

# C.O.P.E. 2.0: A Blueprint for Addressing 2021's Mental Health Challenges



Effective School  
Solutions

By Gerard Barone (CCO), Lucille Carr-Kaffashan (PhD),  
Linda Rosenberg (MSW), and Duncan Young (CEO)

As a new year dawns, educators across the United States are facing challenges that just a year ago would have been unimaginable. Some challenges are directly related to the COVID-19 pandemic, including the need to upgrade technology and skills related to remote learning, to alter physical spaces and routines to allow for physical distancing and enhanced cleaning, and to monitor the health of both students and staff in order to keep everyone safe. Other challenges were already on the radar and causing alarm, but have been exacerbated by the shared trauma of the pandemic, particularly the steady increase in students' mental health symptoms and the growing numbers of students impacted by trauma, be it from racial disparity, poverty, food insecurity, or abuse.

During the summer of 2020, as educators were laying out plans for a return to school in September, Effective School Solutions (ESS) offered the [C.O.P.E. framework](#) to help school districts assess their capacity to address the growing mental health needs of students, and to address the myriad impacts of trauma in students' lives. Now, with six more months of national data to draw upon, and the experience gleaned from assisting districts during the fall semester, ESS would like to offer an updated version of [C.O.P.E.](#) that includes a re-thinking of the key areas of focus for districts, and a refreshed checklist of actionable items to support student and staff mental health.

The good news is that despite the challenges that our students face, there are clear steps that districts can take to strengthen the mental health safety net, and to address the impact of trauma on their student populations.

## What Do We Know About the Scope of Student Mental Health Problems?

For at least 10 years before the COVID-19 crisis emerged, mental health professionals had noted the rising mental health concerns in K-12 students. According to the National Alliance on Mental Illness (NAMI), 1 in 5 students ages 13-18 has a diagnosable mental illness. Symptoms have increased in our youth even though rates of mental illness have remained steady in other age groups. Research points to several factors that are contributing to this surge in children's mental health problems, including the isolating effect of technology usage, student anxiety about issues like school shootings and climate change, and the disruption in sleep patterns due to the use of cell phones and other devices. Add to this the traumatic impact of COVID-19, including fears of illness, along with academic, social, family, and economic stressors, and you have all the ingredients for a perfect social-emotional storm affecting our young people.

The CDC's June 2020 survey on the impact of the pandemic on mental health showed that 40% of adults reported a mental health symptom or condition, with younger adults (18-24) and racial/ethnic minorities among those experiencing "disproportionately worse mental health outcomes, increased substance abuse, and elevated suicidal ideation." The CDC also reported "a 24 percent spike over last year in emergency visits for mental health issues among 5-to-11-year-olds, and a 31 percent rise among 12-to-17-year-olds." Harvard researchers found that "caregiver-reported depression, anxiety, and misbehavior among American kids in the general population ... have reached levels typically seen only in those previously diagnosed with a form of mental disorder."

According to The American Psychological Association's **Stress in America** report, Gen Z individuals (ages 8-23, nearly 68 million Americans) are taking the worst hit. "By generation, 34% of Gen Z adults report worse mental health, followed by Gen X (21%), millennials (19%), boomers (12%) and older adults (8%) ... Changes to school are negatively impacting Gen Z. Most Gen Z teens ages 13-17 (81%) report they have experienced negative impacts of pandemic-related school closures, and half (51%) say the pandemic makes planning for their future feel impossible ... Loneliness and uncertainty about the future are major stressors for adolescents and young adults, who are striving to find their places in the world, both socially, and in terms of education and work."

In light of the grim statistics published by the CDC and other national health organizations, ESS conducted its own nationwide survey of school professionals in October 2020. Of 415 respondents, 83% reported that they are observing moderate to severe mental health challenges with students, and 71% reported that these challenges are somewhat worse or significantly worse than one year ago. ESS also found that educators are struggling as much as their students, with 84% reporting moderate to significant mental health challenges, and 85% saying that their mental health is somewhat or significantly worse than one year ago.

## What Have We Learned Since the Beginning of the Pandemic?

First and foremost, we have learned that while we must remain vigilant in our efforts to contain the spread of the virus, it is actually the mental health problems of students and staff that will contribute to the greatest long term negative outcomes of the pandemic, educationally, socially, and health-wise.

We have learned that it is not enough to have an exquisitely detailed Plan A for the continuation of education. Districts also need Plans B and C, since conditions can shift rapidly as infection rates change and give rise to changing recommendations from health and government officials. As many districts had to shift frequently amongst in-person, hybrid, and all-remote learning models, a predictable "steady state" never really emerged, and thus many districts have not been able to give attention to preparation for the coming mental health challenges that students will face.

We have learned that many students have "disappeared" from the district's radar screen altogether, some because of the lack of internet/technology access, others because of disengagement, and others due to a move necessitated by financial distress or illness, or both. And, we have also learned that in many cases the role of a mental health professional becomes not just about traditional "treatment", but also encompasses broader engagement of the student, the family, and/or caretakers, and providing support and referrals to meet basic needs.

We have learned that students and staff alike will struggle to resume the typical rigor and structure of the school day once the widespread use of vaccines make that possible.

We have learned that schools are MUCH MORE than centers for academic learning. They are safe hubs for access to food, to socialization, to after-school activities and extended care, to health

services, and to the watchful eyes and ears of caring adults who often are the first to notice signs of abuse or neglect.

And, we have been reminded that taking care of the adults in a child's life, teachers and caregivers, is critical to the well-being of that child.

With these learnings in mind, we are pleased to introduce a new version of the of **C.O.P.E.** framework to guide districts in their mental health planning in the coming months.

## **Centering School Re-openings Around Mental Health Services**

Since last summer, districts have understandably been focused largely on logistical tasks: cleaning routines, re-organization of space, air filtration upgrades, developing alternating cohorts of students for in-school learning days, and establishing protocols for monitoring and responding to positive COVID cases in the school community. Arguably, for school administrators, every day during the fall 2020 semester was akin to a frantic snow day, necessitating urgent decisions about whether to close school buildings based on the school's and general community's exposure to infection.

The byproduct of this intensive focus on the "logistical" is that it was more difficult for many districts to focus on the "social-emotional." **As districts move into the spring, with vaccines around the corner, they should focus on centering their re-opening around a guiding paradigm of support for the mental health and social emotional well-being of their students.**

Why is this important? As we all know, according to the Hierarchy of Needs articulated by motivational psychologist Abraham Maslow in 1943, physiological needs (e.g., food, shelter, water) and safety needs (e.g., health, personal security, resources) must be met before humans can turn their attention to higher development, including interpersonal relationships, self-esteem, and self-actualization. Given our shared experience of pandemic-induced trauma, it is not an exaggeration to state that self-regulation and other critical mental health skills must be nurtured as a prerequisite for tackling all typical educational and developmental goals.

Key checklist items to make a mental health centric re-opening a reality include:

Communicate to all staff and parents/guardians that mental wellness is the foundation upon which any return to "normalcy" must be based.

Establish a Mental Health Steering Committee comprised of key stake-holders (administrators, teachers, students, clinicians, parents/caregivers, community providers, etc.).

Task the Mental Health Steering Committee with developing content and awareness campaigns and/or interventions for each school function and event.

Purchase or revitalize an SEL curriculum, and mandate that it be infused within every subject's instructional plan. Formalize SEL instruction modules at all grade levels.

Create and distribute a monthly mental health newsletter that provides updated information and resources for all stakeholders.

Create a monthly mental wellness assembly, inviting in-house and community experts to address various strategies to support mental health.

Create/expand mental health services available for staff. For example, establish an Employee Assistance Program (EAP) or expand the benefit of an already existing program (e.g., increase the number of EAP sessions available).

Find ways to acknowledge, validate, and harness the natural tension that exists amongst various constituencies (administrators, teachers, parents, clinicians, etc.) as each perspective provides critical information.

Remind staff regularly about their mental health benefits and resources, and empower trusted "influencers" to talk up and reduce stigma for accessing mental health care (think "Dr. Fauci getting vaccinated on national TV").

## **Organizing Support to Re-Acclimate to the Structure of the School Environment**

By the time the virus is contained enough to allow for everyone to return to in-person classes, students and staff will have been removed from the routines and structures of school for at least a year. To imagine the implications of this, consider the difficulty of getting the school community settled in after the summer break, or even after an extended holiday vacation.

Once school is fully open, both students and staff will likely struggle to re-acclimate to sleep routines and early rising, to bus and car commutes, to 6+ hour school days plus homework at night, to after-school sports, lessons, clubs, and social activities, and to reduced amounts of family time. In short, it will not be so easy for students to return to their hectic daily schedules, juggling school, extracurricular, and social demands. A fundamental re-socialization to school will be needed: a "Return to Kindergarten", if you will.

**Because of this, districts should focus on gradually re-introducing students to the more structured environment of in-person schooling.**

Key checklist items include:

- Form a "Return to School" committee comprised of parents, teachers, and students to anticipate and plan for the challenges of each group.
- Consider "Return to School" workshops to support parents and students at each grade level.
- Consider a "phase-in" to a full school schedule, e.g., shorter school days for 1-2 weeks, gradual increases in homework.
- Use a "Multi-Tiered Systems of Support" (MTSS) framework to assess the readiness of the district to serve students with mental health needs of various intensity levels.
- Given that many students are starved for peer connection, consider sponsoring grade level socials before the official start of school to give students time to re-connect.
- Consider extending lunch periods and/or allowing student socialization during "study" periods for the first few weeks of school.
- Develop a process to identify students who might have separation issues based on pre-pandemic functioning, family illness or losses during the pandemic, or having become overly attached/dependent on caregivers during home confinement.
- Re-train leaders, teachers, and aides on the signs and symptoms of mental health disorders in distance learning environments.
- Consider the development of a Remote Services Task Force that can oversee the district's capacity to continue to provide remote instruction, counseling, special services, etc. for students and families as needed.
- Consider the unique needs of various subgroups. For example, elementary school students may show the most behavioral and skill regression, and may have difficulty separating from caregivers.
- Consider offering specialized clinical services to address key pandemic-related issues: trauma, bereavement,

## Preparing to Serve a Significantly Higher Number of Students

Given the prolonged traumatic stress of the pandemic, the needs of students who had already been receiving some level of mental health services will be greater, and a new cohort of students who previously had mild or no symptoms will be identified. There will also be a spike in the need for mental health services among teachers and other school personnel, as well as among parents/caregivers. **Districts should assess their existing mental health safety net and ensure that they have sufficient resources to support a larger number of students and staff in need.**

Specific checklist action items include:

- Prioritize and destigmatize self-care for leadership, teachers, aides, and all school personnel.
- Consider staffing and program shifts that will allow for more available slots within existing Tier 3 programs to accommodate more students.
- Increase regular safety assessments with Tier 3 students, and consider adding more therapy visits and medication re-evaluations.
- Increase regular parent/guardian check-ins, to coordinate observations and care across each student's home and school environments.
- Formalize liaison relationships with community ERs and mental health providers to shore up a safety net of support for children and families.
- Enhance Tier 2 capacity, e.g., by offering short term groups (6-8 sessions) on the most pressing pandemic-related clinical issues: grief, trauma, anger, and substance abuse.
- Enhance Tier 1 services by providing curricula, training, support, and technical consultation for teachers to increase their comfort and expertise in conducting SEL and mental wellness psychoeducation.
- Develop a plan to incorporate universal mental health screening for all students.
- Enhance crisis assessment and re-entry services to include alternatives to suspension and other disciplinary interventions that emphasize a trauma-informed perspective.
- Convey a consistent message to all school personnel that the district is adopting a lower threshold for referring students for mental health assessments.

## Equity Focused Approaches to Care

Racial discrimination is one of the most severe forms of trauma, and trauma is a driver of negative mental health outcomes. **It is important, therefore, to recognize that tackling mental health issues means tackling racial discrimination.**

Before the pandemic, many school districts were already beginning to address the disproportionality that adversely affects the most vulnerable and deprived students. Then a global health crisis shone a bright light on the cracks in the American healthcare system, and on the healthcare disparities that cost the lives of many more people of color. The death of George Floyd and associated outcry in the summer of 2020 further highlighted the injustices and inequity that continue to deprive America's minority students of appropriate healthcare and educational opportunities.

As safe hubs within their communities, school districts have the responsibility to advocate for these students and their families, and to consistently strive to ameliorate injustices. The pandemic has widened

already existing socio-economic disparities, making the situations of many students and their families all the more desperate.

Specific checklist action items include:

- Recognize that these disparities extend to mental health care and all social safety nets.
- Consider inviting local politicians, religious leaders, social service representatives, etc. to help educate staff about the composition and challenges of the school's population.
- Consider bringing selected social services onsite: food and clothing banks, housing services, etc. to improve access for struggling families.
- Use a trauma-informed framework to understand the behaviors and needs of these students and their families.
- Adopt a trauma-informed common language and a strength-based, engagement approach to clinical care that *validates* student and family survival skills.
- Infuse services at all levels, Tiers 1, 2, and 3 with a trauma-informed perspective.

### It CAN be Done!

Of course, all of the above items can seem daunting. In some way, we have all been traumatized by the pandemic, and school districts have been challenged. But one of the most meaningful lessons of the pandemic has been the importance of social connection and teamwork. Districts have done amazing things working together to ensure continuity of education under the most trying circumstances that most educators have seen in their careers. And, by working together, the caring adults in a school system can make a tremendous impact on this next phase of our educational challenge: supporting the social-emotional and mental health needs of students.

Working together, district teams can create the safety nets that are necessary for students to return to normalcy.

### Resources:

[Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic — United States, June 24–30, 2020 | MMWR \(cdc.gov\)](#)

[Stress in America 2020 survey signals a growing national mental health crisis \(apa.org\)](#)

[The Children of Quarantine \(thecut.com\)](#)

### About Effective School Solutions:

Founded in 2009, Effective School Solutions partners with districts to provide in-school clinical programming for students with emotional and behavioral challenges.