (<https://education.ohio.gov/Topics/Student-Supports/Supporting-Student-Wellness/Student-Wellness-and-Success-Resources-for-District>)

### Staff Mental Health Support

Expand access to Employee Assistance Program or create connections to provide services for school personnel.

Become familiar with Secondary Traumatic Stress (<https://ohiofamiliesengage.osu.edu/wp-content/uploads/2017/08/Traumatic-Stress-Handout.pdf>) and develop a response for your staff.

Support school wide practices to combat stress (<https://www.pbisapps.org/articles/building-system-level-solutions-to-school-wide-stress>).



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### Student Mental Health Supports

Identify funding strategies for schools to expand prevention and mental health services.

- **ESSER and ARP Funds for Prevention Education and Mental Health Supports** (<https://education.ohio.gov/Topics/Student-Supports/Creating-Caring-Communities/ESSER-and-ARP-Funds-for-Prevention-Education-and-M>)

Become familiar with school mental health best practices (<https://mhccnetwork.org/centers/mhcc-network-coordinating-office/national-school-mental-health-implementation-guidance>) and implementation.

### Social, Emotional and Behavioral Health

Support social and emotional learning strategies in the district.

Use data to find locations where behavioral needs require additional support.

- Consider using the Ohio Healthy Youth Environments Survey (OHYES!) (<https://ohyes.ohio.gov/>), a free, voluntary, web-based survey for grades 7 through 12, used to collect student health and wellness information to assess student needs.

Create strong district-family partnerships to leverage families' expertise and diversity.

### Trauma-Informed Practices and Policies

Identify policies ([http://cars-rp.org/\\_MHCC/docs/Trauma-Informed-Policies.pdf](http://cars-rp.org/_MHCC/docs/Trauma-Informed-Policies.pdf)) that can lead to impactful trauma-informed practices.

Support a sustainable trauma informed framework (<https://www.nts.org/resources/creating-supporting-and-sustaining-trauma-informed-schools-system-framework>) in your district.

#### RESOURCES FOR DISTRICT ADMINISTRATORS

**Trauma Informed, Resilience-Oriented Schools Toolkit** (<https://www.nc2s.org/resource/trauma-informed-resilience-oriented-schools-tiros-toolkit/>): The toolkit provides tools, videos, professional development slide decks, and concise instruction to explain the concepts of trauma and toxic stress, offers strategies for addressing trauma and fostering and offers strategies to assess the impact of these adaptations throughout the school community.

**Back to School after COVID-19: Supporting Student and Staff Mental Health** (<https://mhccnetwork.org/sites/default/files/2020-07/B2S%20Toolkit%20-%20Print%20Ready3.pdf>) : This toolkit is designed to help guide conversations to include a trauma-informed, equitable and compassionate lens to providing mental health supports to every member of the school community.

**Responding to COVID-19: Simple Strategies Anyone Can Use to Foster an Emotionally Safe School Environment:** (<https://csch.uconn.edu/wp-content/uploads/sites/2206/2020/07/CSCH-Report-Responding-to-COVID-19-Simple-Strategies-7-6-20.pdf>) The Collaboratory on School and Child Health provides practical strategies for school staff to foster a safe and positive school climate.

**Ohio School Safety Center 2021-2022 Back to School Safety & Wellness Resources:** (<https://ohioschoolsafetycenter.ohio.gov/pre-k-12-schools/2021-2022-back-to-school-safety-and-wellness-resources/resources-for-administrators>) The Ohio School Safety Center has compiled a list of resources and initiatives to support administrators regarding



student and staff mental health, anti-bullying/violence prevention, suicide prevention, threat assessment teams and other school safety initiatives.

#### Community Partnership Toolkit:

(<https://education.ohio.gov/Topics/Student-Supports/Ohio-Whole-Child-Framework/Community-Partnership-Toolkit>) The Ohio Department of Education's Local Stakeholder Engagement Toolkit is a great starting point for developing, sustaining, and engaging local stakeholders and community partners in whole child work.

#### Mental Health Toolkit: (<https://askearn.org/page/mental-health-toolkit>)

The Employer Assistance and Resource Network on Disability Inclusion provides background, tools and resources to help employers learn more about mental health and cultivate a welcoming and supportive work environment.

#### Positive Behavioral Interventions and Supports for Administrators

([/Topics/Student-Supports/Ohio-PBIS/PBIS-for-Administrators](https://education.ohio.gov/Topics/Student-Supports/Ohio-PBIS/PBIS-for-Administrators)): A state example of recommendations for aligning social and emotional learning and Positive Behavioral Interventions and

The form features the Ohio Department of Education logo and a 'Sign up for Email Updates' button with an envelope icon. Below the logo is a text input field labeled 'Email Address' and a prominent 'SUBSCRIBE' button. At the bottom, there are two smaller buttons: 'No Thanks' and 'Remind Me Later'.

## Students and Families

Students and families may find these resources and tools helpful as students adjust to new learning environments. Below are ideas for families to support their student's wellness.

### Help Manage Intense Feelings and Build Social Skills

Practice and use calming and focusing strategies like deep breathing, mindful movements, progressive relaxation and positive self-talk.

- **Relaxation techniques for families**  
(<https://ohiofamiliesengage.osu.edu/wp-content/uploads/2019/09/6-Relaxation-Exercises.pdf>)
- **Relaxation Script for Younger Children**  
(<https://depts.washington.edu/uwhatc/PDF/TF-%20CBT/pages/4%20Emotion%20Regulation%20Skills/Client%20Handouts/Relaxation/Relaxation%20Script%20for%20Younger%20>)
- **Model Resiliency and Healthy Responses. When adults care for themselves, they model healthy behaviors for children. Children watch and repeat how adults manage stress.**

Normalize confusion, anxieties or frustration about current events or changes in routines ([https://www.cmhnetwork.org/news/transitioning-back-to-school-tips-for-parents/?vgo\\_ee=MsHGMLpy22UbBTTZyesQVQ%3D%3D](https://www.cmhnetwork.org/news/transitioning-back-to-school-tips-for-parents/?vgo_ee=MsHGMLpy22UbBTTZyesQVQ%3D%3D)).

Let Them Play. Just like adults need to talk through difficult topics to process them, children need to play to process the difficult things in their lives. Engage in fun games that increase focus and memory. (<https://ggie.berkeley.edu/collection/brain-games-to-try-at-home/>)

Collaborate with strategies from your child's school to make a family schedule, choose family expectations, and make a plan to teach, remind, reward, and respond to behavior at home. (<https://www.pbis.org/resource/family-plan-for-positive-behavior-at-home>)

## Stay Connected

Help build upon positive childhood experiences: encourage your child to talk about feelings or how their day was, support child during difficult times, facilitate relationships with other trusted adults outside of your family, discuss and emphasize family traditions.

Reach out to friends and family via phone or video chats to stay socially connected.

### Maintain communication

(<https://ohiofamiliesengage.osu.edu/2020/10/23/conversation-starters-to-use-with-your-childs-teachers/>) with your child's teacher around needs, concerns and progress (<https://ohiofamiliesengage.osu.edu/2019/10/02/how-to-prepare-for-a-conversation-with-your-childs-teacher/>).

## Maintain Healthy Habits

At an age-appropriate level, have conversations about potential consequences associated with inappropriate online behavior.

- **Common Sense Media-Technology Support and Strategies for Parents**  
(<https://www.commonsensemedia.org/screen-time>)
- **Starting Conversations with Youth about Social Media**  
(<https://ohioschoolsafetycenter.ohio.gov/static/StartConversationsAboutSocialMedia.pdf>)

A nutritious, balanced diet can promote overall wellness. The U.S. Department of Agriculture has provided online resources (<https://www.choosemyplate.gov/>) to encourage healthy nutrition.

Be sure children are getting enough sleep. Have the same nightly routine and bedtime on both weeknights and weekends to maintain consistency. The Centers for Disease Control has posted recommendations

([https://www.cdc.gov/sleep/about\\_sleep/how\\_much\\_sleep.html](https://www.cdc.gov/sleep/about_sleep/how_much_sleep.html)) for how much sleep children should get each night.

Continue to maintain and attend appointments for well-child visits, immunizations and oral health care.

### Seek Help

Seek additional supports through school, behavioral health agencies or other community resources.

- SAMHSA National Helpline: 1-800-662-HELP (4357)
- SAMHSA Online Treatment Locator (<https://findtreatment.samhsa.gov/>)
- Ohio Care Line (<https://mha.ohio.gov/wps/portal/gov/mha/get-help/get-help-now/ohio-careline>)

**RESOURCES FOR STUDENTS AND FAMILIES**

How to Support Children's Social, Emotional and Behavioral Health and Well-Being (<https://education.ohio.gov/Topics/Student-Supports/Creating-Caring-Communities/Health-and-Well-Being>) provides practical ideas and easy steps to help support children's well-being.

Return to School Roadmap: (<https://sites.ed.gov/roadmap/parent-checklist/>) provides a checklist of practical ideas and easy steps to help support children's well-being while in school.

Considerations and strategies for assisting your child's health and well-being while in school.

Supporting Self-Care, Routines, and Understanding COVID-19: (<https://www.ocali.org/project/HereToHelp-Resources-for-Families-and-Caregivers/page/Supporting-Self-Care-Routines-and-Understanding-COVID-19>) provides resources designed for families, and individuals to support self-care practices, emotional well-being, and maintaining a healthy foundation during these uncertain times.

Ohio School Safety Center 2021-2022 Back to School Safety & Wellness Resources (<https://ohioschoolsafetycenter.ohio.gov/pre-k-12-schools/2021-2022-back-to-school-safety-and-wellness-resources/resources-for-parents-and-guardians/>): The Ohio School Safety Center has compiled a list of resources and initiatives to support families regarding students' mental health, returning to school, learning, anti-bullying/violence prevention, and suicide prevention.

Supporting Emotional Wellbeing in Children and Youth: (<https://www.nap.edu/resource/other/dbasse/wellbeing-tools/interactive/>) From the National Academies of Medicine, tools for children, teens, and parents to learn how to cope with challenges.

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### Communities

Community organizations play a critical role in supporting the mental health of children and young people by providing programming and supports and working to create safe, stable, and nurturing environments children and youth need to thrive. Children and young people themselves can also take action to protect, improve and advocate for their mental health.

While different community organizations may address different community problems, serve various youth populations and may implement different solutions, all community organizations can use the following recommendations:

#### **Educate the public about the importance of mental health and reduce negative stereotypes, bias and stigma around mental illness.**

Create open dialogue about mental health and correct misconceptions and biases.

Partner with trusted messengers such as youth-led programs, faith leaders and behavioral health professionals to speak to community members about youth mental health needs.

Address misconceptions in key community stakeholder groups that have outside influence over young people such as educators, faith leaders and the media.

#### **Implement evidence-based programs that promote healthy development, support youth and their families, increase protective factors and increase their resilience.**

Youth-led programming, mentoring and afterschool programs.

Skill-based parenting and family relationship programs.

Evidence-based programs designed to prevent substance use/misuse, suicide, violence and other mental, emotional and behavior problems.

Community coalition efforts addressing substance use/misuse, suicide, depression/anxiety, violence and social determinants of health.

**Ensure that programs are rigorously evaluate mental health related outcomes**

Track outcomes around anxiety, depression, and suicide, as well as upstream risk and protective factors such as social connectedness and coping skills.

**Address the unique mental health needs of at-risk youth.**

Youth-serving organizations should be intentional about how and to whom program services are offered.

Actively recruit and engage populations who have historically been prevented from equal access to opportunities and services.


Engage with youth to understand what unique barriers may prevent them from accessing services.

Recruit program staff directly from communities being served.

Build program staff capacity to recognize personal biases and structural challenges in these communities.

**Elevate the voices of children, young people and the**

Engage youth in community-based mental health efforts  
Gather feedback from youth and families involved in programming to understand what is and isn't working.

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**RESOURCES FOR COMMUNITIES**

Ohio CareLine (1-800-720-9616) (<https://mha.ohio.gov/get-help/get-help-now/ohio-careline>): The Ohio CareLine is a toll-free emotional support call services developed by the Ohio Department of Mental Health and Addiction Services. Behavioral health professionals' staff the CareLine 24 hours a day, 7 days/week. They offer confidential support in times of personal or family crisis when individuals may be struggling to cope with challenges in their lives.

Crisis Text Line (<https://www.crisistextline.org/>): Text "4hope" to 741-741 to be connected to a trained Crisis Counselor. The Crisis Text Line is a free, confidential service available 24/7 via text on mobile devices. The Crisis Text Line is free, and the number will not appear on a phone bill with the mobile service provider.

Be Present Ohio (<https://bepresentohio.org/>): The Be Present Ohio campaign provides support content for parents and caregivers. The message "Your Presences is a Present" - let youth know how much you care.

With You Here (<https://www.withyouhere.org/>): Life is Better With You Here provides resources and supports for African American middle and high school age and young adults.

Sources of Strength Ohio (<https://sourcesofstrength.org/>): Sources of Strength is a comprehensive wellness program that focuses on suicide prevention but impacts other issues such as substance abuse, bullying and violence. Sources of Strength is available for elementary and secondary grades and can be implemented in schools or community settings.

**Know!**

(<https://preventionactionalliance.org/about/programs/know/#:-:text=Know!%20is%20an%20educational%20program,Know!>):

An educational program that empowers parents and teachers to promote health and wellness and protect the young people in lives from unhealthy behaviors. Know! Provides ongoing, timely, and relevant information about the latest trends in behavioral health and substance misuse prevention with an eye towards how parents and teachers can use the information to support young people.

On Our Sleeves (<https://www.onoursleeves.org/>): Created by Nationwide Children's Hospital, On Our Sleeves is a free educational resource to start conversations, educate families, and boost mental health and wellness. On Our Sleeves works to break stigmas and educate families and advocates about children's mental health by providing all families access to free, evidence-based educational recourses and supports access by connecting families to trusted local resources.

Ohio Adult Allies (<https://www.ohioadultallies.com/>): The Ohio Adult Allies is a diverse network of adults who are committed to advancing the work of youth-led programs by working alongside young people to create change in their communities.


**Ohio Youth Led Prevention Network**

(<https://preventionactionalliance.org/connect/ohio-youth-led-prevention-network/>): OYLPN is a network of youth-led substance misuse prevention providers and youth across the state who are committed to the cornerstones of youth-led prevention, peer prevention, positive youth development, and community service. The network provides needed support for the student, school, and parent organizations, and can connect you with other like-minded groups in addition to providing resources, training, and more.

Protecting Youth Mental Health: The U.S. Surgeon General's Advisory (<https://www.hhs.gov/sites/default/files/surgeon-general-youth-mental-health-advisory.pdf>) : This Advisory offers recommendations for supporting the mental health of children, adolescents, and young adults.

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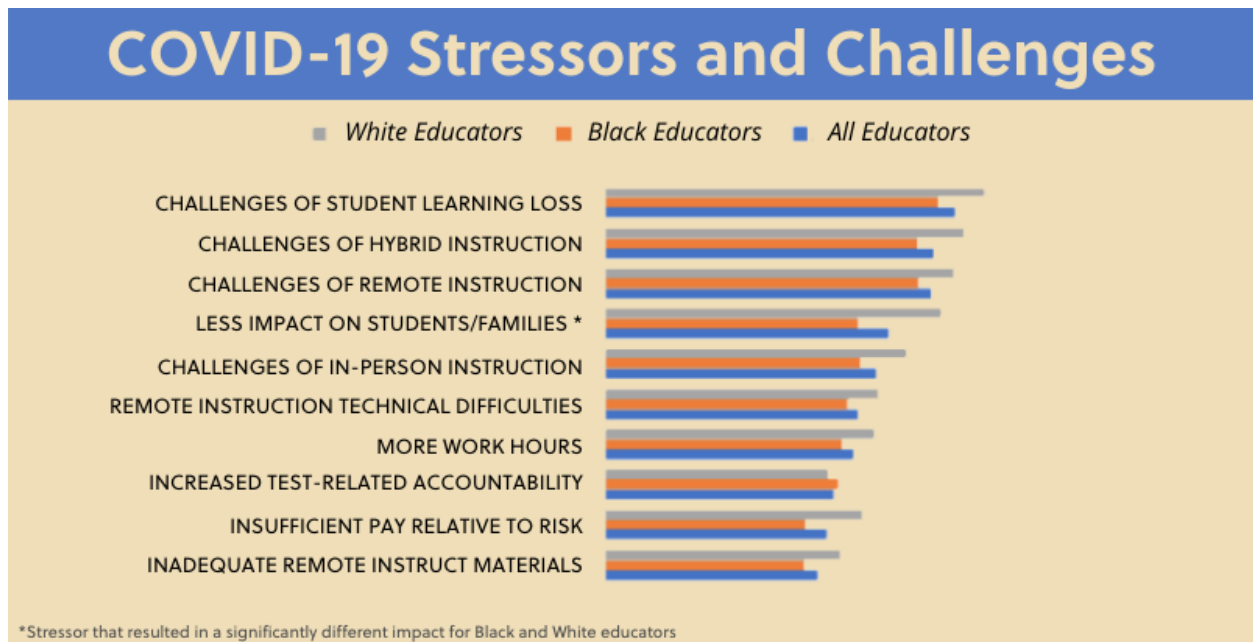
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# Teacher Trauma: New Orleans Researchers Find Educator Mental Health Closely Tied to Pandemic Classroom Effectiveness



Courtesy of the Trauma-Informed Schools Learning Collaborative

By Beth Hawkins | January 5, 2022

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SCHOOL & DISTRICT MANAGEMENT

# Teachers' Mental Health Has Suffered in the Pandemic. Here's How Districts Can Help



By [Catherine Gewertz](#) — May 04, 2021 ⌚ 9 min read



— Getty



Teachers' stress and anxiety have soared and their morale has plummeted during the pandemic, a flammable combination that could burn them out and lead them to leave their jobs. It's more important than ever, experts say, for districts to support their teachers by looking after their mental health.

Even before the pandemic, districts were paying more attention to teachers' mental and emotional wellness, offering sessions on mindfulness, yoga, exercise, and healthy eating. But COVID-19 has created wildfires of mental and emotional suffering across all job sectors, including teaching.

The consulting group McKinsey & Co. surveyed 1,000 employers, and 90 percent reported that the pandemic was

The toll on K-12 teachers appears to be particularly acute. One study found that during the pandemic, [teachers were more likely to report feeling stressed and burned out](#) than other state and local government-sector employees. Eighty-four percent of teachers surveyed by the EdWeek Research Center in March said that teaching is more stressful than it was before the pandemic.

RAND Corporation researchers found that between May and October 2020, the proportion of K-12 educators seriously worried about burnout [rose from one quarter to 57 percent](#). In another study, those researchers found that [one-quarter of teachers said they were likely to leave](#) the profession when they finish the 2020-21 school year, a rate that—if it were to materialize—would be more than triple the normal rate of attrition.

Teachers' jobs—stressful even before the pandemic—have [become even tougher](#), with longer work hours, struggles to engage students remotely, repeated pivots from hybrid to remote to in-person instruction, not to mention fears that they—or their loved ones—could get COVID-19.

Those dynamics make it “particularly important right now” to tend to teachers' mental health, said Jill Cook, the president of the American School Counselor Association. “Districts need to understand that and take action,” she said.

In a [joint report last summer](#), ASCA and the National Association of School Psychologists [urged districts to provide “psychological triage”](#) not just for students, but for staff, to address trauma and intense stress caused by the pandemic. A new [guidebook from the U.S. Department of Education](#) urged districts to step up emotional support for their staff members, even as they focused intensely on supporting students traumatized by the events of the last year.

So how can districts make their teachers' mental health a priority? EdWeek sought out the advice of workplace mental health experts, researchers, and school districts that are prioritizing the issue. Here's what they said.

## **1) Talk openly about mental health issues, including your own**

“Making mental health visible is key,” said Darcy Gruttadaro, the director of the Center for Workplace Mental Health at the American Psychiatric Association Foundation. “We need leaders to talk about it. It's the 800-pound gorilla in the room.”

District and school leaders should look for every opportunity to talk about how difficult the pandemic, and discussions on racial injustice, have been, and how “we all have mental health struggles,” and need support, she said.

Administrators should take care not to overuse email in conveying their support for psychological wellness; there is no substitute for eye contact on such a sensitive, important topic, Gruttadaro said. District officials and principals should use Zoom and face-to-face meetings—schoolwide, or in smaller groups or one-on-one—to express concern, support, and commitment to providing care, she said.

It's also important for leaders to show their own vulnerability, experts say. Sharing their own struggles and self-care practices sends a powerful message that mental health struggles are normal and accepted, experts say.

As a leader, you can include your therapy appointments in your public Outlook calendar, or mention that you see a therapist. Create a storytelling event where colleagues share their experiences with mental illness. Take a few days off and set your out-of-office message to say you won't be answering email so you can fully recharge.

All these things—embedded in a culture of support for a “mentally healthy workplace”—can encourage people to share their difficulties and seek help, said Natasha Krol, head of client services and a principal at Mind Share Partners, a nonprofit that advises organizations on workplace mental health.

“What doesn’t work is toxic positivity,” she said. “You have to respond to the temperature in the room. When you try to push past the energy in the room and just stick with the agenda, that’s a problem for people.”

## 2) Train your team to spot early signs of mental health struggles

Experts increasingly suggest mental health training for leadership teams. Kristi Wilson, the superintendent of the Buckeye Elementary school district in Arizona, has engaged a consultant to train district leaders, principals, and counselors in seeing that a work performance issue might be a mental health struggle in disguise. “It’s about recognizing when you, or someone else, needs help,” she said.

District and school leaders might also consider training a group of willing employees to serve as mental health ambassadors who build awareness and connect colleagues to resources. It’s an increasingly popular strategy in the business world, and would translate well to K-12, Krol said.

Conducting regular surveys or using pulse checks such as this [burnout self-test](#), as the Tulsa, Okla., district does, can help leaders track their teachers’ wellness.

## 3) Ask yourself whether you fully recognize your teachers’ needs

In a March survey by the EdWeek Research Center, 7 in 10 district leaders said teachers’ emotional and physical well-being rank high on their priority list, but fewer than one-quarter of teachers said those things were a high priority in their districts. Asked what their schools or districts had done to support teachers’ well-being, only 29 percent of district leaders—and 16 percent of teachers—said their school or district had provided adequate mental health benefits.

Mental health issues often hide in plain sight. Studies show employees are reluctant to share their struggles or ask for help. A [2019 study by Mind Share Partners](#) found that even before the pandemic, 6 in 10 employees had experienced symptoms of mental illness in the past year, but most never told anyone at work about it.

#### **4) Create ongoing systems of support, like virtual groups and call lines**

Like most of the district leaders EdWeek interviewed for this story, Chicago's work to support its staff is part of a larger, ongoing program to build strong social-emotional support for students. As a part of that work, Chicago created virtual support groups for teachers, principals, and assistant principals, facilitated by staff from a community mental health partner and the district's office of social emotional learning.

Only a few teachers signed up for the "circles of support" group early in the year, but as more schools have reopened in the district, participation has picked up, said Hellen Antonopoulos, the district's executive director of social emotional learning. Increasingly, teachers are requesting sessions for their own schools, rather than connecting with their colleagues districtwide, Antonopoulos said.

When the district runs its "healing circles" for school administrators, it's careful to allow principals and assistant principals from the same school to sign up for separate groups, and it also has its outside partner conduct the sessions.

"We wanted it to be an opportunity to exhale, to meet with people who get it, and not to worry about something they share in confidence," Antonopoulos said.

The Tulsa district created teacher and principal call lines. District social workers and counselors, and staff from the office of student and family support services, help callers connect with support resources, or pay a visit to help, said Stephanie Andrews, the interim executive director of Tulsa's student-and-family office.



In one recent example, a school leader used the line to report that his teachers, who'd returned to on-campus teaching two weeks earlier, were miserable. Staffers from Andrews' office visited and saw that the teachers were grieving for all they'd lost during the pandemic.

"The trauma they experienced, but also the time they'd lost with their students, and the progress" were taking a toll, Andrews said. "Here they had worked really hard, and their students aren't where they thought they'd be academically."

Andrews' office called in grief therapists from a community partner group, who agreed to provide free weekly sessions to help teachers process their feelings.

## **5) Build a culture of check-ins**

Many employees dread the time-suck of meetings. But they can be a key lever in building a mentally healthy workplace, experts said. For district and school leaders, those gatherings can be an opportunity to engender a culture in which genuine inquiries about colleagues' well-being—and supportive responses—are woven into daily practice.

In the Oak Park district, four "culture and climate coaches" have helped district and school leaders build emotional check-ins into nearly every meeting and professional learning day during the pandemic.

"I've changed how I hold meetings," said Kamm, of the Oak Park district. "I started telling people more often, 'If you're not able to do this today, that's OK,' and asking, 'Do you need a 15-minute coffee with me today?' I also increased my one-on-one check-ins with people from monthly to a few times a week."

## **6) Recognize that some employee groups may need more support than others**

Black and Latinx employees, as well as those in the LGBTQ community, were far more likely to experience symptoms of mental illness, from anxiety and sadness to nightmares or paranoia, according to the Mind Share Partners study. And Black and Latinx employees are also much more likely than their white peers to have lost loved ones to COVID-19, or to have been sick themselves.

Don't assume all employees need the same supports or services, experts say. Through conversations, surveys, and other methods, inquire.

## **7) Reduce barriers to getting services within your employee assistance and health insurance programs**

Leaders should find out how widely these services are used, and investigate what might be standing in the way, experts say. Teachers might have a tough time getting counseling through their health insurance plans, for instance, because in-network counselors are often booked months in advance or not taking new clients.

Gruttadaro advises district leaders to press their health insurers to beef up those networks. "Leverage your buying power," she said.

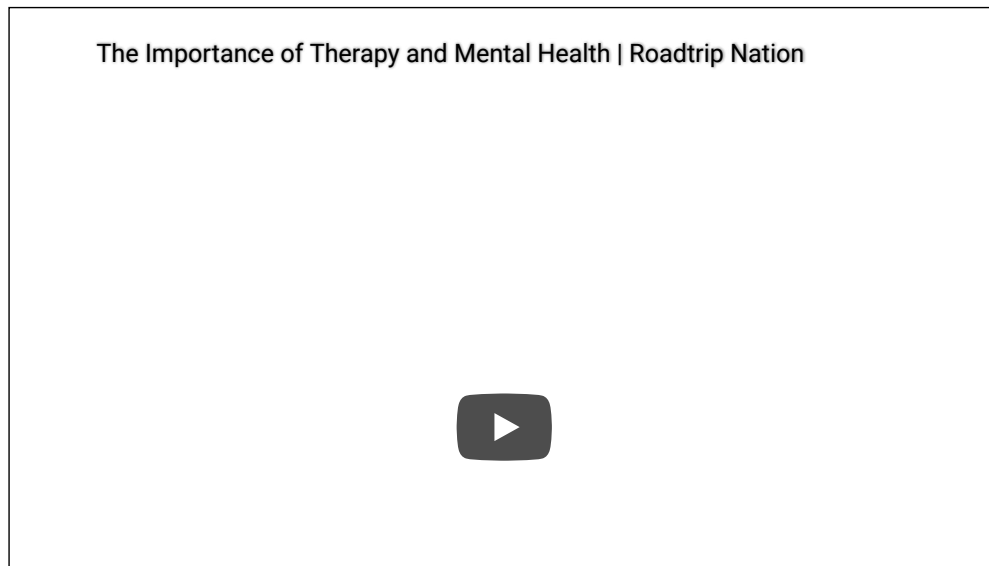
The Hamilton County school district, which serves Chattanooga, Tenn., tried to reduce barriers a different way. It waived the typical 60-day waiting period for full-time employees to use their health benefits, which include mental health care.

"We could see the stressors on our employees, the weight of the pandemic," said Penny Murray, the district's chief

The district also made free, same-day virtual counseling available to all 6,000 employees, including its 1,000 part-timers, through the community partner that runs its school-based clinics.

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## The Importance of Therapy and Mental Health | Roadtrip Nation



Rodney Robinson, a social studies teacher at a juvenile detention center and the 2019 National Teacher of the Year, spoke with [Roadtrip Nation](#) about the importance of therapy, especially for teachers who work with students who've experienced trauma.

*Video courtesy of [Roadtrip Nation](#)*

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*EdWeek Librarian Maya Riser-Kositsky provided support for this article.*



**Catherine Gewertz**

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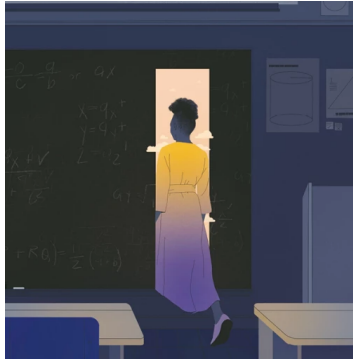
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Coverage of teacher retention and recruitment is supported by a grant from Carnegie Corporation of New York, at [carnegie.org](#). Education Week retains sole editorial control over the content of this coverage.

A version of this article appeared in the May 05, 2021 edition of *Education Week* as *Teachers' Mental Health Has Suffered in the Pandemic. 7 Ways Districts Can Help*

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# The Mental Health Crisis Causing Teachers to Quit

Teachers are leaving careers they love in a last-ditch effort to save their mental health. How did we get here?

By Stephen Noonoo      May 2, 2022



Illustration by Sam Alden for EdSurge

*This article is part of the guide [Voices of Change](#).*

Lesley Allen will never know what triggered her final panic attack last fall.

She was outside supervising a group of students during a mask break at her middle school in South Berwick, Maine, when she felt a sense of overwhelming dread. Her anxiety spiked, her heart thumped out of her chest and her left arm went numb. *I'm having a heart attack*, she thought.

But before she could drag herself to the nurse's office, she had to find someone to watch her sixth grade class.

It wasn't the first time she'd felt like this. After a previous episode a few weeks before, her doctor put her on a heart monitor and ordered a cardiac ultrasound. The results were normal. Her heart was fine. It was another panic attack, her doctor confirmed. Unlike anxiety, panic attacks often have no trigger. They can pop up out of nowhere, frequently accompanied by feelings of intense fear, along with physical symptoms like a racing heartbeat, chest pain and difficulty breathing.



Allen's panic attack on the blacktop was her third—all of them had taken place since the pandemic began, and two of them at school.

“My doctor said, ‘You need to do something. This keeps happening,’” she recalls.

So she did. A month later, after 14 years in the classroom, she left teaching. She is almost certain she will never return to a job she once loved, but which had begun to deplete her self-worth and made her cry almost every day.

“I just felt hopeless,” she says. “I figured, if I can't keep it together to teach, then I'm failing. It affected my psyche a lot.”

If there was one sliver of solace during that difficult last year, though, it's that every other teacher she knew was having an equally tough time. “I can't tell you how many teachers use CBD oil,” she says with a laugh. “It's totally legal, but we used to joke about it. ‘Did you put it in your coffee this morning?’ We had to do something to cope. It was the anxiety. Collectively, we all felt it.” Sometimes, when she felt an attack coming on, a few drops would quiet her heart rate enough for her to make it through the day.



I can't tell you how many teachers use CBD oil. We had to do something to cope. It was the anxiety. Collectively, we all felt it.

Former teacher Lesley Allen

Teaching is a demanding job at the best of times. Before the pandemic, teaching was among the [most stressful occupations](#), on par with nursing. But there are indications that it has only gotten worse since COVID-19 entered the profession. Teaching may now be the most stressful profession period, according to a [RAND survey](#) from June 2021, which found, among other things, that teachers were almost three times more likely to report symptoms of depression than other adults. Clearly, teachers haven't just reached their breaking point, but surpassed it, further imperiling a profession that has long struggled with low pay and declining morale.

Two years ago, when the pandemic first hit, teachers were heralded as first responders, heroes. Celebrities such as [Patton Oswalt](#) and Dave Grohl [heaped](#) praise on them, echoing the amazement of harried parents everywhere. Their stock had seemed to shoot up overnight. Respect for the profession was momentarily restored, but it was fleeting. As the pandemic drags on, the pressure has piled up from all sides. In the past year, they've endured culture war attacks, worsening student behavior, and endless health and safety regulation changes.

Allen endured all that and more before drawing a line. She watched her school climate turn increasingly anti-teacher, as workloads surged and parents accused them of indoctrinating students, taking cues from right-wing talking points like critical race theory. Administrators admonished teachers to parents without a second thought. The final straw was when school leaders decided to overhaul the school's grading system at the height of the pandemic, and denied her request for extra planning time. “The running joke was we had hashtag BeCreative and hashtag FigureItOut because we were not being given any help whatsoever,” she says.

The result is as disappointing as it is predictable: a mental health crisis that will take thousands—maybe tens of thousands—of teachers out of the classroom years before their time.

Recently, I spoke with more than a dozen teachers like Allen who left their jobs because of the tremendous toll teaching was taking on their mental and physical health, their personal relationships and their self esteem—not to mention the toxic, overwhelming and sometimes dysfunctional working conditions they shouldered.

Bethany Collins, who taught at middle schools in the Los Angeles area for more than eight years, left teaching in January after maternity leave wiped out her sick days—and her district told her she couldn't take any more paid time off, even if she or her daughter tested positive for COVID. "Every minute I wasn't with the kids, personally, I was beyond treading water with my mental health," she says. "I was just drowning."

In December, Emily McMahan gave up her career of 12 years as a special education teacher in Rutherfordton, North Carolina, after telling her therapist that her job felt like a prison, both physically and mentally. Most nights after work, she would sit alone for hours to try and get into a better headspace. It didn't always work. "I couldn't engage with my family," she says. "I didn't have time to exercise. I didn't have time to cook. All these things in my life that brought me joy, I was giving up for a job."

Brooke Barringer, a former fifth grade teacher in Redwood City, California, experienced unexpected weight loss and digestive problems that got so bad, she sold her car for cash so she could quit without a new job lined up. Along with anxiety, Charlene Boles, an elementary teacher in Westminster, Colorado, had headaches, stomach problems and a racing heartbeat she could never quite explain. Ellie Wilson, who taught fourth grade near Washington, D.C., before leaving in December, had anxiety flare ups not only when she couldn't take a day off, but also when she could, because it meant other teachers were pulled away from their own classes to watch hers.

And then there was Stephanie Hughes, who taught elementary school in North Carolina for four years before moving to Indiana this past summer. After arriving in a new school, her mental health cratered as she struggled to adjust to a new curriculum and the relentless demands of frequent testing, designed to help students make up for ground lost in the pandemic. Her body rebelled against the continuous anxiety and exhaustion and she began having panic attacks, culminating with an episode where she sobbed in her principal's office as they struggled to find a path forward.

"It was very clear that the situation wasn't going to get any better or slow down to allow me to take care of myself mentally and emotionally," Hughes reflects. "You're always told as a teacher, 'You're doing it for the kids. It's hard, but you do it for the kids.' And I was just coming to realize, I'm doing them a disservice by staying in the classroom. I'm not able to give them what they need, because I'm not taking care of myself."



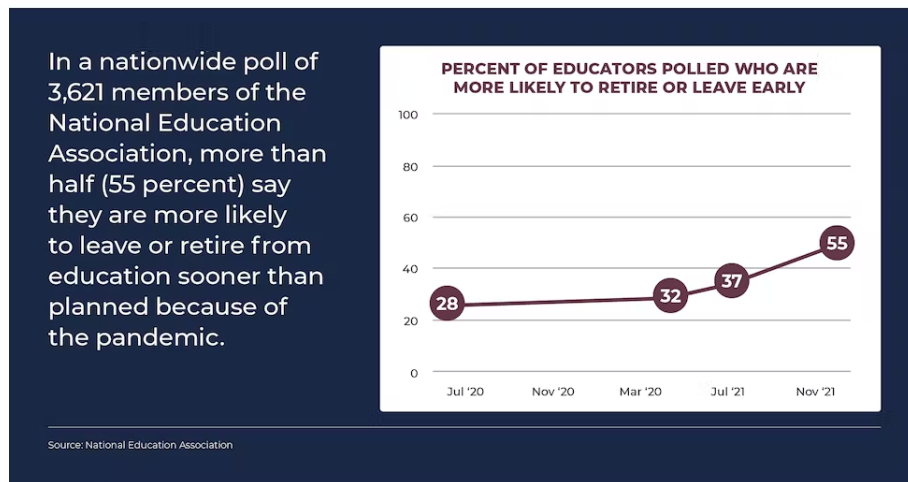
I didn't have time to exercise. I didn't have time to cook. All these things in my life that brought me joy, I was giving up for a job.

Former teacher Emily McMahan

## Teachers Are Not OK

For months, advocacy groups, including the National Education Association, the country's largest union, have been driving home the point that teachers are not OK. In January when the NEA polled more than 3,000 of its teachers, nearly all of them [said burnout is a serious problem](#), and more than half indicated plans to leave

teaching earlier than expected. The last time the association surveyed its teachers, back in August, only 37 percent were looking to leave. Most favored simple fixes, like hiring more teachers, adding more mental health support for students and, of course, raising pay, which is generally abysmal for teachers.



Researchers have even coined a term, the “teacher pay penalty,” to refer to the fact that the average teacher earns about 20 percent less than accountants, journalists, inspectors and computer engineers—professions that require a similar skill set and education. In a RAND survey of nearly a thousand former public school teachers, nearly two-thirds of those who left during the pandemic said their salary was a factor.

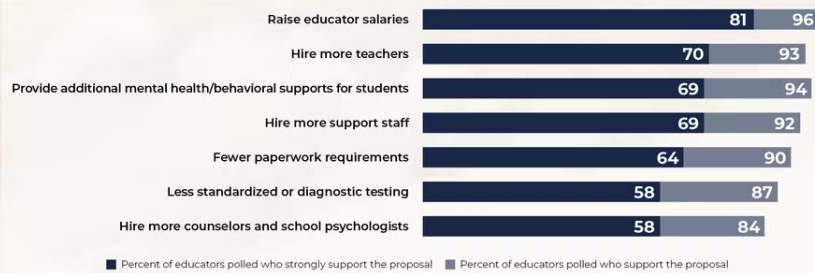
“School staffing shortages are not new, but what we are seeing now is an unprecedented staffing crisis across every job category,” NEA President Becky Pringle said when the survey results were released. “If we’re serious about getting every child the support they need to thrive, our elected leaders across the nation need to address this crisis now.”

The fear that burnout will contribute to a mass exodus of teachers isn’t overblown—but it isn’t supported by enough data yet. During the pandemic the public teaching workforce appears to have shrunk by nearly 7 percent, according to federal jobs data crunched by the Economic Policy Institute. Unfortunately, neither the federal government nor states reliably keep records on teacher turnover, making that figure hard to confirm.

Many districts aren’t seeing much change compared with any other year, though the data varies by region. In Austin, Texas, mid-year resignations are up about 11 percent. In Illinois, three-quarters of superintendents say the teaching shortage is getting worse. On LinkedIn, the number of teachers who left their jobs last year for a new career is up by two-thirds, too.

## ADDRESSING BURNOUT

In a 2022 survey, the National Education Association provided a list of proposals to address educator burnout and asked respondents to indicate whether they support or oppose each one.



Note: Key finding from a nationwide poll of 3,621 NEA members  
Source: National Education Association

In other words, the worst may be yet to come. Researchers who track shifting demographics in the teacher workforce have found that the profession is becoming **less experienced and more unstable** compared with the 1980s, a phenomenon that predates the pandemic. “My prediction is that we’re going to see a big surge,” says Richard Ingersoll, a professor at the University of Pennsylvania who conducted that research. “And it’s going to be turnover- and attrition-driven shortages.”

Luckily for schools, not everyone who thinks about quitting will actually leave. But some of them will, and their colleagues that stay will suffer an even greater blow to morale. What this means for the next generation of teachers is unclear, but even in 2019, just before the pandemic, teacher preparation programs were graduating about 25 percent fewer students than they were a decade ago, according to **federal Title II data**. As recently as a few years ago researchers were sounding **alarm bells** about declining enrollment and interest in the profession, and some colleges of education have already reported **double digit enrollment declines** since the pandemic began. All this indicates that prospective teachers are starting to rethink their options—and have been for a while—which is a troubling prospect for a field where more than **40 percent** of new teachers leave within the first five years.

## Overworked

If conditions are so bad for teachers, why don’t more of them quit, instead of just thinking about it? The short answer may be that to quit a job at all—even one that ravages your mental health—is a privilege that you may not be able to afford if, say, you’re a teacher who is behind on bills, a single parent or caring for a loved one with a health condition. In a country where nearly one in five teachers **work second jobs**, quitting requires a backup plan, especially for those without a safety net.

Other teachers, especially those who have never worked outside education, simply get used to the high levels of stress and difficult working conditions, explains Michelle Kinder, a licensed professional counselor who co-authored a book, “WHOLE,” about how schools can help lower chronic stress for teachers. “Your baseline shifts,” she says. “You start to feel like what you’re experiencing day-to-day is normal. And for some people, the idea of shifting into a circumstance where they could better take care of their mental health is scarier because it’s unknown.”

But those who don't quit, even when they want to, put themselves at risk for any number of mental and physical problems. That's what Jennifer Moss found when researching her book "The Burnout Epidemic," which examined a broad spectrum of professions, including teaching, and identified the condition as a sort of workplace depression.

Drawing on the work of the Swedish psychiatrist Marie Åsberg and others, Moss concluded that burnout often starts small and builds over time. As burnout snowballs, so do its effects. "You can suffer from high levels of anxiety, depression, PTSD," she says. "You see increases in suicide rates at that point. It's pretty catastrophic. It's a serious, consequential thing. It's not a whiny, 'I want more work-life balance' problem."



In a [study](#) published last year of more than 300 current teachers, researchers identified the top factors contributing to pandemic-era burnout, including anxiety over getting sick, communicating with difficult parents and dealing with over-demanding administrators. Burnout was prevalent—and consistent—across demographics including ethnicity, location, years of experience, and whether you taught face-to-face or virtually. "It didn't matter if you were a brand new teacher or a veteran of 30 years, we saw no difference between those teachers when it came to their burnout scores," says the study's author, Tim Pressley, an assistant professor of education at Christopher Newport University in Virginia. "COVID just put everyone on the same playing field to say, 'This is tiring. This is burning us out.'"

For teachers, burnout looks a little different than it does for other professions. In fact, one of the nation's foremost experts on teacher dissatisfaction, Doris Santoro, who chairs the education department at Bowdoin College, rarely uses the term at all. She prefers demoralization. Since teachers don't enter the profession for the pay, they require other rewards to sustain them, and lately, they've been dealt precious few wins.

"Many teachers are going into the work looking for a kind of moral satisfaction," says Santoro, whose pre-pandemic book, "Demoralized," profiled more than a dozen teachers who found themselves caught in an unforgiving system resistant to change. "If we can't find a way for them to pursue it through teaching, they're going to find a way to pursue it elsewhere."

## Survival Mode



I call it emotional blackmail. They tell you, 'It's for the kids, you're doing this for the kids.' And if you don't want to do something, well, then you must not love the kids enough.

Former teacher Kaitlin Moore

Kaitlin Moore was one of those kids who seemed destined to be a teacher. Growing up in Nashville, she'd play school with her younger sister, taking up position in front of the chalkboard. In college, she thought she might want to teach kindergarten, but ended up picking third and fourth grade, the age at which kids' personalities seem to take on a life of their own. "We just had so much laughter, so much fun," she recalls of her first five years in a suburban district near where she grew up, what she's come to think of as her pre-COVID teaching career.

Her fondest memory of teaching dates from this period, and involves a spider of all things, which would rappel from the ceiling during class, always out of reach. Before long, students started calling it Frank. "The spider just became our classroom pet," she says. "The kids would say, 'Look, Ms. Moore, Frank is back. I told them, 'Yeah, he stays up high so he knows I won't get him.'" One day, when rearranging the bulletin board in front of the class, Frank fell from his perch and almost landed on her. "I hate spiders, and without even thinking I stomped on it, and the kids were like, 'No!'" she says. "I just remember that being so funny because we formed our own inside jokes. In between learning, we had our own little community. And that's the part I miss the most."

Those cherished moments were hard to come by during the pandemic, when virtual learning was the default and in-between exchanges and jokes rarely transpired over Zoom.

When in-person classes resumed last fall, Moore volunteered to teach virtually for students who had opted not to return to campus. Her school still made her come in every day, even though the internet frequently went down. It got so bad, she began recording lessons at home and posting them online as a backup. Essentially, she was doing her job twice, which wore her down to nothing.

Meanwhile, administrators denied her request to work from home, telling her she had to take her turn at lunch and dropoff duty for the students who had returned to campus. There were meetings almost every day, not about students' mental or physical well-being, but about their test scores. They were never high enough for worried administrators, who were all too aware that in Tennessee, high stakes testing plays a big role in how the state considers school performance, as well as in the teacher evaluations that determine pay raises.

"Because I was good at what I did, more work kept getting piled up on me," Moore says. "There was literally no time for me to just decompress or have five minutes to just kind of sit and breathe."

She organized her problems and presented them logically to her administrators, looking for solutions. The curriculum wasn't working for her students; those all-important teacher evaluations hadn't been updated for virtual learning; she was struggling with mental and physical exhaustion. In response, an administrator told her that if she was asking for help either she must not know what she was doing as a teacher or wasn't committed enough to her job.

"I call it emotional blackmail," Moore says. "They tell you, 'It's for the kids, you're doing this for the kids.' And if you don't want to do something, well, then you must not love the kids enough."

She caught herself crying in the bathroom every day between classes. She added extra sessions with her therapist and her doctor prescribed anti-anxiety medication. At home, she could barely talk to her husband

without getting testy. Most nights, she would wind up crashing on the couch before it got dark. “I said, there’s no job in the world worth this.”

She pushed herself to complete the school year, but quit last May shortly after school ended, despite not having a new job lined up. Until the end, she still loved working with the kids. But the low pay, mixed with cantankerous administrators and demanding parents who frequently emailed her with suggestions on how to improve her teaching, had created an impossible dynamic.

After months of searching, she landed a full-time role in customer support for an education company. It’s a good job with flexible hours and managers who set reasonable expectations. She doesn’t even have to pay for her own supplies anymore. Yet still, nearly a year after leaving the classroom, she has lingering anxiety that will swell up out of nowhere.

“I thought changing my job would lessen that,” she remembers telling her therapist. But her therapist replied that up until just recently she had been operating in survival mode. She was working constantly without taking time to simply sit and feel.

## Life After Teaching



As a teacher, you’re expected to run on fumes. At my company now, they say, ‘That’s very unhealthy. Please don’t do that.’

Kaitlin Moore on her new career

Anyone who has worked an office job knows the drawbacks, especially during the past few years. Remote work is lonely and isolating. Zoom fatigue feels depleting. Days are filled with nonessential [busywork](#). No one would ever confuse it for a career like teaching, often lionized as a vocation because of the difference it makes on kids’ lives.

Yet former teachers often see the nine-to-five life as a kind of Xanadu—a mythic combination of flexibility and respect. In the RAND survey of former teachers, about 60 percent of those who found jobs outside of education said they were drawn to both the flexibility and better pay. Teachers, after all, are accustomed to an environment where simply taking a phone call or using the bathroom requires significant planning.

“I love having my nights and my weekends to myself,” says Lesley Allen, the former Maine teacher, whose panic attacks have stopped and whose overall mental and physical health has improved now that she’s left teaching. Today she works as an instructional designer for a company unrelated to education. At times, her enthusiasm is so infectious, it can sound like she’s reading for an infomercial. “I had so much anxiety at school because of all of the expectations and the uncertainty. Now I work from the comfort of my home and I absolutely love it.”

The summer before she quit, Allen fine tuned her resume and started applying to jobs. As part of her plan, she hired Daphne Gomez, a former teacher who started a consultancy business in 2019, called [Teacher Career Coach](#), which has worked with more than 7,000 educators and amassed nearly 80,000 followers on Instagram alone.

In place of pricey one-on-one coaching, Gomez offers online courses to help educators refine their resumes and skill sets for other fields. Her clients often find helpful resources but also a sympathetic ear in Gomez, a former

teacher who quit in 2017 due to anxiety and mounting concerns over her mental and physical health. When she left, she took a job as a consultant for Microsoft, speaking to schools and training staff. After events, teachers and principals would flag her down in the parking lot. They wanted to know how she got out, what careers were out there for ex-educators and whether she could help them with their own prospects.

“It was always done in whispers and secrets,” Gomez explains. “That’s when I realized: Why are we stigmatizing someone developing a new career path? This is not something we would do in any other profession.”

Some of her clients do want to stay in education, as teacher coaches, curriculum designers or to work for education technology companies, often in sales and customer support roles. Others want a fresh start. Her clients have landed jobs as curators at museums, as education program leaders at hospitals, as engineers at software companies, and as trainers and project managers at major corporations.

The past year has been the busiest yet for Gomez and her practice, though she can’t say for certain if it’s down to a teacher exodus or something more prosaic like marketing and referrals. All she knows is what she hears from clients and desperate educators day after day. “I feel like there are a lot more teachers right now at their final breaking point,” she says. “And many of them do not actually want to leave. This is their last resort.”

But leaving can be almost as depressing as the job itself, she adds, because teaching is often seen as a forever career. For teachers, it’s a shock to walk away from their school communities, their colleagues and their students. The guilt, it seems, is hard to shake.

What many find on the other side, though, is that there is a life after teaching, and it can be personally fulfilling. At least that’s what Kaitlin Moore, the former Tennessee teacher, discovered after hardly taking a day off in her new job for five months. She had wanted to make a good impression and, if nothing else, teaching had left her with a relentless work ethic.

“My manager said I should just take a whole week off and not sign in,” she says. “I thought, *this is unheard of*, because even at school there’s always the school play and literacy night and numeracy night. As a teacher, you’re expected to run on fumes. At my company now, they say, ‘That’s very unhealthy. Please don’t do that.’”

## Catching a Breath



She told me that she loved my class and I had inspired her to become a teacher. I wanted to tell her, ‘Please don’t.’

Former teacher Bethany Collins on an interaction with a student

Most of the teachers interviewed for this story agreed that the hardest part about pandemic teaching wasn’t the tumult of March 2020, or being thrown into emergency remote learning without training or time to prepare. Back then, there was a sense of camaraderie, of knowing that nobody knew what they were doing but that everyone was trying. And working from home was not without its perks. One teacher even found the lack of interruptions—like fire drills, late students, and PA announcements—calming.

No, the hardest time for most was the following year, when students slowly began trickling back into classrooms, and schools, inexplicably, asked teachers to ricochet between supporting their students in the classroom and



those learning from home. Students experienced a mental health crisis [of their own](#), returning with a raft of social-emotional and behavior issues, while administrators doubled down on improving test scores and closing learning gaps. Empathy evaporated. Teacher wellbeing was the last thing on anyone’s mind.

Since returning, the teachers I spoke with said they felt ignored and micromanaged by hapless administrators, disrespected by parents, and gaslit from all sides into believing their workloads and job expectations were reasonable. Most admitted to working more than 50 hours a week, which, ultimately, drained their mental health.

One teacher was asked by her district to learn a new piece of math software by herself and introduce it to students the following week. Several recalled the cruel irony of being told by administrators to practice self care, while being denied the personal days they had accrued. And in addition to becoming mentally and physically exhausted, Holly Allen, a former middle school teacher in Colorado Springs who quit in January, lamented bitterly that her principal instructed her to never leave during her lunch break, even when there were no students on campus, so the school’s parking lot would always look full. “You know when you run up some stairs and you can’t catch your breath for a minute? I felt like that for nine hours a day,” she says.

Right before she left the classroom for good, Bethany Collins, the new mom who quit over fears of running out of sick leave, received a handwritten letter from one of her seventh graders. She waited until a planning period to open it, and then called her husband in tears.

“She told me that she loved my class and I had inspired her to become a teacher,” Collins recalls. “I wanted to tell her, ‘Please don’t.’ When I think about my students and what I want for their lives, the one thing I want is for them to feel happy and fulfilled by their jobs. And I don’t know a single teacher right now that is—under these crazy circumstances—happy or fulfilled.” ⚡

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# The Well-Being of Secondary School Principals One Year into the COVID-19 Pandemic

by Ashley Woo, Elizabeth D. Steiner

Related Topics: Coronavirus Disease 2019 (COVID-19), Principals, Secondary Education, Students, Teachers and Teaching, Workplace Well-Being



## Research Questions

- 1 What is the state of secondary principals' well-being nationally?
- 2 Does principal well-being differ across principal characteristics and school contexts, such as years of experience, race, locale, or population of students served?
- 3 What are principals' major job-related stressors, and do principals' sources of stress differ depending on demographic characteristics or school contexts?

Effective principals are critical for improving student achievement, but they face numerous challenges in their jobs. Research suggests that the coronavirus disease 2019 (COVID-19) pandemic has likely exacerbated the job-related stress that principals experience.

Thus, there is an urgent need to understand the job-related stressors that principals face. Understanding principals' views on this topic at a national level can help policymakers and education leaders identify ways to support principal wellness; reduce job-related stress; and improve job satisfaction, performance, and retention.

In this Data Note, the authors use nationally representative data from the 2021 Learn Together Surveys (LTS) to examine the state of secondary principals' well-being and job-related stressors one year into the COVID-19 pandemic. Twice as many principals as employed U.S. adults experienced frequent job-related stress during this time.

Drawing on LTS responses from 1,686 secondary principals, the authors explore how the frequency of job-related stress varies across different principal characteristics, such as experience, race/ethnicity, and gender, and school contexts, such as student populations served, school size, and locale (city, suburban, and town/rural). The authors also examine how principals' job-related stressors are associated with their schools' mode of instruction. They recommend strategies to encourage state and local policymakers to consider principals' well-being and take steps to mitigate job-related stressors now and in the long term.

## Key Findings

- Four out of five secondary principals experienced frequent job-related stress during the 2020–2021 school year.
- Secondary principals of color, female principals, principals serving high-poverty schools, and principals serving schools with high enrollment of students of color were especially likely to experience constant job-related stress.
- Secondary principals' top job-related stressors included supporting teachers' well-being and students' social and emotional learning, as well as navigating pandemic-related challenges.
- Secondary principals whose schools provided fully remote instruction were more likely to experience constant job-related stress than principals whose schools provided hybrid or in-person instruction; sources of job-related stressors varied by mode of instruction.

# Recommendations

- Support the well-being and mental health of principals, especially principals from historically marginalized groups and principals who lead schools with large proportions of students of color and students living in poverty.
- Help principals support and improve teachers' and students' well-being.
- Provide guidance and resources to help principals manage the operational aspects of their jobs.

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Peter DeWitt's Finding Common Ground

A former K-5 public school principal turned author, presenter, and leadership coach, DeWitt provides insights and advice for education leaders. He can be found at www.petermdewitt.com. Read more from this blog.

SCHOOL & DISTRICT MANAGEMENT OPINION

We Should Be Concerned About the Mental Health of Principals



By Peter DeWitt — August 22, 2020 7 min read



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The other day I was working remotely with some school principals and their administrative teams that I coach. Their faces showed the stress they feel. Some of the principals were in tears during our conversation, and many spoke to how tired they feel due to all of the present pressures of the job on top of the ones that they have been experiencing for years.

*Keep in mind it's only the second week of school.*

The debate over going back to school or not is palpable and politically charged. Those in favor of going back to school in person argue that parents need to get back to work, students need social interaction with their peers, and everyone needs to get back to a schedule that will bring some sense of normalcy. Others believe that students should remain remote, because we are only in the second phase of COVID, and outbreaks abound.

The truth is either decision, to go back to school or to remain remote, isn't a day in the park. If COVID is not enough on the plates of leaders, teachers, families, and students, there are states like California where wildfires are forcing evacuations of people, who are also dealing with extreme heat, power outages, and dangerous air quality. Other states like Iowa are dealing with the aftermath of hurricanes where homes and schools have been ravaged, and the south and southwest are under constant hurricane threats and storms that also cause evacuations.

When hearing about all of the issues, and reading all of the social-media posts, there are a lot of resources for teachers who are bending under the weight of the stress of teaching remotely or those who are charged with keeping students 6 feet apart (or 2 meters for our international colleagues) in-person. Unfortunately, there aren't as many resources out there for school leaders, and the absence of mental health resources just for them are a sign of the unconscious messages that leaders hear, which is, "Do your job. Don't complain."

## The Job

School leaders are seen as the boss, the administrator, the person in charge. Many school leaders, including their assistant principals are consistently offering support to their teachers, students, and the rest of the school community. During this time of COVID, they are often looked to for all of the answers, and it's nearly an impossible job.

The Center for Creative Leadership, as well as the [National Association of Secondary School Principals \(NAESP\)](#), the [National Association of Elementary School Principals \(NAESP\)](#), and other national organizations have found that there have been consistently increasing demands put on school principals over the last 15 years. And those studies from these national and international organizations were all completed prior to COVID-19.

As we have heard over and over again, these are unprecedented times. Master schedules change, regardless of whether students are remote or in person are taking place, because of changes to the number of COVID cases in their schools that force them to go back to remote learning or the guidance of state education departments that put out policies and regulations while they balance between educating students and walking the political fine line.

Besides the fact that principals are dealing with COVID cases, regardless of whether they are in person or remote, they are trying to find new and creative ways to make sure disadvantaged students are getting access to technology and the Wi-Fi needed to learn remotely. Additionally, they are working with staff to make sure students who qualify for free and reduced-price lunch are still getting the meals they need in order to feel healthy enough to learn.

Leaders have students in their care who have multiple families in the same home, are chasing down students who have not signed online for remote learning or shown up for in-person learning, and in doing that, they are dealing with new attendance codes, like that of California's SB98 that has five distinctions to attendance, and the code that worked for a

At the same time, they are completing all of these important duties: They are having multiple meetings (i.e., building admin, district admin, IEP, etc.), completing virtual or in-person walk-throughs to check in on students and teachers, and planning for professional learning opportunities so their teachers can keep up during these constantly changing times in which they need help matching technology tools with pedagogical practices.


Unfortunately, many principals are now at their breaking point. And the statistics focusing on the changing role of principal were not supportive prior to COVID, and they are probably only getting worse now.

## The Statistics

In the United States, 42 percent of principals indicated they were considering leaving their position (NASSP, EPI). According to the Learning Policy Institute, *“Nationally, the average tenure of a principal is about four years, and nearly one in five principals, approximately 18 percent, turn over annually. Often the schools that need the most capable principals, those serving students from low-income families, have even greater principal turnover.”*

The Australian Principal Occupational Health, Safety and Wellbeing Survey shows that, *“1 in 3 school principals are in serious distress and 1 in 3 principals have actually been exposed to physical violence.”*

The Center for Creative Leadership found that, *“Eighty-eight percent of leaders report that work is a primary source of stress in their lives and that having a leadership role increases the level of stress. More than 60 percent of surveyed leaders cite their organizations as failing to provide them with the tools they need to manage stress.”*

[Queen and Schumacher](#)  (Principal Magazine) found that, *“As many as 75 percent of principals experience stress-related symptoms that include fatigue, weakness, lack of energy, irritability, heartburn, headache, trouble sleeping, sexual dysfunction, and depression.”*

Additionally, Van der Merwe et. al (2011) found that, *“school principals experience high levels of stress that hamper their self-efficacy and inhibit their executive control capacities.”*

## What Can We Do?

I worry about the stress and mental health of school leaders. This is not to say we should worry less about the mental health of teachers. There are countless resources and organizations that focus on helping teachers. The principalship is a demanding job right now due to the pandemic, and it sometimes seems to be nearly an impossible one. And yet knowing that, there are thousands of principals who not only show up to school every day, they put everyone else before themselves. Given all of that, principals have fewer resources when it comes to dealing with their own mental health.

## It's important for leaders to try to alleviate the stress by taking some of the following actions:

**Work together as a team of leaders** - Lately, I have been completing research focusing on collective-leader efficacy. *Collective-leader efficacy (CLE) takes place when the leadership team works together, understands the complexities of working as a group, and has confidence in each other's ability to improve learning conditions for students* (DeWitt. 2020). In other words, *“many hands make light work.”* Don't go it alone.

**Social-Media Communities** - I have always found comfort in healthy social-media relationships. Lately, I have been gravitating to the Principal Life Facebook page. School leaders are posting, sharing, and supporting one another. These pages can help leaders see that they are not alone.

**Mindfulness** - I wrote about this a couple of [years ago here](#), because I deal with anxiety and stress and found that mindfulness was a way to try to calm my thoughts. What began as 10 minutes a day of practice transferred into other parts of my day that I found stressful. There is a great deal of research showing the benefits of meditation and mindfulness.

**Friends/Family** - Plan some nights away to have dinner (outside, with masks from a social distance, of course) with friends and or family. If your family and friends aren't in the education profession, that may be better because you can engage in conversations other than education.

**Exercise** - Walk, run/jog, or ride your bike. Get outside to breathe. [Read here for more benefits](#) about the benefits of exercise during COVID.

## What districts can do:

**Job Duties** - Researchers (i.e. Leithwood) found that the job duties of leaders can make or break them in their position. Stop piling work on top of leaders and start looking at what can take the backseat right now.

**Decisionmaking power** - Leithwood also found that leaders with increased decisionmaking power felt that they had more agency in the job and felt less like they were stuck in the middle of teachers and the district office.

**Make mental health a priority** - We must not be embarrassed to talk about the mental health of leaders, nor should we be ashamed to take actionable steps to help make sure that they get the help they need. As I told a district once, *“If you want to burn your principals out, keep doing what you're doing. If you want to foster the same type of growth that we say we care about for our students, then we need to make some changes.”*

If you're interested in a newsletter that focuses on all aspects of instructional leadership, [sign up for DeWitt's Collective Conversations newsletter](#).

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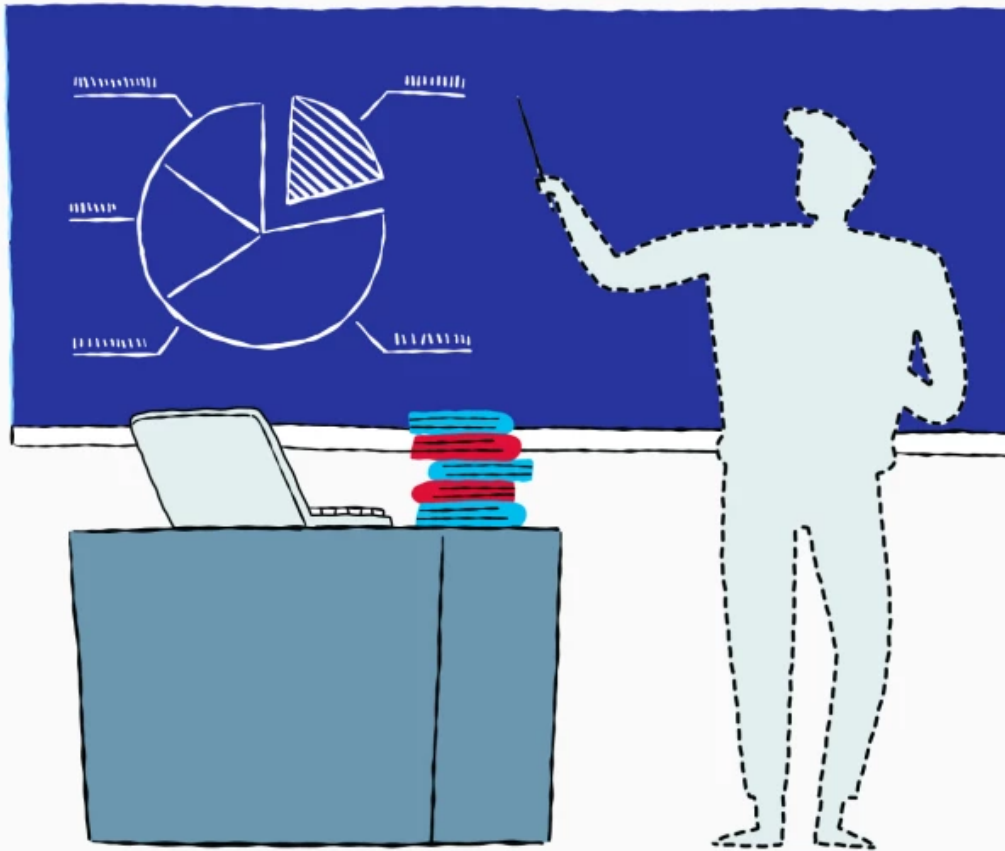
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School leaders are servant leaders who are hyper-attentive to watching over the people in their charge. But it is impossible to take care of others without taking care of yourself first. This is easier said than done, but also more important than ever.

“Make sure you are eating and sleeping well. Plan your meals so the business of the day does not overwhelm you,” said Laurie Cure, CEO of Innovative Connections, a consultancy that regularly works with education leaders.

“The most important part of self-care when you are experiencing burnout is self-compassion. You are doing your best right now, and while it may not feel good enough, it’s all anyone can ask of you. Release your self-guilt and continue doing the best you can.”



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