Mental Health Interveners, Stress and Response to Covid-19 in Elementary Schools

By

Johanna Sosa

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ABSTRACT

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ADVISORS: Dr. David Cotter, Sociology and Dr. Linda Stanhope, Psychology

This study investigated symptoms of anxiety and depression among school-based mental health providers before and during the COVID-19 pandemic. Fifty-six school psychologists, counselors, and social workers completed an online questionnaire to assess anxiety, depression, occupational duties, and involvement in planning services. Eight participants were interviewed to explore methods and challenges of providing care. Results suggested that the pandemic led to increased symptoms of anxiety and depression. Participants' scores, in the survey, indicated that anxiety and depression were related to age and lack of involvement in planning services. Interviews revealed difficulties faced with uncertainty in day-to-day tasks, new responsibilities, Covid-19 protocols, concerns for students' exposure to interpersonal experiences, and types of coping strategies providers embraced. Future research should survey providers after the pandemic to explore areas of trauma. Research should investigate emotional preparation in mental health training and mental health supports offered by schools for providers. To ameliorate levels of stress today, it is hoped results would encourage professionals to implement or develop inspiration from interventions and strategies indicated by respondents. Implementation of support groups for providers would enhance mental health support and communication among school systems or districts.

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Introduction

This year, the world was unexpectedly hit with a pandemic that has uprooted daily lifestyles to an online and limited in-person version of schooling, meeting, and socializing. The Covid-19 pandemic has impacted the well-being of both parents, children, and mental health professionals, who are now spending extended periods at home. The pandemic quickly resulted in the transition from in-person to virtual experiences. Students, teachers, and mental health professionals have adapted from having in-person meetings and lectures, to learning and providing services on an online platform. Also, parents have taken on increased roles in their households that were previously maintained by school professionals. Parents are oftentimes called on to be their children's teachers, counselors, gym coaches, and more.

Society was not prepared to continue day-to-day lifestyles through an online format. The move to a virtual life has brought to light what has been taken for granted. This has caused significant distress for low-income homes by exacerbating inequalities in technology, housing, and internet access. As in-person services have begun reopening, strict restrictions still leave a sense of longing for interactions with friends and family. The sedentary, online, and limited in-person lifestyle we are continuing to adapt to has impacted the mental health of individuals. Resources have adjusted to online forums, sessions, and meetings. Thus, it is imperative to examine the changes in occupational responsibilities among school-based mental health professionals. How have school-based mental health professionals' duties shifted, what new difficulties have arisen, and how are children receiving services in an era of uncertainty? Are mental health professionals

working in schools, facing increased levels of stress due to the onset of the Covid-19 pandemic?

Chapter 1: Literature Review Draft

Covid-19 and Impacts on Mental Health

Today, parents are faced with the challenge of keeping their children busy and safe at home and in school. This challenge is especially exacerbated for low-income families (Culver *et al*, 2020). In a national survey, 27% of parents reported worsening mental health and 14% reported children's behavior worsening during the pandemic (Patrick *et al,* 2020). This reveals the impact the Covid-19 pandemic has had on the mental health of families in the United States. Additionally, young children have been greatly impacted and were found to have increased risks for domestic violence and maltreatment (Patrick *et al,* 2020). Due to shelter in place requirements and spending extended periods at home, children are at a risk of facing mental health issues due to lack of socialization and increased home life stressors.

Before the pandemic, parental well-being and parenting practices, in conjunction with levels of socioeconomic status, were found to be associated with mental health problems among children (Boe *et al*, 2014). Therefore, it is important to understand how the pandemic may impact the risk of mental illness among children from low-income homes. Previous evidence indicated that Covid-19 changed the lives of families and increased the probability of health consequences. Due to the pandemic, government agencies and professional organizations have voiced their concerns that children may be at an increased risk for psychological disturbances (Patrick *et al*, 2020).

Being Virtual and Inactive on the Child Mind

Increased hours of screen time have become a new normal for students and parents. Before the pandemic, studies showed that each additional hour of media and screen exposure was associated with greater odds of social-emotional problems, self-esteem, and lower social competence (Russ *et al*, 2009). Thus, this gives insight into the potential harm longer hours of media and screen exposure may have on students. Since some schooling and meetings are being held online, screen time levels are bound to increase. Therefore, it is essential to understand how extended hours of screen time may impact an individual, as behaviors and mental health have been impacted by the pandemic and living in a virtual era.

A study, before the pandemic, was conducted to review evidence of screen time and child health. The study was based on a "systematic 'review of reviews'," which synthesized evidence from 13 reviews (Archives of Disease in Childhood, 2019, p.380). The reviews analyzed time spent on television, computers, tablets, and smartphones. The findings showed moderately strong evidence for screen time and an association with depressive symptoms (Archives of Disease in Childhood, 2019). This research exemplified how screen time may impact the well-being of children. Additionally, the study concluded that screen time was related to problem behaviors such as anxiety, hyperactivity, and poor self-esteem (Archives of Disease in Childhood, 2019). Thus, this provided further insight into the potential impacts of increased screen time on a child's mental health status. Due to the Covid-19 pandemic, increased screen exposure is a new reality. Therefore, it is essential to further investigate the mental health consequences children may face.

Spending time at home, and opportunities for physical activities for children and adolescents have been drastically impacted in addition to extended hours in front of a screen and quarantine mandates. Due to the pandemic, about 1.38 billion children are out of school or childcare and do not have access to group activities, team sports, and playgrounds (Culver *et al*, 2020). Therefore, it is important to understand how a lack of physical activity may translate into negative physical and mental health consequences.

To understand how sedentary behavior impacts health-related quality of life among children and adolescents, a study conducted before the Covid-19 pandemic, provided insight into the potential consequences of sedentary behavior. Health-Related Quality of Life was assessed among children, including physical and social functioning, mental health, and well-being (Wu *et al*, 2017). As a result, it was found that sedentary behavior was inversely related to health-related quality of life among children and adolescents (Wu *et al*, 2017). Thus, lack of physical activity and increased sedentary behavior was related to negative impacts on physical, mental, and psychosocial aspects of health-related quality of life (Wu *et al*, 2017).

This evidence puts into perspective how increased time spent at home and less physical activity, due to the pandemic, may negatively impact children and adolescents. Thus, this contributes to the multitude of evidence that has presented negative impacts as a result of sedentary behavior, increased screen time, and social media exposure. It is important to take into consideration the aspects of individuals' lives that have changed because of the virtual age, and how it may negatively impact physical and mental health. Overall, these studies allowed for an increased understanding of the probable

implications children may face with online learning, and with the lack of physical and social activities.

Importance of Socialization and School's Role

A drawback to online learning is increased difficulties and lack of opportunities for children to establish relationships with their teachers and peers. School has a significant role in the socialization of children through the daily interactions they face in the classroom. Socialization contributes to the values and standards of conduct that are instilled in individuals (Handel, 2011). The socialization process is present in acceptable behaviors and school routines that students are obligated to abide by. Children learn extensively about societal expectations and acceptable behaviors by attending school.

It is important to explore the consequences virtual learning and in-person restrictions may have on a child's school relationships with teachers and peers. Lack of social activities impacts a child's social development and may ultimately affect their mental health. Virtual learning, distanced restrictions, and strained school relationships create difficulties in gauging a child's ability to interact with others, make friends, and behave appropriately. Socialization skills aid in maintaining children's happiness as well as their mental and physical health. Thus, it can be predicted that the result of extended hours of screen time and sedentary behavior is associated with negative consequences on students' relationships and learning in a virtual classroom.

The longitudinal relationships between teachers and children play a role in school life and the success of a child. During a virtual and limited-in-person era, children may have fewer opportunities to form connections with their teachers, counselors, and staff

members. The Covid-19 pandemic has kept an increased number of children at home and has reduced the time for students to connect with their teachers in-person. A study, prior to the pandemic, found that having teacher-child relationships was associated with reduced problem behaviors among children in elementary school (Maldonado-Carreno & Vortuba-Drzal, 2011). Thus, the relationships children have with their teachers may positively impact their behavior.

The data analyzed in this study were collected through standardized assessments from mothers, and teachers. It was indicated that the quality of relationships teachers reported having with their students, were related to their children's achievement and behavioral problems from kindergarten to fifth grade. Overall, this study emphasized the importance of teacher-student relationships for elementary-aged children. Therefore, teacher-student connections are an aspect of a child's development that has faced disruption due to online learning and limited in-person interactions. Opportunities to strengthen relationships with teachers appear to be slimmer and this may negatively impact the behavior of children.

Socioeconomic Status and Location on Child Development and Mental Health

Socioeconomic status is a contributing factor to a child's mental health. The pandemic has made the disadvantages of lower socioeconomic status individuals more evident. This includes access to food, the internet, technology, and shelter. The Covid-19 pandemic has made it especially difficult for families and children without the internet and technological resources to attend online classes. Poverty is related to a child's IQ, school achievement, and socioemotional functioning (McLoyd & Vonnies, 1998). Thus,

Covid-19 might exacerbate negative impacts among children of low socioeconomic status. Socioeconomic inequalities play a role in mental health among children and the resources available for them in schools.

To understand the relationship between socioeconomic status and mental health outcomes for children and adolescents, a study indicated that low socioeconomic status that persisted over time strongly related to an increase in mental health problems (Reiss, 2013). This provides evidence that socioeconomic status may impact the mental health of children and adolescents. Therefore, this study emphasized the need for childhood interventions to help reduce mental health problems present in different socioeconomic groups, especially now during the Covid-19 pandemic.

Substantial evidence indicates that low socioeconomic status (SES) children have increased symptoms of psychiatric disturbances and maladaptive social functioning compared to children from more affluent backgrounds (Bradley & Corwyn, 2002). It is difficult to identify psychological disorders in young children and there is little evidence of a relationship between SES and socioemotional well-being. Thus, it must be increasingly challenging to identify psychological disorders in children, since more families are staying in their homes. Additionally, evidence has shown that a relationship between SES and socioemotional well-being became apparent in early childhood and remained consistent through middle childhood (Bradley & Corwyn, 2002). Therefore, this provides further evidence that SES impacts the health and well-being of children.

The strength of the relationship between SES and psychology disorders was dependent on the type of psychological disorder a child had and their race. The relationship between SES and psychological disorders is the most consistent with

schizophrenia, personality disorder, and mild depression (Bradley & Corwyn, 2002). Therefore, it is apparent that socioeconomic status impacts the psychological well-being of children.

Additionally, it is important to take into consideration the settings in which schools are located. One study examined differences in students' uses of mental health resources in schools during the previous year (Green et al, 2013). Results indicated that there were differences among students with serious emotional disturbances (SED) and their service usages. Major metropolitan, and urban settings had more students using mental health services compared to rural settings. Thus, students with emotional disturbances were more likely to use mental health services within their schools in metropolitan and urban settings in comparison to rural settings. Therefore, this provides insight into how psychological well-being may differ across school locations as well as how much students use the mental health resources offered by schools.

Overall, the Covid-19 pandemic has brought attention to the lack of resources low-income homes and children have faced. Studies shed light on the potential mental health impacts on children from less affluent families as well as the differences in psychological wellbeing and willingness to seek resources, especially among students in metropolitan and urban school locations. Therefore, it is important to take into consideration the various external factors that may contribute to the psychological well-being of children in schools.

Mental Health Resources Provided by Schools Before the Pandemic

Before the pandemic, concerns about mental health needs have been growing. One in four children have a diagnosable mental health disorder and more than 75% of children need mental health services (DeKruyf *et al*, 2013). Responses to mental health and psychological resources are usually limited in a school setting. Mental health professionals and service providers present within schools include school counselors, school social workers, school psychologists, school nurses, and paraprofessionals also known as teacher's aides (Child Health and Development Institute of Connecticut).

In most states, elementary schools receive support from professionals at least once a week (Adelman & Taylor, 1999). In middle schools, professionals are usually assigned more time. Consequently, time dedicated to elementary school children seems to be limited. Normally, schools offer a variety of mental health interventions for their student body. Mental health practices that are present in schools include a Response to Intervention system, mental health integration, and collaboration within communities. Response to Intervention is a system that aids in identifying early learning and behavioral difficulties, and matching students with appropriate services (Witte *et al*, 2014). Types of interventions that are effective include cognitive-behavioral therapy, social skills training, and teacher consultation (Hogwood *et al*, 1997). Therefore, schools offer a variety of different interventions and services that have been effective in aiding students with their mental health needs.

As a whole, schools have an extensive range of preventive and corrective activities that are oriented towards students' problems (Adelman & Taylor, 1999). Most school-owned and operated services that offer mental health resources are called Pupil

Personnel Services (PPS). Pupil Personnel Services originated as disciplines in schools or activities outside of schools. Members of the Pupil Personnel Services included a school guidance counselor, school social worker, school psychologist, and school nurse (Irvin & Whiteside, 1983). This service was developed at the beginning of state compulsory school attendance laws (Shear, 1965). Pupil Personnel Services are regulated by the federal or the state government, in which they mandate and determine how many service professionals are employed in schools. Additionally, PPS administrators are encouraged to be aware of local, state, and federal funds for financial support (Irvin & Whiteside, 1983).

Another way in which schools have offered mental health resources is through School-Community Collaborations (Adelman & Taylor, 1999). These initiatives have been categorized as informal, coordinated, partnerships, collaborations, and integrated services (Adelman & Taylor, 1999). These offer the opportunity for schools to work with outside agencies to provide resources for their students. Collaborating with the community surrounding a school expands the options available for students to receive mental health support.

Trends emerge for professionals and schools due to historic, economic, and political changes. These trends include moving towards cohesive interventions and comprehensive general programmatic approaches (Adelman & Taylor, 1999). Schools are looking towards coordinating and integrating community services for the well-being of their students. In addition to this, over 1000 schools in the 1990s were linked to health clinics that offer better access to mental health resources for children (Adelman & Taylor, 1999). In the 2015 and 2016, about 71% of public schools reported having diagnostic

assessments for mental health disorders available to students, and 64% of schools reported having treatment available (NCES Blog, 2018). Therefore, these efforts will allow for more children to have access to and receive mental health care.

The lack of clear direction or unified vision to guide efforts for mental health contributes to the inadequacy of care received by youths. In 2002, the President's New Freedom Commission on Mental Health recognized that mental health services in schools were an important aspect in reconstructing the mental health system for children and adolescents (Stephan *et al*, 2007). It has been reported that schools are the most common setting in which children access mental health care. Therefore, the variety of efforts and options that are increasingly available for children are beneficial in improving the educational systems that offer mental health services.

Mental health programs present in schools benefit the lives of children by aiding to diagnose or treat students with psychological disorders and behavioral issues. Evidence suggests that school mental health programs reduce the stigma associated with seeking mental health support, increase opportunities to promote generalization, maintenance of treatment gains, and enhance the capacity for mental health promotion activities (Stephan *et al*, 2007). Compared with traditional mental health services, school mental health programs can offer more ecologically grounded roles for mental health clinicians (Stephan *et al*, 2007). School mental health services have resulted in enhanced clinical productivity since students have more access to mental health staff (Stephan *et al*, 2007). Thus, the programs that are becoming more readily available at schools have been found to benefit children receiving mental health care. Services within the school system create a positive environment in which children may obtain the help they need.

Successful Strategies for Funding

Mental health services are a component of school-based health care that is quickly growing. Mental health professionals in schools provide a variety of services for their students throughout the school year. However, how are mental health programs in schools being funded? There are several strategies in which schools can sustain their mental health programs. One strategy available for maintaining mental health programs is through shared funding, including public and private agencies, fee-for-service, third-party funding sources, and The School Medicaid Claiming Guide (Freeman, 2011).

Public and private agencies can receive reimbursements from Medicaid and insurance payers for mental health services that entail intensive and individualized interventions (Freeman, 2011). School mental health counselors spend most of their time on universal support and targeted interventions. Universal support and targeted interventions are related to the Multi-Tiered System of Support (MTSS). The MTSS is data-driven and focused on improving outcomes for students through problem-solving (Positive Behavioral Interventions and Supports). Universal supports are provided to all students while targeted interventions are provided to groups of students to help develop skills (Positive Behavioral Interventions and Supports). Therefore, these need to be specifically stated to receive appropriate funding. For fee-for-service and third-party funding sources, school mental health programs must be approved for providers of Medicaid, private insurance, or local county and foundation funding. Thus, this is essential to provide mental health services to students (Freeman, 2011).

The School Medicaid Claiming provides a guide on reimbursement for Medicaid in schools. For example, The Arkansas School Mental Health Network developed a state

policy and procedures manual (Freeman, 2011). County referendums are another strategy that increases funds for school mental health. This may provide community support for school mental health services through work with government officials and may result in an additional sales tax to fund school-based mental health programs (Freeman, 2011). An example of this includes California's Mental Health Services Act which is used to fund mental health initiatives.

Additional successful strategies found to help fund mental health programs in schools include community coalitions, funding from partner agencies, and non-profit organizations. Community coalitions are businesses that form a coalition to assist with funding school mental health programs (Freeman, 2011). Partner agencies of governance care such as social services, provides support by funding school mental health programs and positions. Non-profit organizations provide even more funding opportunities.

The state and county Temporary Assistance for Needy Families (TANF) requires prevention programs for health in schools and provides funding for mental health professionals' salaries and after-school programs (Freeman, 2011). Investigator systems can collect outcome data with state-level mental health and education departments to provide information to address the state-level need for funding for school programs and services.

Grants, foundations, and the business community are additional resources that may provide funding opportunities for schools. Schools may apply for funding with community partners to maintain their programs and services. Examples of these grants include the Safe Schools/Healthy Students Grant, the Elementary and Secondary School Counseling Grant, contacting local businesses, and more (Freeman, 2011).

Additionally, school districts fund interventions through federal and local funds. Examples of this include the Comprehensive Children's Mental Health Initiative, Title 1, district school budgets, and more (Freeman, 2011). The Children's Mental Health initiative allows families access to services for children that do not enter the welfare or probation system (Indiana Department of Child Services, 2020). Title 1 is part of the Elementary and Secondary Education Act. The act was amended by Every Student Succeeds Act (ESEA) and provides financial assistance to local agencies for children from low-income families (National Center for Education Statistics, 2020).

In some education systems, staff may be realigned to provide school mental health functions for students (Freeman, 2011). For example, schools may rethink staff roles or realign positions to areas that are in more demand. Volunteers and internships provided through universities help to provide schools with staff at a lower cost to assist with mental health programming (Freeman, 2011).

Therefore, these financial resources are avenues in which schools and their mental health interventions and services are funded. It is important to understand the successful strategies that provide funding for schools and assist in maintaining mental health programming and interventions. Thus, this allows for a better grasp on understanding how services may be impacted with remote and limited in-person learning. Mental health resources and the methods in which they have been provided have changed. For that reason, it would be interesting to investigate how the pandemic may impact the maintenance of mental health resources in schools, funding, and staffing of school-based mental health professionals.

Development of School-based Mental Health Services

School mental health services were developed in the Progressive Era, a time period during the first two decades of the 20th century (1900 - 1920) that furthered interests in social and political reform (Encyclopaedia Britannica, Inc., 2021). During the Progressive Era, there was a focus on four important factors to establish mental health service programs. In this era, mandatory education was enforced and resulted in restricted child labor services. These focus factors were also concerned with immigration, social order, public health, and developments of disciplines such as psychology, social work, and education (Flaherty & Osher, 2003). Therefore, these pushes for change impacted the mental health professionals that were soon to occupy the school system in addition to teachers.

This Progressive Era aimed to address educational challenges, including school attendance, the presence of discipline from teachers, the increase of cultural disconnection, and failure to educate students that were a public health and social control problem. Reformers were concerned with how schools would address barriers to learning, while others, "viewed mental health services as a mechanism for addressing academics and behavioral problems among students," (Flaherty & Osher, 2003, p.12).

Reformers ideologically disagreed about focusing on schools or on its students. However, it was unanimously agreed upon that schools needed to expand their agenda for public education. This included bringing in "visiting teachers," (who are now known as social workers) that provide vocational counseling, have special education classes, and hire school clinicians (Flaherty & Osher, 2003, p.13). Thus, instilling these aspects into the school system created a community in which schools were no longer geared towards

one type of student but could provide resources to a multitude of individuals. Consequently, mental health issues are more directly addressed by professionals working in schools.

The Interveners: Psychologists, Social Workers, and Counselors in Schools

Today, schools are called upon to educate growing populations of students whose social-emotional needs oftentimes interfere with the learning process (Lockhart & Key, 1998). Conditions contributing to student mental health issues include poverty, homelessness, substance abuse, physical and sexual abuse, domestic and community violence (Lockhart & Key, 1998). Thus, continuing to research the options of mental health resources available in schools helps understand how they can benefit children. Additionally, this provides insight into the resources being provided to students that may have suffered during the Covid-19 pandemic.

Professionals within the school system weigh in on children's mental and emotional well-being. This is important to ensure that children are living happy and healthy lives. The professionals that address mental health in schools include school psychologists, social workers, and school counselors. It is also important to investigate and understand the professionals that occupy positions in mental health services at schools. Professionals are trained to provide mental health interventions and play important roles in preventing and enhancing problems for students, parents, and school staff. Adelman and Taylor (1999) identified the term for these individuals naming them "interveners," or individuals who carry out functions related to mental health activities in schools (Adelman & Taylor, 1999, p.140).

School psychologists play an important role in the mental health services for children. The early roots of school psychology can be found in clinical and educational settings. School psychologists began to take on intervention roles in the 1920s. In 1969, The National Association of School Psychologists was founded and the members in this profession have grown (Flaherty & Osher, 2003). The development of school psychology is closely connected to special class provisions for exceptional children, the testing movement, the mental health movement, and school contributions to programs of delinquency prevention (Shear, 1965). The emphasis on assessing children in schools may impact the roles that school psychologists take on (Flaherty & Osher, 2003).

Overall, there has been an increased need for school psychologists' involvement in mental health programming for youth. School psychologists provide services that include psycho-educational assessment, consultation, individual counseling, group counseling, and educational programs for parents and teachers (Natasi *et al*, 1998). However, most school psychologists devote their time to psychoeducational assessments that aid in determining eligibility for special education services (Natasi *et al*, 1998). A study on school psychologist involvement in mental health programming found that 21% of them spent their time doing assessments, 20% spent time counseling individuals, 27% did consultations, 16% worked on preventions and 6% of school psychologists were involved in research (Natasi *et al*, 1998).

School psychologists devoted about half of their work time to mental health programming. Today, school psychologists still assess and evaluate students. Additionally, school psychologists engage in prevention/intervention programs, crisis interventions, as well as consultations with teachers, parents, and other service providers.

School psychologists supervise psychological services and expand their knowledge through professional development programs (American Psychological Association, 2020). Therefore, the field of school psychology encompasses a multi-faceted role in which school mental health for children may be addressed through a variety of services.

Teachers are not Counselors: Role of Separation in Education

The role of teachers in the classroom is an important aspect of a child's mental wellbeing. Teachers play a significant role in the lives of children during their school years. Their connections with children impact academic achievements and behaviors. Teachers' perspectives are valuable in understanding the mental health support children receive in schools. However, it is important to investigate where the line is drawn between the roles of teachers and school-based mental health professionals. How do their occupations, expectations, and roles differ? Are teachers equipped to address mental health concerns in the classroom?

A study was conducted that examined teachers' perceptions of current mental health needs in their respective schools (Reinke *et al*, 2011). Their knowledge, skills, and training experiences were evaluated as well as their role in supporting children's mental health (Reinke *et al*, 2011). As a result, teachers reported that school psychologists have a primary role when it comes to providing mental health services. This implies that teachers are not necessarily the school professionals that address the mental health of children in the classroom. Thus, according to teachers, mental health professionals are better equipped to assist students with their needs.

Teachers are not fully relieved of addressing mental health in the classroom. Mental health problems result in behavioral issues that cannot be avoided. Thus, teachers viewed themselves as having primary responsibilities in implementing classroom-based behavioral interventions (Reinke *et al*, 2011). Each profession within the school system has a separate set of responsibilities in being able to provide mental health services. Additionally, teachers expressed that they lacked experience and training in addressing the mental health needs of children in their schools (Reinke *et al*, 2011). Therefore, teachers may not directly provide mental health services, but are important for observing a child's mental health needs and are very often the source of a referral.

School social workers play an important role in mental health services. The profession of social work came from feminist and reform-driven professionalism (Flaherty & Osher, 2003). Social workers were formerly known as "visiting teachers," (Flaherty & Osher, 2003, p.13). Social workers are community-based and have roles that are more connected to families. In the 1920s, the visiting teachers became employees of the school system which led to a shift in their responsibilities.

As our understanding of the developmental needs of children grows, the tasks of social workers increase (Gilligan, 2000). The expectations for social workers have grown tremendously over time. Social workers are now expected to address not only the child and their school career but also the child's parents, the child's extended family network, and the professional system surrounding the child. Social workers are heavily involved in the planning, management of access, and contact arrangements for children for whom they are responsible for.

School counselors are a set of professionals that address mental health issues with school children. Professional identities of school counselors have been a fluid construct and lack a clear consensus on their occupations' goals (Lockhart & Keys, 1998). Many school counselors are finding themselves serving students who have serious psychological disorders. Counselors are limited in their roles because of school system policies. These policies restrict the number of counseling sessions counselors can conduct on school clients (Lockhart & Keys, 1998). Also, their role includes the delivery of family counseling services, and administrative tasks that occupy a large percentage of a counselor's time (Lockhart & Keys, 1998). School counselors are required to respond to the social, political, and demographic trends that impact students and families.

Throughout the history of counseling as a profession, there have been shifts in the expectations of school counselors. School counseling originated as part of a vocational guidance movement in the 1900s (Flaherty & Osher, 2003). Guidance classes were increased in schools in the 1920s. In the 1950s, counselors focused on integrating issues of personality and human growth/development (Flaherty & Osher, 2003). The American School Counselor Association aided in solidifying their role by emphasizing that counselors should focus on providing educational opportunities for all students. Student achievement was at the core of what was expected from them. Politics, education reform, economy, and issues faced at school have strongly influenced educational reform and the profession of a counselor (Dekruyf *et al*, 2013). Today, it is important for school counselors to take on a multifaceted role in which they should address the topic of mental health among their students.

School counselors and other professionals need to acquire mental health counseling skills to provide services to the best of their abilities (Lockhart & Keys, 1998). Since mental health counseling has not been perceived as an important part of a school counselor's identity, many of the skills and knowledge areas they should be prepared with have not been a high priority in school counselor preparation programs (Lockhart & Keys, 1998). Many school systems continue to define school counselors' roles and functions through traditional guidance models despite the pressing mental health counseling necessities. However, schools have been found to provide a variety of mental health resources for children.

Intervener Credentials and Occupational Overlap

School counselors, school psychologists, and school social workers can all be referred to as "interveners," since all of these occupations address mental health in schools (Adelman & Taylor, 1999, p.140). Thus, all of these professions require varying education, degrees, and licensure in order to practice and offer their services within a school system. Below, in Table 1, are the indicated credentials that are necessary for interveners to begin their career within a school system:

Table 1.

Profession	**Education/Degrees/Licenses**
School Counselor	• Masters (MA) degree • Complete internship experience to receive a certification or license • Additional certification, allows counselors to stay up on trends and changes in the field (How to Become a School Counselor, 2020).
School Psychologist	• MA Degree, Ph.D. may be required in private practices contracted with schools (How to Become a School Psychologist, 2020). • National Association of School Psychologists (NASP), can receive Nationally Certified School Psychologist (NCSP) designation.
School Social Worker	• MA degree from an accredited social work school • MA qualifies social workers for Licensed Master of Social Work (LMSW) and after more experience a licensed Clinical Social Work (LCSW) or Licensed Independent Social Worker (LICSW), (How to Become a School Social Worker, 2020).

This provides information on the requirements to become a school-based mental health professional. These qualifications further emphasize how jobs may differ within a school system, based on the level of degree, background, and focuses acquired.

Although the credentials and the roles of mental health professionals may differ, the interactions among the disciplines overlap. Oftentimes, those that provide resources related to psychology, psychiatry, social work, and more can be referred to as part of a Child Guidance Team. For example, interveners such as psychologists assess children, while social workers may visit families to ensure social-emotional help. All of these professionals provide mental health services and address issues by intervening in a variety of components within a child's life.

Psychological Wellbeing, Burnout and Self Care Among Interveners

Job burnout is defined as "feelings of physical, emotional, and mental exhaustion within the context of an individuals' work," (Schilling *et al*, 2018p. 324). Burnout present among school psychologists increases the risk of high feelings of stress, emotional strain, and negative perceptions of work-life. A study surveying school psychology practitioners indicated that 90% of the participants "reported experiencing burnout at some point in their careers as school psychologists," (Schilling *et al*, 2018, p. 328). The ratings of burnout were related to emotional exhaustion as well as role overload and lack of support from others to deal with difficult feelings about one's job. Protective factors indicated in this study included talking with coworkers, using solution-focused problem solving, and techniques to reduce stress.

With the onset of the COVID-19 pandemic, new challenges and dilemmas are arising with students quarantining and remote learning. Barton (2019) explored the experiences of therapists in taking care of their own mental, emotional, and spiritual wellbeing prior to the pandemic. Five semi-structured interviews were conducted and revealed that therapists face levels of anxiety when meeting work demands. Also, one participant, who provided telehealth services, admitted challenges found when working from home. This participant stated, "I think it's challenging to keep personal life separate particularly when you work from your own home," (Barton, 2019, p. 518).

School psychology has had to "adapt across all aspects of research, training and practice," and one of the most monumental changes of the pandemic has led to "telepsychology and the closure of schools, clinics, and community mental health agencies," (Song et al, 2020, p. 443). Therefore, burnout and work challenges would be

expected to increase due to the Covid-19 pandemic, more individuals working from home, telehealth services, and in-person restrictions. This gives insight into the heightened burnout and/or stress mental health professionals may be facing during the Covid-19 pandemic, especially since children in schools may be of higher need financially, socially, and/or emotionally.

Evidence of burnout among other professions, such as school counselors, have also been addressed. School counselors, "work to maximize scholastic achievement and lifelong learning among students," (Wilkerson, 2009, p. 428). A study examined the burnout among school counselors guided by a stress-strain-coping theory. This theory indicates that coping styles play a role in physical and psychological wellbeing, therefore an inadequate style may result in increased levels of stress. Results indicated that school counselors reported higher than average levels of burnout in comparison to other mental health professionals (Wilkerson, 2009).

The results in this study suggested that school counselors were personally engaged with clients, experienced emotional exhaustion, and were fairly satisfied with their work (Wilkerson, 2009). Additionally, it was noted that participants had difficulty instilling adequate boundaries that would enable them to enjoy 'normal' family life. One participant stated, "it is hard to keep your personal life separate after dealing with suicidal clients," (Barton, 2019, p. 518). As a result, the risk of burnout and suffering from exhaustion is present among therapists. Therefore, it is imperative to understand the levels of burnout or stress mental health professionals are facing. Psychological wellbeing among school-based mental health professionals is an important consideration, especially since these are the individuals who provide care for children in schools.

School-based mental health professionals face anxiety and stress due to their occupational responsibilities and challenges that may arise from clients. It is important to address how mental health interveners manage their mental health. With the start of the Covid-19 pandemic, there have been challenges that have come to light that are impacting children, their families, and school systems. When maintaining psychological wellbeing for interveners, it has been found that counselors had a sense of "lack of preparation for coping with the demanding work they have faced over the years," (Barton, 2019, p. 518). Entering fields of mental health, school professionals are faced with a variety of responsibilities including counseling, referrals, assessments, special education, and more (Natasi *et al*, 1998).

Interveners are expected to cope with the emotional impacts of dealing with students exposed to trauma, as many have been found to have felt drained and a sense of sadness for students (Berger & Samuel, 2019). In this study, mental health workers identified their emotional burden that required support and self-care approaches (Burger & Samuel, 2019). Additionally, it was found that among school counselors, those who had worked in the profession for longer were more prone to experiencing higher levels of emotional exhaustion and depersonalization (Wilkerson, 2009). Depersonalization describes a lack of empathy and greater emotional distance from clients. Consequently, interveners who have had more experience in their respective fields, may feel an increasing amount of exhaustion due to the added stresses of the Covid-19 pandemic. Therefore, the need for adequate preparation for self-care, especially during the Covid-19 pandemic, is essential in addressing the psychological wellbeing of interveners, as well as ensuring the proper care of children in schools.

Mental health professionals, also known as "Interveners," are important for the psychological wellbeing of children (Adelman & Taylor, 1999, p.140). Due to the Covid-19 pandemic, new challenges are being faced by parents and their children, in addition to "economic stress, physical and mental health concerns, challenges in homeschooling, and balancing work-life …" (Wu & Xu, 2020, p. 181). Screen time and sedentary behavior have increased, and socioeconomic status has made inequalities more apparent among children and their families.

Mental health interveners oftentimes face stress and anxiety from their occupational responsibilities (Barton, 2019). Additionally, it has been indicated that school mental health workers do not receive adequate emotional support within their respective schools (Berger & Samuel, 2019). The Covid-19 pandemic has escalated technological, economic, and personal challenges. As a result, it is important to explore the mental strain interveners are experiencing during this time of uncertainty.

Throughout the Covid-19 pandemic, evidence has indicated that children, along with their parents, have reported worsening mental health and behaviors (Patrick *et al*, 2020). Therefore, it is important to understand how professionals such as school psychologists, school counselors, and social workers have been able to respond to children's mental health needs and ensure their own psychological wellbeing throughout the Covid-19 pandemic.

Research to Be Conducted

Additional challenges relating to mental health have arisen for children and adolescents. Clinical research requires an understanding of how schools and the

education system are providing resources for children with anxiety, lack of peer contact, and reduced opportunities for stress regulation during the Covid-19 pandemic (Forget *et al,* 2020). This study examined the changes in occupational responsibilities and resources provided by school-based mental health professionals for elementary-aged children during the Covid-19 pandemic. This research assessed interventions used, the modes of care provided (hybrid, remote, in-person), and how care is accessed by students.

Burnout had been found to impact school psychologists as well as school counselors (Wilkerson, 2009). Thus, it is imperative to investigate how the Covid-19 pandemic has impacted mental health and job burnout among school-based mental health professionals. Therefore, information on mental health interventions for children in schools were gathered from a variety of interveners including school psychologists, school counselors, and school social workers. Perceived frequency of symptoms of anxiety and depression among mental health interveners from before the pandemic to after the start of the Covid-19 pandemic was evaluated. Additionally, mental health interveners were questioned to determine the impact of their occupations on their overall stress levels and strategies they use for self-management and coping.

Chapter 2: Methodology

Research Questions

This research examined changes in occupational responsibilities among mental health interveners, including school counselors, school psychologists, and school social workers during the Covid-19 pandemic. Occupational modifications were investigated including the methods by which professionals provide mental health resources to children in elementary schools. Such methods explored modes of care (remote, hybrid, in-person), types of interventions, and changes in occupational responsibilities, duties, and goals, as well as the perceived quality of care children are receiving.

Also, this study examined the frequency of symptoms of anxiety and depression, among mental health interveners and the various factors that may impact symptoms of anxiety and depression. These factors include the age of the interveners, the type of school setting (urban, suburban, rural) interveners are employed by, the current modes of instruction (in-person, remote, hybrid), and involvement in planning mental health services for students during the pandemic. Survey respondents reported the change in symptoms of anxiety and depression from before to after the start of the pandemic, as well as how much their stress was a result of their job. Levels of stress were measured to examine the strain and impact of the Covid-19 pandemic on school-based mental health professionals.

Furthermore, this study explored the individual strategies that interveners pursued to ameliorate stress. Also, the study examined institutional and organizational strategies and/or solutions to improve job stress and tolerability for school-based interveners. In-

depth interviews were conducted to delve deeper into personal experiences with stress, changes in occupational duties, planning, the impact of Covid-19 on mental health resources, and more. Therefore, research requires an understanding of how schools are adapting to the pandemic and providing resources for children since evidence has indicated that children and their families have worsening psychological wellbeing and behaviors (Patrick *et al*, 2020). Additionally, psychologists and counselors have been found to be impacted by clientele issues and dilemmas (Barton, 2019). It is important to explore the frequency of symptoms of anxiety and depression school mental health interveners have faced since the onset of the pandemic, how they are self-managing, and what can be done institutionally and organizationally to support them. The research questions being examined in the current study are presented below:

Interveners' Anxiety and Depression During the Pandemic and Occupational Shifts

- Research Question/Hypothesis 1: Before the pandemic, interveners were found to feel drained and a sense of sadness for their students (Berger & Samuel, 2019). Covid-19 increased the need to address economic, physical, mental, educational, and work, stresses and issues (Wu & Xu, 2020). Previous studies indicated stress faced by mental health professionals as well as new Covid-19 concerns that may contribute to anxiety. Therefore, it was hypothesized that symptoms of anxiety and depression, during the pandemic, would increase compared to symptoms of anxiety and depression before the pandemic, among school-based mental health interveners.

- Research Question/Hypothesis 2: Parents and children reported worsening mental health during the Covid-19 pandemic (Patrick et al, 2020). Studies before the pandemic have also shown that school counselors generally experienced emotional exhaustion (Wilkerson, 2009). Additionally, the fields of mental health, including school-based professionals, were faced with a variety of responsibilities from counseling, referrals, and assessments (Natasi et al, 1998). As mental health professionals are faced with a multitude of responsibilities to uphold, and since the pandemic has led to worsening mental health, it is important to consider the wellbeing of school-based mental health professionals. Therefore, it was hypothesized that increased work duties, responsibilities, and more goals would be related to increased symptoms of anxiety and depression among school-based mental health professionals, experienced during the pandemic.
- Research Question/Hypothesis 3: Covid-19 led to an increase in remote schooling, services, and limited in-person experiences. Due to the pandemic, approximately 1.38 billion children were out of school or childcare and did not have access to group activities, sports, and playgrounds (Culver et al, 2020). Thus, with the new changes Covid-19 has brought, mental health professionals had to learn to adjust their services to accommodate a virtual era. Therefore, it was hypothesized that new difficulties for school-based mental health interveners in delivering services to children, would be related to increased symptoms of anxiety and depression during the pandemic.

Levels of Anxiety and Depression, Among Interveners, Before and During the Pandemic

- Research Question/Hypothesis 4: It was found that mental health professionals oftentimes faced stress and anxiety due to their occupational responsibilities (Barton, 2019). With new challenges the pandemic has brought as well as school mental health workers not receiving adequate emotional support within schools, it was important to take into consideration depression and anxiety among interveners (Berger & Samuel, 2019) Therefore, it was hypothesized that the symptoms of depression and anxiety before the pandemic would be correlated with symptoms of depression and anxiety during the pandemic.
- Research Question/Hypothesis 5: Government agencies and professional organizations voiced concerns that children may be at an increased risk for psychological disturbances (Patrick et al, 2020). Additionally, interveners faced emotional impacts due to dealing with students who are experiencing trauma (Natasi et al, 1998). Thus, the mental health of school-based interveners is important to consider, as concerns for children increased and because of the emotional impacts faced by interveners. It was hypothesized that the increase in symptoms of depression from before the pandemic to after the start of the pandemic would be correlated with the increase in symptoms of anxiety from before the pandemic to after the start of the pandemic.

Influential Factors on the Changes on Levels of Anxiety and Depression

- Research Question/Hypothesis 6: Stress-strain coping theory indicated that coping styles play a role in physical and psychological wellbeing (Wilkerson, 2009). This

study, conducted among school counselors, indicated that they are prone to experiencing higher levels of emotional exhaustion and depersonalization. Individuals who had more experience in the profession may be at a higher risk of burnout (Wilkerson, 2009). Thus, it would be interesting to investigate how the ages of school-based interveners, including counselors, psychologists, and social workers, may impact their psychological wellbeing. Therefore, it was hypothesized that older interveners would report greater symptoms of anxiety and depression during the pandemic.

- Research Question/Hypothesis 7: For students with serious emotional disturbances (SED), their usage of mental health services in schools was associated with locations in metropolitan and urban settings and not in rural areas (Green et al, 2013). This provided evidence into the psychological wellbeing of students and their use of mental health services in schools, and how that may vary across school locations. Students were found to seek more mental health services in metropolitan and urban settings. It would be interesting to gain an understanding on how this may impact school-based mental health professionals. It was found that school-based interveners faced emotional impacts due to dealing with students that experienced trauma, and with the possibility of increased demands in services within metropolitan and urban settings, it would be interesting to investigate whether the type of school (urban, suburban, or rural) would impact school-based interveners' symptoms of anxiety and depression (Natasi et al, 1998). Therefore, it was hypothesized that interveners working in suburban and urban types of school would report increased changes in symptoms

of anxiety and depression from before the pandemic to after the start of the pandemic.

- Research Question/Hypothesis 8: A study conducted by Barton (2019) found that participants felt that it was challenging to keep personal life separate from work, especially when working from home. One of the monumental changes that occurred during the Covid-19 pandemic was the switch to "telepsychology and the closure of schools, clinics, and community mental health agencies," (Song et al, 2020, p. 443). Covid-19 has led to an increase in virtual services, work from home, and the closure of schools. Therefore, it would be interesting to gain insight on the wellbeing of school-based interveners and whether the schools in which they are employed are in-person, remote, or hybrid. Thus, it was hypothesized that the modes of instruction within a school (in-person, hybrid, remote) would differ in changes of symptoms of anxiety and depression from before the pandemic to after the start of the pandemic. More specifically, it was hypothesized that the remote mode of instruction would report increased changes in symptoms of depression in comparison to hybrid and in-person instructions.
- Research Question/Hypothesis 9: It was found that 90% of school psychology practitioners have reported experiencing burnout at some point in their careers (Schilling et al, 2018). Burnout, among school psychologists, was related to role overload and lack of support from others to deal with difficult feelings about one's job (Schilling et al, 2018). Thus, it would be interesting to gain an understanding of how involvement in planning services for students, due to the added workload, would impact symptoms of anxiety and depression among

school-based interveners. Therefore, it was hypothesized that levels of involvement in planning services would correlate with changes of symptoms of anxiety and depression from before the pandemic to after the start of the pandemic. More specifically, increased involvement in planning services was hypothesized to be correlated with increased changes in symptoms of anxiety and depression from before the pandemic to after the start of the pandemic.

Participant Characteristics

Fifty-six mental health interveners working in the New York State Capital Region completed the Psychology and Sociology Thesis Research Questionnaire. Of the 56 individuals, 47 (83.9%) identified as cisgender females, 7 (12.5%) as cisgender males, and 2 (3.6%) participants did not identify their gender. The $M_{age} = 42.62$ and $SD_{age} = 11.22$. When participants were asked to identify their race and/or ethnicity, 53 (94.6%) identified as being of White or European Ancestry, 2 (3.6%) identified as Black or African American, and 1 (1.8%) identified as Native American.

When asked about the type of school the participants are employed at, 12 (21.4%) reported their school as Urban, 32 (57.1%) as suburban, and 12 (21.4%) as rural. The participants identified the mode of instruction for their schools. 23 participants (41.1%) reported their school having in-person instruction, 21 (37.5%) reported remote, and 12 (21.4%) reported hybrid or both in-person and remote instruction. When asked to identify the occupation that closely matched their job title, 13 (23.3%) identified as school counselors, 18 (32.1%) as school psychologists, and 25 (44.6%) as school social workers.

When asked about their modes of care for their students, 14 (25%) reported providing in-person services. Thirty-three (58.9%) participants reported providing remote services to students and 9 (16.1%) participants reported providing hybrid or both in-person and remote services for their students. Work hours were indicated by the school-based mental health interveners. The interveners indicated that 19 (33.9%) worked 39 or fewer hours a week. Twenty-two (39.3%) worked full-time, 40 hours a week, and 14 (35%) worked 41 or more hours a week. One response, 1.8% of the sample, worked part-time at 7 hours a week.

Additionally, participants identified how much time they spent, outside of scheduled hours, doing work for their occupation. Ten (17.9%) participants identified that they typically spend less than one-hour doing work after scheduled hours and 17 (30.4%) participants indicated that they spend 1 to 2 hours doing work outside of scheduled hours. Fifteen (26.8%) participants spend 3 to 5 hours, 8 (14.3%) spend 6 to 8 hours, and 6 (10.7%) spend 9 or more hours doing work for their job outside of scheduled hours.

Sampling and Procedures

A sample of elementary school counselors, school social workers, and school psychologists was needed for the current study. With a particular interest in the New York Capital Region, a region that surrounds Union College in Schenectady New York, a multi-stage cluster sample was used to recruit participants. A map of the New York State Capital Region was utilized to identify school districts, and the New York State Education Department Data Site was used to obtain a list of elementary schools located in the Capital Region school districts. From the list of elementary schools, emails and

contact information of elementary school counselors, social workers, and school psychologists were obtained through individual school websites.

Before recruiting participants for a questionnaire and informal interview, the research was approved by the Chair of the Human Subjects Review Board. Participants were recruited via email to participate in a confidential and anonymous 23-item questionnaire (Appendix B), anticipated to be less than 5 minutes in duration. Participants' informed consent was obtained through a clickable button on the questionnaire. All information of the participants was kept anonymous and confidential. Participants were free to skip any questions provided on the survey they did not wish to answer and were reminded that they may stop their participation in the survey at any time. The survey was described to participants as a way to understand the methods by which professionals provide mental health resources to children in elementary schools and assess stress levels faced by mental health interveners during the Covid-19 pandemic. The questionnaire data was collected via a google form from January 30th, 2021 to February 17th, 2021.

The questionnaire obtained 56 responses from school counselors, school psychologists, and school social workers within the New York State Capital Region. Before completion of the survey, an invitation to participate in an informal interview, approximately 20 minutes in duration, was presented to participants. The interview was described as a way to further understand and address the methods in which children have received mental health care and resources during the Covid-19 pandemic and included questions addressing responsibilities as a mental health provider, interventions used, modes of care you provide (remote, hybrid, in-person), and how care is accessed by

students. Participants were encouraged to email the research investigator or the research supervisor to arrange an interview, if interested.

Eight in-depth interviews were scheduled with school psychologists, school counselors, and school social workers practicing in the New York Capital Region. Participants' informed consent was obtained through a clickable button on a google form specifically for participants that were interviewed (Appendix A). A series of open-ended questions about the current study was developed in order to expand on concepts of fluctuating stress levels and duties before and during the Covid-19 pandemic (Appendix C). Interviews were conducted starting February 1st, 2020 and completed February 4th, 2020. Of the eight interviews, three interviewees identified as school counselors, four as school social workers, and one as a school psychologist.

Every interviewee but one was female, with a range of years of experience from 2 to 29. Interviews were conducted over the phone or through Google Hangouts, and notes were taken in order to record the interviewees' answers. All participants agreed to have their interviews transcribed. A google form was provided to each participant to indicate consent through a clickable button. All information of the participants' identities was anonymous and confidential.

Interviews started with an overview of the current study and varied in length from 20 minutes to 45 minutes depending on the availability of the intervener. The interview questions were concerned with methods in which children are receiving mental health care, new resources schools are providing due to the Covid-19 pandemic, changes in occupational responsibilities, modes of interventions, and new job or personal challenges that have arisen. The interviews concluded by thanking the participants for taking the

time to talk about their experiences in the field of mental health during the Covid-19 pandemic.

Measures

Inclusion in Planning Question

The extent to which mental health interveners were included in planning services for children at their respective schools was assessed. This question asks, "Since the pandemic began, to what extent were you included in planning services of providing mental health resources to students?" This question is responded to on a 5-Point Likert scale from *0 = Not at all included* to *5 = Entirely included*.

Service Adequacy Question

Perceived adequacy of mental health services students are receiving was assessed. The question is as follows: "Compared to before the pandemic, in your opinion, how adequately are students receiving mental health services these days?" This question is responded to on a 5-Likert scale from *0 = A lot less adequate now* to *5 = A lot more adequate now*.

During Pandemic Patient Health Questionnaire (PHQ)

The Centers for Disease Control and Prevention (CDC) Household Pulse Survey was used in an attempt to gather information on the current levels of depression among mental health interveners. The first measure of the CDC Household survey, an adapted 2-item Patient Health Questionnaire (PHQ-2) to assess symptoms of depression, was used

for this study. This questionnaire was generated by the CDC to obtain information on the frequency of symptoms of depression. Thus, the symptoms of depression among mental health interveners during the Covid-19 Pandemic were assessed with the During Pandemic PHQ (DP-PHQ) Measure.

The During Pandemic PHQ consists of the same 2 items as the CDC PHQ-2. The CDC PHQ-2 questions were a "modified version of the two-item Patient Health Questionnaire (PHQ-2)," (Centers for Disease Control and Prevention, 2020). The questionnaire measured information on symptoms of depression over a time period of 7 days. The first item, adapted from the PHQ-2 is as follows: "Over the last 7 days, how often have you been bothered by… Having little interest or pleasure in doing things?" The second item asks, "Over the last 7 days, how often have you been bothered by… Feeling down, depressed, or hopeless?"

Each item is responded to on a 4-point Likert scale from *0 = not at all, 1 = several days, 2 = more than half the days,* and *3 = nearly every day*. The responses are added together. If the sum is equal to or greater than 3, this has been shown to be associated with diagnoses of Major Depressive Disorder (Centers for Disease Control and Prevention, 2020). The Cronbach's alpha for the current sample is equal to 0.94.

During Pandemic GAD-2

The CDC Household Pulse Survey was used in an attempt to gather information on the current levels of stress and anxiety among mental health interveners. The second measure of the CDC Household survey, an adapted 2-item Generalized Anxiety Disorder (GAD-2) questionnaire was used to assess levels of stress and anxiety for this study. This

questionnaire was generated by the CDC to obtain information on the frequency of anxiety symptoms. Thus, the levels of anxiety and stress among mental health interveners during the Covid-19 Pandemic were assessed with the During Pandemic GAD (DP-GAD) Measure.

The During Pandemic GAD consists of the same 2 items as the CDC GAD-2. The CDC GAD-2 questions were a "modified version of the two-item Generalized Anxiety Disorder (GAD-2)," (Centers for Disease Control and Prevention, 2020). The questionnaire measured information on anxiety symptoms over a time period of 7 days. The first item, adapted from the GAD-2 is as follows: "Over the last 7 days, how often have you been bothered by the following problems… feeling nervous, anxious, or on edge?" The second item asks, "Over the last 7 days, how often have you been bothered by the following problems… not being able to stop or control worrying?"

Each item is responded to on a 4-point Likert scale from *0 = not at all, 1 = several days, 2 = more than half the days,* and *3 = nearly every day*. The responses are added together. If a summed score is 3 or higher on the GAD-2 questions, this has been shown to be associated with diagnoses of Generalized Anxiety disorder (Centers for Disease Control and Prevention, 2020). The Cronbach's alpha for the current sample is equal to 0.88.

Before-Pandemic PHQ-2

The CDC Household Pulse Survey was used in an attempt to gather information on the levels of depression among mental health interveners, before the start of the pandemic. However, there are disadvantages to the use of a retrospective measure. It is

possible that participants were likely to overestimate their happiness and stress-free aspects of life in 2019 in comparison to 2020 when the pandemic began. Therefore, the validity of the measure is important to take into consideration when assessing the responses of the interveners. A modified version of the first measure on the CDC Household Survey, an adapted 2-item Patient Health Questionnaire (PHQ-2) was used to assess levels of depression for this study. The PHQ-2 questionnaire was generated by the CDC to obtain information on the frequency of depressive symptoms. Thus, the levels of depression among mental health interveners before the Covid-19 pandemic were assessed with the Before Pandemic PHQ (BP-PHQ) Measure.

The Before Pandemic PHQ consists of a modified version of the 2 items in the CDC PHQ-2 questionnaire. The questionnaire measured information on depressive symptoms experienced one year ago, before the Covid-19 pandemic. The first item, modified from the PHQ-2 is as follows: “Last year, prior to the pandemic, how often were you bothered by… having little interest or pleasure in doing things?” The second item asks, “Last year, prior to the pandemic, how often were you bothered by… feeling down, depressed, or hopeless?”

Each item is responded to on a 4-point Likert scale from *0 = not at all, 1 = several days, 2 = more than half the days,* and *3 = nearly every day*. The responses are added together. If the sum is equal to or greater than 3, this has been shown to be associated with diagnoses of Major Depressive Disorder (Centers for Disease Control and Prevention, 2020). The Cronbach’s alpha for the current sample is equal to 0.86.

Before-Pandemic GAD-2

The CDC Household Pulse Survey was used in an attempt to gather information on the levels of anxiety among mental health interveners, before the start of the pandemic. A modified version of the second measure on the CDC Household Survey, an adapted 2-item Generalized Anxiety Disorder Questionnaire (GAD-2) was used to assess levels of stress and anxiety for this study. The GAD-2 questionnaire was generated by the CDC to obtain information on the frequency of anxiety symptoms. Thus, the levels of anxiety experienced among mental health interveners before the Covid-19 pandemic were assessed with the Before Pandemic GAD (BP-GAD) Measure.

The Before Pandemic GAD consists of modified questions of the CDC GAD-2 questionnaire. The measure collected information on anxiety symptoms experienced one year ago, prior to the Covid-19 pandemic. The first item, modified from the GAD-2 is as follows: “Last year, prior to the pandemic, how often were you bothered by the following problems … Feeling nervous, anxious, or on edge?” The second item asks, “Last year, prior to the pandemic, how often were you bothered by the following problems … Not being able to stop or control worrying?”

Each item is responded to on a 4-point Likert scale from *0 = not at all*, *1 = several days*, *2 = more than half the days,* and *3 = nearly every day*. The responses are added together. If the sum is equal to or greater than 3, this has been shown to be associated with diagnoses of Generalized Anxiety Disorder (Centers for Disease Control and Prevention, 2020). The Cronbach’s alpha for the current sample is equal to 0.83.

Job Stress Question

Job contribution to overall stress and anxiety among mental health interveners was assessed. The question is as follows: “During the pandemic, how often has your job contributed to your overall stress and anxiety?” This question is responded to on a 6-Likert scale from *0 = Always* to *5 = Never*.

Quantitative Statistical Analyses

The quantitative results of this study were analyzed using correlations, analyses of variance, and inferential statistics. One-way ANOVAs and an Independent Samples t-test were used in order to determine levels of anxiety and depression during the pandemic and their relation to increased occupational responsibilities and new difficulties. Paired Samples T-tests and Pearson’s R Correlations were used to investigate levels of anxiety and depression before and during the pandemic. Two change variables were created to determine the change in symptoms of depression from before to the start of the pandemic and determine the change in symptoms of anxiety from before to the start of the pandemic. Lastly, One-way ANOVAs and Pearson’s R were used to analyze influential factors that may impact the changes in symptoms of anxiety and depression from before to after the start of the pandemic. Influential factors included age of interveners, type of school (urban, suburban, and rural), mode of instruction within a school (in-person, remote, hybrid), and interveners’ involvement in planning mental health services for their respective schools.

Qualitative Data Analyses

As interviews were conducted, notes were taken for each question in order to compile the data in a usable form. After the interviews were completed, the researcher used the interview notes to examine similarities and differences among questions answered. First, interview questions were summarized and sorted into a table in order to help visualize the information received from each participant. An analysis of the answers and summarizations were done in order to develop common themes of school-based mental health interveners' experiences.

The overarching themes identified from the interviews included students seeking help through referrals, concern for lack of interpersonal experiences and relationships, the uncertainty of day-to-day tasks, additional Covid-19 responsibilities, inclusion in planning services, coping/self-management, and adjustment to technology usage. Therefore, these themes were used to accurately represent the data that was collected from the interviews and note the similarities and differences of experiences for mental health interveners during the Covid-19 pandemic. Thus, this allowed for the research to gain a perspective of the overall mental health field and the potential impact Covid-19 has had on both children and mental health professionals.

Chapter 3: Results and Analysis

Results

Quantitative and qualitative results among school psychologists, school counselors, and school social workers were observed. Trends were directly related to the interveners' frequency of anxiety and depression symptoms prior to and during the pandemic. Inclusivity in planning was found to be correlated with the change in symptoms of depression from before to after the start of the pandemic. Other areas in which trends were observed were through additional quantitative results including weekly hours of work, time spent outside of scheduled hours doing work, adequacy of services children are receiving, and stress levels as a result of interveners' jobs. Additionally, qualitative results investigated similarities and differences in methods of referrals and lack of interpersonal experiences for students, uncertainty, coping/self-management, adjustments to occupational challenges, additional Covid-19 responsibilities, and the direction of psychological wellbeing among interveners.

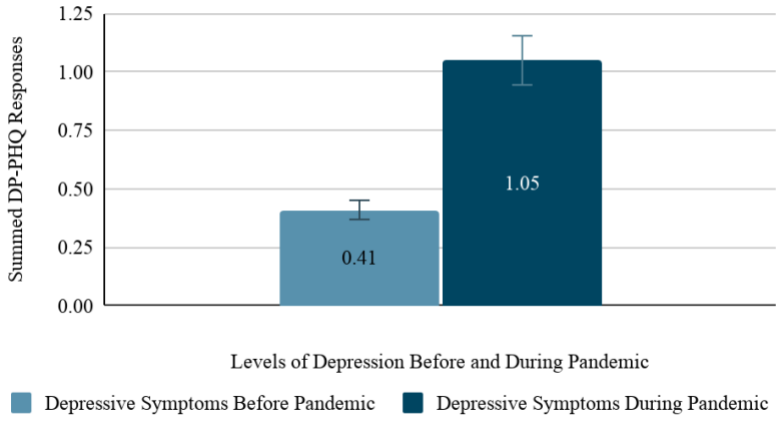
Quantitative Results

Interveners' Anxiety and Depression During Pandemic and Occupational Shifts

A within-subjects t-test was run to determine the relationship between the frequency in symptoms of depression among interveners, during and before the pandemic. It was hypothesized that symptoms of anxiety and depression, during the pandemic, would increase compared to symptoms of anxiety and depression before the

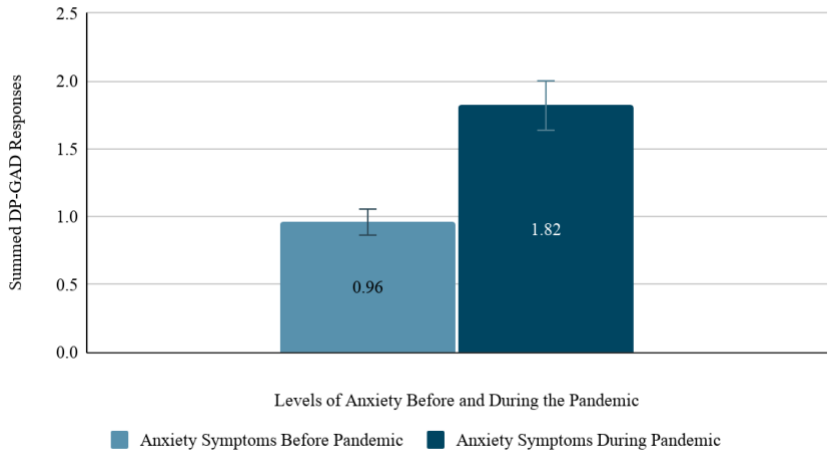
pandemic, for school-based interveners. The within-subjects t-test analysis found a significant difference between the frequency of symptoms of depression before and during the pandemic, t (55) = 3.39, p = .001. Thus, participants experienced more depressive symptoms during the pandemic (M = 1.05) than before the pandemic (M = 0.41).

Figure 1. Depression Before and During Pandemic



A second within-subjects t-test was run to determine the relationship between the symptoms of anxiety, among interveners, during and before the pandemic. The within-subjects t-test analysis found a significant difference between symptoms of anxiety before and during the pandemic, t (55) = 4.99, p <.000. Therefore, participants experienced more symptoms of anxiety during the pandemic (M = 1.82) than before the pandemic (M = 0.96).

Figure 2. Anxiety Before and During the Pandemic



A one-way ANOVA was performed to examine whether the levels of responsibilities, duties, and goals were related to symptoms of depression. It was hypothesized that increased work duties, responsibilities, and many goals would be related to increased symptoms of anxiety and depression among school-based professionals during the pandemic. The sample was divided into three groups, those who had fewer duties, relatively the same duties, and those with more duties. Eight participants reported having fewer duties, 13 reported having relatively the same duties, and 35 reported having more duties. The analysis found no significant difference in the scores for symptoms of depression among interveners with fewer duties (M= 1.63), relatively the same duties (M= 0.54), and more duties (M= 1.11). There was no significant difference among the three levels of responsibilities, goals, and duties, in their scores for symptoms of depression, $F(2,53) = 1.17$, $p = 0.32$.

A similar one-way ANOVA was performed to examine whether the three groups of responsibilities, duties, and goals were related to symptoms of anxiety. The analysis

found no significant difference in the scores for symptoms of anxiety among interveners with fewer duties (M= 2.25), relatively same duties (M= 1.15), and more duties (M= 1.97). Thus, there was no significant difference among the three levels of responsibilities, goals, and duties, in their scores of symptoms of anxiety, F (2,53) = 1.27, p =2.90.

It was hypothesized that new difficulties for school-based mental health interveners' in delivering services to children would be related to increased symptoms of anxiety and depression during the pandemic. Participants were divided into three groups, those who experienced many new difficulties, some new difficulties, and no new difficulties during the pandemic. Zero participants reported having no new difficulties, 19 identified as having some new difficulties, and 36 reported having more new difficulties. Respondents with some new difficulties had a mean depression score of 1.79 (SD= 1.81). Respondents with many new difficulties had a mean depression score of 1.86 (SD= 1.82). An independent samples t-test found no significant difference between the two mean scores of depression, t (53) = -.139, p = 0.78. Additionally, participants with some new difficulties had a mean anxiety score of 1.21 (SD= 1.87). Participants with many new difficulties had a mean anxiety score of 1.00 (SD= 1.53). The t-test found no significant difference between the two mean scores of anxiety, t (53) = 0.45, p = 0.34.

Levels of Anxiety and Depression Before and During the Pandemic

A Pearson's correlation was calculated to assess symptoms of depression before and during the pandemic. It was hypothesized that the symptoms of depression and anxiety before the pandemic would be correlated with symptoms of depression and anxiety during the pandemic. The correlation found a significant relationship between

symptoms of depression during and before the pandemic, r (54) = .50, p <000. Higher scores in symptoms of depression before the pandemic were associated with higher scores in symptoms of depression after the start of the pandemic. A second correlation was calculated to assess the frequency of symptoms of anxiety before and during the pandemic. The correlation found a significant relationship between symptoms of anxiety during and before the pandemic, r (54) = 0.70, p <000. Higher scores in symptoms of anxiety before the pandemic were associated with higher scores in symptoms of anxiety after the start of the pandemic.

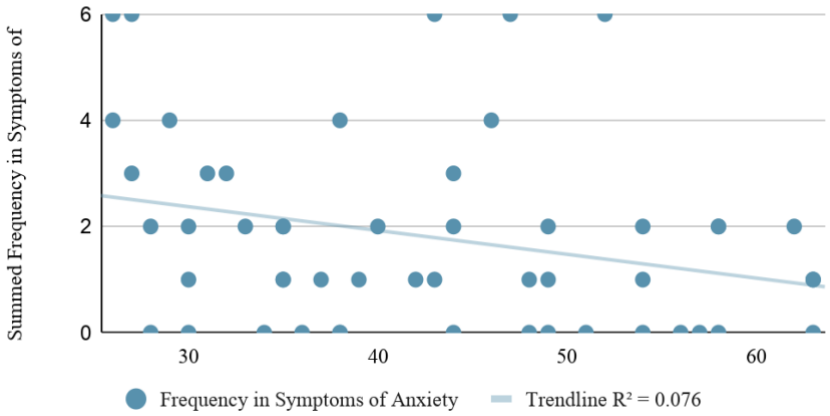
Another Pearson's r was calculated to examine the changes in symptoms of depression with the changes in symptoms of anxiety, from before to the start of the pandemic. It was hypothesized that the increase in the changes of symptoms of depression from before to after the start of the pandemic would correlate with the increase in changes of symptoms of anxiety from before to after the start of the pandemic. A change variable for symptoms of depression and anxiety from before to after the start of the pandemic was created. The change score for depression was computed by subtracting the sum of the Before Pandemic PHQ questions with the sum of the During Pandemic PHQ questions. The change score for anxiety was computed by subtracting the sum of the Before Pandemic GAD questions with the sum of the During Pandemic GAD questions. Higher scores for the depression and anxiety change variable would indicate a greater difference in symptoms of depression and anxiety before the pandemic to after the start of the pandemic. The correlation found a significant relationship between the change in symptoms of depression with the change in symptoms of anxiety, from before to the

start of the pandemic, r (54) = 0.63, p <000. Therefore, increased changes in symptoms of depression correlated with increased changes of symptoms of anxiety.

Influential Factors on the Changes on Levels of Anxiety and Depression

A Pearson's r correlation was calculated to understand the relationship between the age of the intervener and their frequency of symptoms of depression during the pandemic. It was hypothesized that older interveners would report greater symptoms of anxiety and depression during the pandemic. Contrary to the hypothesis, the correlation found no significant relationship between the age of the intervener and symptoms of depression during the pandemic, r (50) = -0.098, p =0.49. Thus, age was not correlated with symptoms of depression during the pandemic. A second Pearson's r was calculated to understand the relationship between the age of intervener and their symptoms of anxiety during the pandemic. The correlation found a significant negative relationship between age and anxiety during the pandemic, r (50) = -0.28, p =0.05. Therefore, the age of the intervener is related to the frequency of symptoms of anxiety during the pandemic, such that older interveners reported fewer symptoms of anxiety than younger interveners.

Figure 3. Age and Frequency in Symptoms of Anxiety During the Pandemic



An analysis of variance, a one-way ANOVA, was performed to examine whether the types of schools (urban, suburban, and rural) differed with changes in symptoms of depression from before to the start of the pandemic. It was hypothesized that interveners working in suburban and urban types of schools would report increased changes in symptoms of depression from before to after the start of the pandemic. The sample was divided into three groups, 12 participants reported being employed in urban schools, 32 in suburban schools, and 12 in rural schools. The analysis found no significant difference in the change scores for symptoms of depression among urban (M= 1.33), suburban (M= 0.50), and rural (M= 0.33) schools. Contrary to the hypothesis, there was no significant difference among the three types of schools in their changes of symptoms of depression, $F(2,53) = 1.93$, $p = 0.16$. A second one-way ANOVA was conducted to examine whether the three types of schools differed with changes in symptoms of anxiety from before to the start of the pandemic. The analysis found no significant difference in the changes in symptoms of anxiety among urban (M= 1.33), suburban (M= 0.72), and rural (M= 0.75)

schools. As a result, there was no significant difference among the three types of schools, in their changes of symptoms of anxiety, $F(2, 53) = 1.05$, $p = 0.36$.

A one-way ANOVA was conducted to examine whether the modes of instruction within a school (in-person, hybrid, remote) differed in changes of symptoms of depression from before to after the start of the pandemic. It was hypothesized that the remote mode of instruction would report increased changes in symptoms of depression in comparison to hybrid and in-person instructions. The sample was divided into three groups, 23 participants reported being employed in a school with in-person instruction, 21 with remote instruction, and 12 with hybrid instruction. Contrary to the hypothesis, the analysis found no significant differences in the changes of symptoms of depression among in-person ($M= 1.33$), remote ($M= 0.50$), and hybrid ($M= 0.33$) instruction. Thus, there were no significant differences among the three types of instruction in their changes of symptoms of depression, $F(2,53) = 0.48$, $p = 0.62$. A second one-way ANOVA was conducted to examine whether the three modes of instruction within a school differed in changes of symptoms of anxiety from before to after the start of the pandemic. The analysis found no significant difference in the changes of symptoms of anxiety among in-person ($M= 1.33$), remote ($M= 0.72$), and hybrid ($M=0.75$) instructions. There were no significant differences among the three types of instructions in interveners' changes in symptoms of anxiety from before to after the start of the pandemic, $F(2,53) = 0.44$, $p = 0.65$.

A Pearson's r was calculated to assess the correlation between involvement in planning services and the change in symptoms of depression from before to after the start of the pandemic. It was hypothesized that increased involvement in planning services

would be correlated with increased changes in symptoms of anxiety and depression from before the pandemic to after the start of the pandemic. Involvement in planning was scored from not at all included, minimally included, somewhat included, substantially included, and entirely included. Higher scores indicated a greater involvement in planning. The correlation found a significant relationship between involvement in planning and changes in symptoms of depression from before to after the start of the pandemic. There was an association between involvement in planning and changes in symptoms of depression, $r(53) = -.32$, $p = .016$, such that increased changes in symptoms of depression was associated with lower scores in feeling involved in planning services for students. A second Pearson's r was calculated to assess the correlation between involvement in planning services and changes in symptoms of anxiety from before to after the start of the pandemic. The correlation found no significant relationship between feeling involved in planning services and changes in symptoms of anxiety, $r(53) = -0.17$, $p = 0.21$. Thus, involvement in planning was not correlated with changes in symptoms of anxiety.

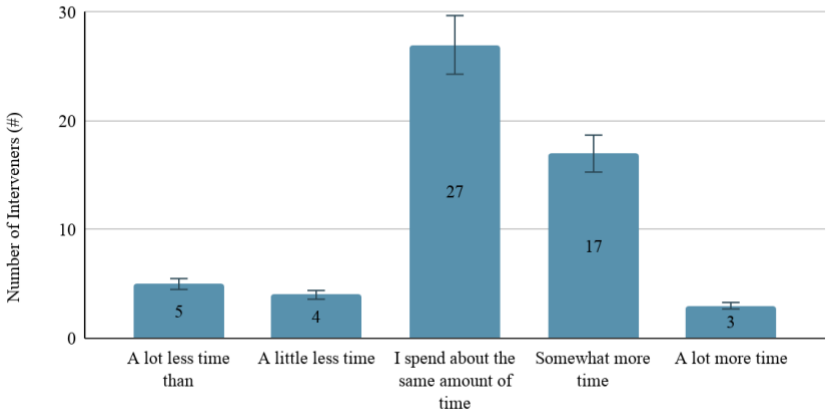
Additional Descriptives

Time Spent Working After Hours in Comparison to Before the Pandemic

The increase in the amount of time spent working after hours was measured in order to gain an understanding of increased responsibilities and duties as a result of the pandemic. Almost half of the interveners, 48.2% (27), indicated that they spend about the same amount of time working after scheduled job hours as they did before the pandemic. Approximately, 5.4% (3) spend a lot more time and 30.4% (17) spend somewhat more

time working after hours. Additionally, 8.9% (5) spend a little less time, and 7.1% (4) spend a lot less time working outside of scheduled hours. Thus, Figure 4 is the distribution of time spent working after hours, when comparing it to before the pandemic.

Figure 4. Time Spent Working After Hours in Comparison to Before the Pandemic

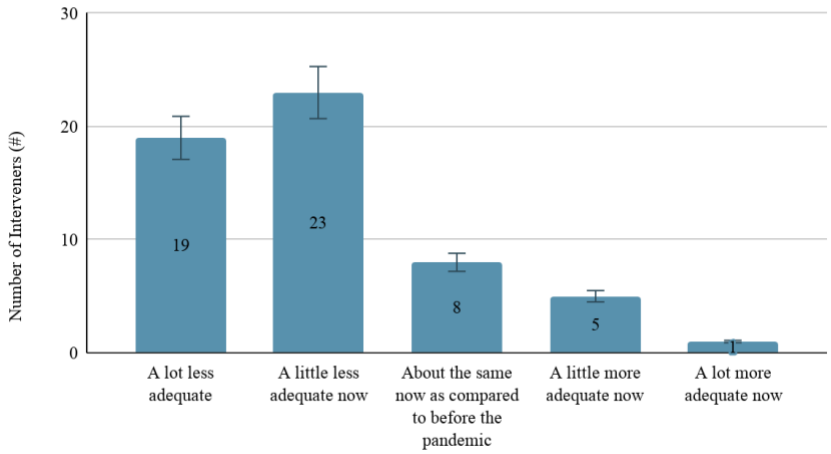


Service Adequacy

As the occupation of psychology, counseling, and social work has shifted within the school system during Covid-19, the perceived adequacy of mental health services being provided to students was assessed. The respondents indicated that 41.1% (23) believed that students are receiving a little less adequate mental health services and 33.9% (19) believed students are receiving a lot less adequate service. Additionally, 14.3% (8) indicated that the adequacy of service is about the same, compared to before the pandemic. However, 8.9% (5) of participants believed mental health services are a little more adequate and 1.8% (1) believed mental health services are a lot more adequate.

The perceived adequacy of mental health services among school-based interveners is shown in Figure 5.

Figure 5. Perceived Adequacy of Provided Services

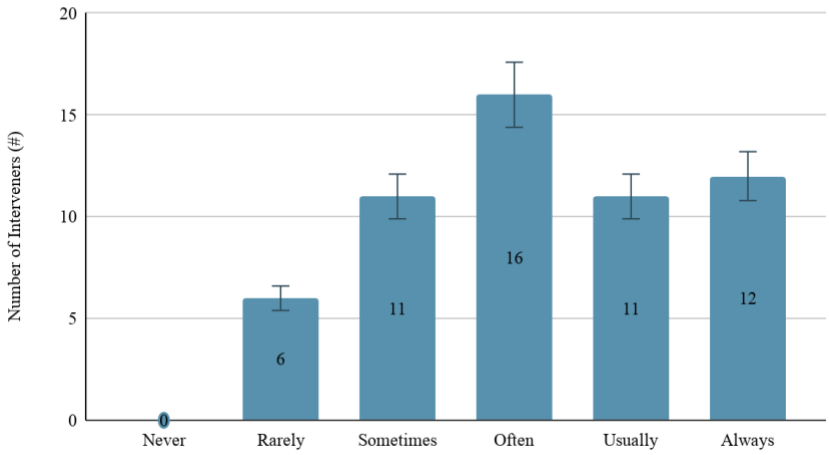


Occupational Impact on Overall Stress

The frequency of symptoms of anxiety and depression were assessed prior to and during the pandemic. This study aimed to learn more about the occupational contribution to overall stress experienced by interveners. The responses to this question varied among participants. However, all respondents indicated that they felt some level of their job contributing to their overall stress and anxiety. Therefore, 10.7% (6) of participants felt as though their job rarely contributed to their stress and anxiety and 19.6% (11) felt that their job contributed sometimes. Additionally, 28.6% (16) of interveners indicated that their job contributed often to their stress and anxiety and 19.6% (11) felt that their job usually contributed to their stress and anxiety. Lastly, 21.4% (12) indicated that their job

always contributed to overall stress and anxiety. Therefore, Figure 6 indicates the distribution of the impact of interveners' jobs on their overall stress levels.

Figure 6. Job Contribution to Overall Stress



Qualitative Results

Trends in Characteristics of School Psychologists, Counselors, and Social Workers

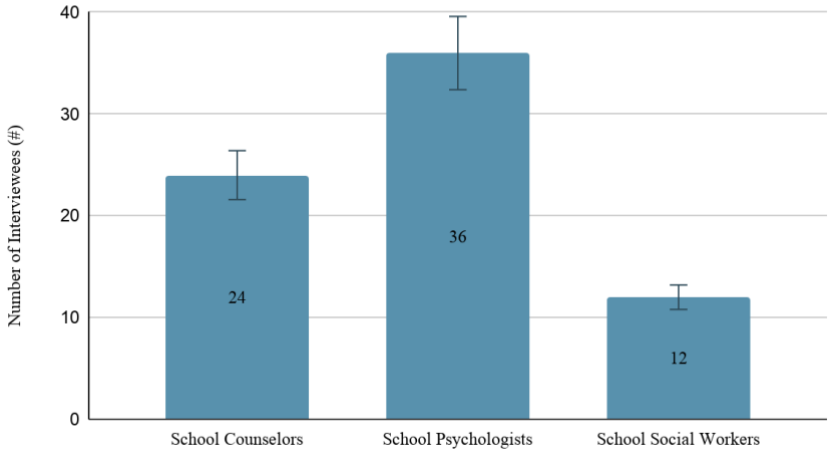
Eight interviews were conducted among school psychologists, counselors, and social workers in order to gain an in-depth understanding of the mental health services available to elementary-aged children in schools. Additionally, the interviews served to gain a personal perspective on the stress faced working during the Covid-19 pandemic, additional responsibilities, and self-management. A summary of years spent at the current school of employment among interviewees is shown in Table 2.

Table 2.
Interviewee Characteristics

Interviewee	Years in Current School
Interviewee #1	28 years
Interviewee #2	21 years
Interviewee #3	8 years
Interviewee #4	15 years
Interviewee #5	5 years
Interviewee #6	29 years
Interviewee #7	2 years
Interviewee #8	4 years

Most of the individuals who were interviewed were cisgender women, which was expected due to the field of school psychology, counseling, and social work being predominantly comprised of women. The interviewees shared personal experiences and services they are providing within their school systems. Interveners were found to have a variety of responsibilities relating to family life, educational achievements for children, and social-emotional health. Three (37.5%) of the interviewees identified as school counselors, four (50%) as social workers, and one (12.5%) as a school psychologist. The distribution of occupations among the interviewees varied and is shown in Figure 7.

Figure 7. Occupational Distribution Among Interviewees



Previous research has indicated the role school counselors, psychologists, and social workers play in the school system. School psychologists' responsibilities range from psycho-educational assessments, counseling, and educational programs for teachers and parents (Nastasi *et al*, 1998). Social workers address children and their extended family network, while school counselors find themselves addressing mental health through delivery of family counseling services, home visits, and administrative tasks (Lockhart & Keys, 1998). Therefore, the interviewees were able to address the responsibilities they maintain as counselors, psychologists, and social workers within their school settings. Below, in Table 3, is a summary of *some* of the responsibilities interviewees are managing within their schools, categorized by occupation.

Table 3.
Occupational Responsibilities Reported by Interviewees

Job Title	Duties/Responsibilities
School Counseling	● K-6 developmental Guidance program ● Individual/Group Counseling ○ Solution-based counseling ○ Reactive counseling ● Child Study Committee ● Pupil Personnel Services Committee ● Develop parent nights, community circles ● Developmental Guidance lessons ● Meet needs of the school, assessing risks
School Psychology	● Cognitive and social-emotional assessments ● Evaluations ● Achievement Testing
School Social Work	● Response to Intervention behavioral system (RTI) ● Emotional support check-ins: self-regulation, calming, energizing ● Individual/Group Counseling ● Special Education Services (Individualized Education Program, special education committee) ● Lunch groups, Resources for parents, Child Protective Services reporting ● Crisis Intervention ● Mental health and clinical education for administrators and teachers

Therefore, it is evident that interveners have a multitude of responsibilities within their school systems. The responsibilities presented in Table 8 are not a complete list that comprises the fields of school counseling, psychology, and social work. Additionally, one social worker mentioned that they may aid children in finding a change in outfit, glasses, insurance, or help fund lice removal. Thus, the duties of mental health interveners are wide-ranging and, from the interviews, have been observed to increase because of the pandemic. Therefore, methods of seeking assistance for students, concerns with Covid-19

challenges, additional responsibilities, uncertainty, adjustment to difficulties, planning services, and coping strategies were further explored in the interviews.

Seeking assistance through referrals

The interviews provided an understanding of the methods in which students in schools are gaining mental health access and services, during the Covid-19 pandemic. Almost all interviewees mentioned that students gain assistance through referrals from their teachers, parents, or through self-referrals. Multiple mental health interveners voiced that referrals have increased for children in schools during the pandemic. One school psychologist mentioned the unconscious method of seeking help and the luxury of knowing all of the children so well in a small school district. Thus, it was stated that behaviors of acting out, bullying, stealing, or shutting down are evident behavioral changes that may flag a concern. Another social worker found unique ways of assessing psychological wellbeing through brief feelings check-ins with students during the week. Similarly, a second social worker mentioned their use of surveys to ask children how they have been experiencing their lives during Covid-19. With the challenges in limited interpersonal experiences, due to Covid-19, one school counselor mentioned that they are "always looking for new ways to connect with students." Therefore, seeking mental health services may take a variety of forms including teacher, parent, and self-referrals as well as mental health professionals' ability to recognize red flags.

Lack of interpersonal experiences and relationships

Due to the onset of the pandemic, new obstacles have arisen pertaining to the psychological wellbeing of children in elementary schools. Two interviewees mentioned

that they have seen an improvement in mental health services, such as counselors dedicating more time to the psychological wellbeing of students in the classroom. An increase in more children and families seeking services and referrals were observed by three of the mental health interveners. One difficulty, interveners observed among students is the lack of interpersonal experiences and relationships, which then impact mental health services that were once offered. For example, several interviewees mentioned that students are placed into separate cohorts for their classes and because of this, students within the cohorts cannot mix with one another.

One social worker stated that "some kids were making progress prior to the pandemic," which had been negatively impacted by the move to online and the separation of cohorts. Therefore, this increases the difficulty in being able to create social skill groups with students in which some may work better with others but can not, due to the cohort restrictions. Additionally, non-verbal cues and support such as hugging is another aspect of counseling that has changed due to the pandemic. A second social worker stated, "the younger the child, the more they want physical touch, activity, want to play, be social, run, and play hide and seek." This emphasizes the number of interpersonal activities, interveners' have observed, that students can restrictively engage in. Thus, the pandemic has impacted the ability of students to form relationships with fellow classmates, engage in playful activities, and has impacted counseling services and support from interveners.

Additional Covid-19 responsibilities

The Covid-19 pandemic has brought about many changes within the school system and among the responsibilities of interveners. In order to keep families engaged in a virtual era, one school counselor makes sure to hold frequent parent nights to give the opportunity for families to ask questions. Other interveners have instituted more check-ins with students on their social-emotional health and have an overall bigger, supportive, presence online. Additionally, one social worker mentioned the changes they have instilled for students within the classroom. This includes sensory or physical input students can do at their desk, providing masks, and increasing counseling services within schools rather than refer students to outside services. A school psychologist mentioned changes in testing. For example, assessments are currently being done individually which were not permitted to be done earlier this year in this intervener's school.

Responsibilities outside of the normal duties of being a counselor, psychologist, and social worker have increased as well. One social worker mentioned that they are now participating in the arrival and dismissal of students as a parking lot attendant, overseeing quarantine classrooms with children that exhibit symptoms waiting to go home, and occasionally substituting for teachers due to staff limitations. The stress faced when classrooms of students or school buses of students are quarantined was expressed, especially one instance in which 60 families were called. The social worker stated that "it's all hands-on deck on how to pack them and supervise them" while students are waiting to go home due to positive Covid-19 cases. Another social worker explained initiatives that have been put in place to gain donations in clothing and backpack programs to provide students with meals and clothing to have at home.

Uncertainty

Due to the Covid-19 pandemic, flexibility in responsibilities and schedules has been apparent among mental health interveners who were interviewed. One social worker mentioned that being aware of day-to-day tasks as well as staying "proactive instead of reactive," is important due to the unpredictability of school life. A second social worker mentioned difficulties with switching from remote to in-person services, changes in schedules, working nights, weekends and being called to supervise or substitute for teachers.

Additionally, another social worker emphasized the idea that there is uncertainty about the future impact on children because of the changes Covid-19 has brought to the classroom and in counseling. An intervener stated that the priority for children is knowing if "they are gonna be able to walk out of this with enough psychiatric care." Therefore, daily uncertain tasks have created a challenge for interveners as well as the future for children and their mental health. Uncertainty was found to be a result of quarantining and students having to move to remote learning unexpectedly.

Adjustment to changes

The uncertainty of daily expectations and tasks have resulted in a variety of thoughts on adjusting to the challenges the Covid-19 pandemic has caused. Half of the interviewees indicated that they have been able to fully adjust to the difficulties with uncertainty, need of students, and remote services. A school psychologist stated that they are, "pretty much adjusted now," and that "people can be more efficient with meetings and can stay where they are." The other half mentioned that they are still continuing to

adjust due to maintaining protocol, social distancing, wearing masks, and connecting with children. Two counselors working in the same school mentioned that they are always looking for new ways to connect students, and although they have felt adjusted, they still do not fully know how to address these challenges.

Technology has been an obstacle for adjustment for both interveners and students. Many of the interviewees mentioned difficulties with learning how to use new platforms, setting up meetings, and adjusting to an increased usage of technology. It has been "difficult for parents to help with the computerized world," and in the spring one social worker mentioned that she was able to do in-home visits with families to teach them how to log in and join class meetings.

Additionally, another social worker mentioned that Covid-19 protocols have led to students being placed in different cohorts, ultimately separating some from their friends. As a result, this social worker has combated this by creating google hangout meetings during free times, for students to video chat with their friends. Therefore, it is evident that there still remains a learning curve for the use of technology among students and interveners.

Inclusive Planning

Mental health during the Covid-19 pandemic has been an important factor that has been emphasized in school systems. Interveners identified how they were widely included in reopening, planning services, and planning for the psychological wellbeing of students. One social worker collaborated on the reopening plans for their school. They were able to work with administrators, plan emotional support systems for students and

participate in on a weekly coordinated care team with a school counselor, psychologist, nurse, and principal. Another social worker and two school counselors were able to lead and participate in their schools' social-emotional committees. A third social worker stated that they were "involved in a lot of behavior and classroom management plans." They also stated how they are "very lucky with the social worker and school counselor," that work alongside them. They emphasized their ability to work well with fellow school-based interveners on services and planning. Additionally, they worked on developing their own interventions including 70 home visits in the spring to teach families how to use technology and log in to school meetings. Therefore, it is interesting to gain an understanding of the level of involvement and support school-based mental health professionals had and planned for students, with the onset of the Covid-19 pandemic.

Coping/Self-Management

Interveners are heavily involved in the psychological wellbeing of students. However, it is important to take into consideration the mental health of the interveners themselves. In the interviews, one social worker mentioned that they have been using certain strategies to adjust to the challenges Covid-19 brought. This social worker stated that they spend a mindful moment each morning in their office and do yoga at home. It was also mentioned that the "need for self-care is important," and challenges them and others to get serious in taking care of themselves. Additionally, a school counselor stated that they, "really had to practice self-management," and "realize that there needs to be a balance." Another interviewee mentioned they felt exhausted and were coping through exercising a lot. Overall, it is evident that interveners engage in multiple forms of self-

management and care, whether this is through exercising, mindfulness, or balancing work life and home life. Therefore, the mental health of interveners is important to maintain as they are providing care for students at home.

Chapter 4: Discussion

The current study investigated changes in occupational responsibilities and resources provided by school counselors, school psychologists, and school social workers, to elementary-aged children during the Covid-19 pandemic. Additionally, this research assessed interventions used, modes of care, and how services are accessed by students. Lastly, the research sought to understand the perceived frequency of symptoms of depression and anxiety among mental health interveners, and the influence of their occupation on overall stress and self-management.

As hypothesized, symptoms of anxiety and depression increased during the pandemic among school-based mental health interveners. Participants experienced more depressive and anxious symptoms during the pandemic than before the pandemic. Therefore, this suggests that the onset of the pandemic may be related to the increase in symptoms of anxiety and depression. Elevated levels of depression and anxiety during the pandemic, may be due to economic stresses, physical and mental health concerns, challenges in online schooling and being able to balance work-life.

Contrary to previous hypotheses, there was no significant difference among the three levels of work duties, responsibilities, and goals in their symptoms of depression and anxiety during the pandemic. Additionally, there were no significant differences, among the two groups, some and many new difficulties experienced by mental health interveners, of symptoms of depression and anxiety during the pandemic. Therefore, the changes in responsibilities and new difficulties within interveners' occupations did not play a role in their symptoms of depression and anxiety during the pandemic. This may be due to the overwhelming amount of stress, anxiety and depression that has generally

increased during the time of the pandemic. The symptoms of anxiety and depression for varying amounts of responsibilities and new difficulties may be masked by the overall stress that is being faced. Through the qualitative data, it was apparent that interveners are prepared with the uncertainty of day-to-day tasks. Interveners also remain flexible in their work schedules as Covid-19 has impacted protocols and students as well as faculty members needing to quarantine at home due to exposure. Thus, since overall stress has increased among interveners, due to a variety of factors, this may have impacted the insignificant results of responsibilities and new difficulties on symptoms of anxiety and depression.

The frequency of symptoms of depression and the frequency of symptoms of anxiety were examined to understand their relationship. As predicted, increased symptoms of depression before the pandemic were associated with increased symptoms of depression during the pandemic. Participants that tended to have more symptoms of depression before the pandemic also tended to have more symptoms of depression after the start of the pandemic. The same is true for anxiety, such that higher symptoms of anxiety during the pandemic were associated with higher symptoms of anxiety before the pandemic. In summary, these results may indicate that individuals that experienced increased symptoms of anxiety and depression before the pandemic were more prone and likely to experience an increased number of symptoms of anxiety and depression during the pandemic.

The change in symptoms of depression and the change in symptoms of anxiety, from before to after the pandemic, were examined to understand their relationship. As hypothesized, the change in symptoms of depression from before to after the start of the

pandemic were found to be correlated with the change in symptoms of anxiety from before to after the start of the pandemic. Thus, as the change in depressive symptoms increased, the change in anxiety symptoms increased as well. This result was expected due to the increased stressful nature the Covid-19 pandemic has caused.

Influential factors such as age, type of school (urban, suburban, and rural), modes of instruction (in-person, hybrid, remote), and involvement in planning services for children were examined to understand their impact on symptoms of anxiety and depression. Contrary to the hypothesis, age was not correlated with symptoms of depression during the pandemic. However, age was found to be related to symptoms of anxiety, such that as the age of the intervener increased, symptoms of experienced anxiety decreased. Therefore, it is possible that the older the intervener, the fewer symptoms of anxiety that were experienced. Thus, it may be the case that the older the intervener, the longer the experience they have had in the psychology, counseling, or social work field. Also, with having more experience in these fields, this may relate to having more fully developed coping strategies and self-maintenance that have proven to work best for them in their years as interveners.

No relationships were found between schools in urban, suburban, and rural settings on changes in symptoms of depression and anxiety from before to after the start of the pandemic. Additionally, no relationships were found between remote, in-person or hybrid schools on changes in symptoms of depression and anxiety from before to after the start of the pandemic. No difference among school settings and modes of instruction on symptoms of depression and anxiety may, be due to the overall stresses schools have faced as a result of the pandemic. The pandemic has exacerbated the inequalities among

lower income homes, have increased worsening mental health in children, and schools have had to adapt to limited in-person restrictions. Therefore, school settings and instructions may not be a factor in the changes in anxiety and depression among interveners due to the wide-ranging stressors that have emerged for all school-based mental health professionals.

No significant relationship was found between increased involvement in planning services and symptoms of anxiety. However, involvement in planning services was correlated with the changes in symptoms of depression from before to after the start of the pandemic. Increased involvement in planning services was correlated with fewer symptoms of depression among school-based interveners. Therefore, increased involvement in planning may lower symptoms of depression because interveners are given the opportunity to voice their opinions, concerns and plans on the services they will be delivering to students. School-based mental health interveners are knowledgeable about their fields and work with their students on a daily basis, and the ability to have more of a say on their own interventions and practices may relate to less symptoms of depression. Thus, this may contribute to why interveners experience more symptoms of depression if they are not involved in planning mental health services for their students. As a result, depression may be increased due to changes in their occupation and services that interveners were unable to control or plan themselves, even though they are the individuals that will be providing that care.

In summary, the Covid-19 pandemic has increased stresses related to finances, physical health, mental health, online schooling and balancing work. Due to these factors and challenges schools have faced with fluctuating modes of instruction, it is apparent

that school-based mental health interveners have experienced more symptoms of anxiety and depression during the pandemic. Additionally, individuals that tended to have more symptoms of anxiety and depression before the pandemic were more likely to have more symptoms of anxiety and depression during the pandemic. This illustrates that individuals who were experiencing levels of depression and anxiety before the pandemic may be more susceptible during the pandemic. Levels of work responsibilities, and new difficulties faced by interveners were not related to increased symptoms of anxiety and depression. Also, there was no difference among school locations and modes of school instruction for changes in depression and anxiety from before to the start of the pandemic. This may be a result of the general stressors that have been increasingly experienced in individuals lives and within the school system. Lastly, the more involved in planning services, the fewer symptoms of depression were indicated by interveners. Therefore, this tells us that this may be due to interveners having more of a say on controlling and planning their own interventions and practices for students.

Interviews with eight interveners allowed for an expansion in understanding responsibilities, changes in duties, and stress. Interviewees were found to offer a variety of services from counseling, special education, leading reopening plans, assessments, and sitting on social-emotional committees within their schools. The responsibilities among interviewees were found to have increased due to the protocols and challenges the Covid-19 pandemic has brought about. Additionally, several interveners were able to expand on the stress faced in their work environments due to the unpredictability of their school days. These unpredictable circumstances are related to children moving to remote learning and upholding Covid-19 protocol through the management of quarantine rooms

or substituting for teachers if needed. Therefore, the uncertainty that is faced by interveners has been found to relate to their experienced stress, especially since it relates to overseeing children that have tested positive or have experienced Covid-19 symptoms.

Many interviewees had felt that they have been able to adjust to the uncertainty of day-to-day tasks and others felt as though they were continuing to learn how to adapt to different and unfamiliar remote, virtual, and limited in-person environments. This may be due to interveners' ability to adapt to different circumstances as well as the specifics stresses some schools may be facing in comparison to others. To combat these challenges many of the interveners began to provide more in-class social-emotional guidance, workshops for administrators and teachers, as well as an increased amount of online programming for students and parents to gain support and awareness of mental health services during the pandemic. Interveners expressed the push for awareness surrounding mental health among students and creating new types of interventions to instill inside and outside of the classroom that should be continued in the future, even once the pandemic has come to an end.

Lastly, the interviewees were open about discussing their own experiences with maintaining their social-emotional health in order to provide the best services they can to their students. Oftentimes, the mental health of mental health professionals may be overlooked, and the interveners touched on their individual strategies to alleviate the stresses they face. Exercising, having mindfulness moments, meditating, doing yoga, and more are just a few examples of the methods in which interviewees were found to reduce their stress levels.

Implications

The main implication of this study indicates the increase in the frequency of symptoms of depression and anxiety experienced before and during the Covid-19 pandemic. The Covid-19 pandemic has impacted the mental health of parents and children (Patrick *et al*, 2020). Additionally, changes in symptoms of anxiety were directly related to symptoms of depression. Thus, as professionals increased their symptoms of anxiety during the pandemic, they were also likely to increase their symptoms of depression. It was reported that 27% of parents indicated having worsening mental health and 14% reported children's worsening behaviors (Patrick *et al*, 2020). It is important to take into consideration the stress levels experienced by mental health interveners especially since school counselors have previously been found to report higher than average levels of burnout (Wilkerson, 2009).

Similarly, another implication of this study is the occupational contribution on overall stress levels among school-based mental health interveners. Thus, 28.6% of the interveners felt that their job, oftentimes, contributed to their overall stress and anxiety. Additionally, 46.4% of interveners have somewhat more duties, responsibilities, and more goals at work since the start of the pandemic. In support of these implications, qualitative results have expressed the challenges of adjustment to new difficulties, technology, stress, and providing care for students in a quarantine, remote, and limited in-person era. Professionals have indicated their strategies in maintaining their mental health through mindfulness and being active.

Lastly, an implication of this study is the perceived adequacy of services being provided by mental health professionals. With the addition of new challenges Covid-19

has presented, 41.1% of professionals feel as though students are receiving a little less adequate mental health services these days. Interviews supported this perception with concerns of children lacking interpersonal relationships and experiences. Mental health professionals expressed their difficulties with their inability to recognize non-verbal communication in remote counseling, inability to provide play therapy, and the inability to engage in simple interactions such as hugging a child. Therefore, it is important to take into consideration how the pandemic has impacted the ability of mental health interveners to provide effective services to students as well as how it has impacted students' social lives within schools.

Context

Previous research has indicated that school psychology practitioners have experienced levels of burnout in their careers (Schilling *et al*, 2018). School counselors were also found to report higher than average levels of burnout when compared to other mental health professionals (Wilkerson, 2009). Therefore, it was hypothesized that mental health interveners would face an increasing amount of anxiety and depression during the Covid-19 pandemic and that their occupations would contribute to their stress levels. This study concluded that both anxiety and depression increased during the pandemic compared to before the pandemic. This study also found that symptoms of anxiety and depression correlated with one another, such that as anxiety increased, depression also increased. Additionally, all interveners indicated their levels of stress being impacted by their job. Therefore, previous literature provides evidence of increased

burnout and stress among interveners and this study was able to expand on this concept concerning the Covid-19 pandemic.

When investigating the roles of mental health interveners, it has been found that they provide a wide variety of resources including psycho-educational assessments, consultation, counseling, and educational programs for parents and teachers (Natasi *et al*, 1998). Additionally, mental health interveners are called upon to educate students on social-emotional needs that may impact their learning processes (Lockhart & Key, 1998). With the onset of the pandemic, both children and parents have been put at an increased risk of worsening mental health (Patrick *et al*, 2020). This study was able to confirm the responsibilities mental health professionals maintain in schools and touch on new interventions they have created due to the Covid-19 pandemic. New interventions include online nights for parents, increased social-emotional education for administrators and teachers, the creation of google hangout sessions for students to enjoy time with friends, offering remote services, doing home visits, and surveying students on their mental health. Previous literature has provided information on the responsibilities of mental health interveners and the impact of the Covid-19 pandemic on families. As a result, the literature is applicable in understanding the impact of Covid-19 on the interventions being provided to students.

Lastly, research has indicated that mental health interveners experienced a sense of lack of preparation to cope with demanding work (Barton, 2019). It was found that interveners have felt drained, a sense of sadness, and are impacted by trauma experienced by their clients (Berger & Samuel, 2019). Therefore, this study identified and confirmed coping strategies and methods mental health interveners use to combat stress faced from

their occupations. These strategies include mindfulness, yoga, exercising, and remaining flexible during the school day. Together these findings suggest the relationship of Covid-19 to symptoms of anxiety and depression. These findings also provide information on new types of interventions used in schools, the contribution of the job to overall stress among interveners, and strategies used to ameliorate stress levels.

Limitations of Research

The limitations of this study should be noted. First, the demographics of the sample of mental health interveners was limited to the New York State Capital Region. Approximately, 83.9% of the interveners identified as cis-gender women, and 94.6% identified their race/ethnicity as White or European Ancestry. Therefore, this sample does not give an accurate assessment of interveners of differing locations, genders, races, and ethnicities. These findings suggest that levels of anxiety and depression faced by interveners are not widely generalizable.

Second, eight interveners were interviewed on their personal experiences working during the Covid-19 pandemic. Interveners indicated new challenges they were facing due to the pandemic, new interventions they used to address mental health among their students, concerns, and coping strategies for their own stress. Due to the smaller sample of interviewees, responses are not widely generalizable to all mental health interveners. Therefore, being able to expand these findings would allow for the ability to assess stronger trends across interveners.

Third, this study measured the frequency of symptoms of anxiety and depression prior to the pandemic. It is important to take into consideration that respondents may

have viewed the past as more positive and less stressful than their experiences were in reality. With Covid-19, this may be especially prevalent with restrictions placed on limited in-person interactions, experiences, and events. This limitation may impact the results. Participants may have indicated fewer symptoms of anxiety and depression, before the pandemic, than what they had actually experienced. This would then skew the results indicating a greater change in symptoms of depression and anxiety, when comparing symptoms before and after the start of the pandemic. Therefore, responses to the PHQ-2 and GAD-2 that questioned participants about the frequency of their symptoms prior to the pandemic may not accurately represent their past symptoms of anxiety and depression.

Strengths

The strengths of this study should also be recognized. The research that was conducted in this novel study extends research on how levels of stress, including symptoms of anxiety and depression impact mental health interveners such as school counselors, school psychologists, and school social workers. However, this study indicates findings that have not been previously recognized. The results from this research give insight into the impact of the Covid-19 pandemic, specifically on mental health professionals working in schools, the impact of their occupation on overall stress, challenges in providing interventions, concerns for students, and interveners' strategies in ameliorating their own stress. Therefore, this may add to the evidence that emphasizes the importance of recognizing burnout and stress among school-based mental health interveners.

Second, another strength of this research is the information that was gathered from interviews with mental health professionals. This study has been able to indicate new methods of providing services to students through remote services, creating surveys to assess levels of mental health, doing home visits for the adjustment of technology, creating online parent nights, and more. Additionally, mental health interveners voiced their concerns with students receiving adequate support and their inability to have interpersonal relationships, experiences, provide play therapy or support through hugging a child.

Lastly, another strength of this research was the use of the CDC Household Pulse Survey to examine the frequency of symptoms of depression and anxiety among individuals. The survey was designed to, "rapidly respond and provide relevant information about the impact of the coronavirus pandemic in the U.S," (Centers for Disease Control and Prevention, 2020). The questions are a modified version of the two-item Patient Health Questionnaire (PHQ-2) and the Generalized Anxiety Disorder (GDA-2) two-item questionnaire. This survey has been used extensively and successfully to assess the frequency of anxiety and depression symptoms. Additionally, unmodified versions of the PHQ and GAD were used in the National Health Interview Survey (NHIS) in 2019 (Centers for Disease Control and Prevention, 2020). The During Pandemic PHQ-2 (DP-PHQ) and During Pandemic GAD-2 (DP-GAD) for this study resulted in a Cronbach's Alpha score of 0.94 and 0.88. The Before Pandemic PHQ-2 (BP-PHQ) and the Before Pandemic GAD-2 (BP-GAD) for this study resulted in a Cronbach's Alpha score of 0.86 and 0.83. Thus, this suggests high reliability among the measures.

Directions for Future Research

Future research should focus on recruiting participants that reside outside of the New York State Capital Region and in other states where additional mental health professionals reside in. Future studies should examine similar constructs of the frequency of anxiety and depressive symptoms, changes within the profession in schools, concerns for students, and strategies to combat stress due to Covid-19. Given that the current study used a general population from the New York State Capital region, future research should aim to replicate current findings in populations outside of New York State. Additionally, research should more specifically be compared across school settings including urban, rural, and suburban areas, that are identified with state definitions by respondents. It would be worthwhile to gain an understanding of mental health services provided in schools across the United States and the frequency of anxiety and depression experienced by school-based interveners.

A longitudinal study should be designed to examine the mental health impact interveners face post-pandemic. It would be interesting to further explore areas of trauma including Post Traumatic Stress Disorder among mental health interveners. Studies in China have reported that "Covid-19 can cause traumatic experiences to the patients and caregivers which may lead to PTSD and/or psychological disorders," (Asim *et al*, 2020, p. 842). Since mental health interveners work with vulnerable populations, such as children, and are handling quarantine protocol in schools, it is imperative to understand how Covid-19 may impact their emotional aftermath. Additionally, the research question should explore the impact of interveners' occupations on their frequency of anxiety and depression symptoms. Therefore, it would be worthwhile to gain insight into the post-

emotional impact of the Covid-19 virus on mental health professionals working within the school system.

Lastly, future research should explore emotional preparation or tools provided to interveners in acquiring their degrees and the support provided by the schools in which they are employed. This study gained information on the ways individuals alleviate the stress they face from their occupations. It would be interesting to explore how school systems and professional training play a role in interveners' symptoms of anxiety and the strategies used to alleviate stress.

Conclusion

In conclusion, the frequency of symptoms of anxiety and depression significantly increased during the pandemic. The level of participation in planning and the age of interveners were associated with changes in anxiety and depression as well. Interviews put into perspective the reality of mental health services in schools during the Covid-19 pandemic. Mental health interveners described their changed responsibilities within schools through daily or weekly check-ins with students, remote counseling, and increased online programming for students and families. In addition, interveners have added responsibilities onto their plates due to Covid-19 protocols in schools. Interveners have had to take on roles where they manage quarantine rooms, participate in regulating parking lots, or substitute for teachers in classes. School counselors, psychologists, and social workers emphasized their concerns for students in their lack of interpersonal experiences. Lastly, school-based mental health interveners indicated their own coping mechanisms for managing stress through mindfulness, balance and exercise.

Therefore, this study gained an in-depth perspective on the ways mental health services, providers, students, and schools have been impacted by the Covid-19 pandemic. Today, school-based interveners can adapt, learn, and gain inspiration from one another on types of interventions, strategies, and methods of self-care. Throughout Covid-19, many have experienced increased stress, anxiety, depression as well as additional occupational responsibilities beyond the typical services school-based professionals provide. New interventions, methods of self-care, and perceived experiences of anxiety and depression have been indicated in this research. The study's results, hopefully, would encourage other school-based mental health professionals to implement or develop

interventions and strategies indicated or inspired by the respondents. These efforts could be put towards ameliorating stresses and strains faced by students and school-based mental health professionals. Therefore, this includes ideas such as taking a minute of mindfulness in the mornings before the start of work, expanding the use of google forms and surveys to gauge student or employee stress levels on a weekly or daily basis, as well as seek out support from fellow interveners.

Districts and school systems need to implement mental health services for employees, especially mental health professionals. School-based interveners carry a significant load of duties and are responsible for providing services to ensure the wellbeing of students. One study, prior to the pandemic, examined the dimensions of job satisfaction, occupational burnout, and general health among 123 mental health care professionals (Hiscott & Connop, 1990, p.425). The professionals consisted of psychiatric nurses, nursing assistants, social workers, occupational and recreational therapists, as well as psychologists. As a result, social support groups were found to "buffer" care workers from negative impacts due to job-related stress and problems (Hiscott & Connop, 1990, p.425). Additionally, in this study, a high degree of interest was expressed by mental health professionals for the implementation of social support groups. Therefore, it would be beneficial for districts as well as schools, to create social support groups for their school-based mental health professionals. Support groups would create safe spaces for interveners to seek mental health support as well as a way to share coping strategies and interventions they can implement within their respective schools.

Future research should explore the additional institutional and organizational strategies that can be implemented in schools to ensure the wellbeing of mental health

professionals. Once the pandemic has passed, research should also be done on the mental and emotional aftermath on students and school-based interveners. Lastly, it would be interesting to explore the retention of new interventions of providing mental health services that were instilled during the pandemic in schools.

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Appendix A: Informed Consent Form for Interviews

My name is Johanna Sosa, and I am a senior at Union College. I am majoring in Psychology and Sociology and am inviting you to participate in my senior thesis. Involvement in this study is voluntary, so you may choose to participate or not. A description of the study is written below.

This study aims to assess stress levels faced by Mental Health Interveners including school counselors, school psychologists, and school social workers during the Covi-19 pandemic. Additionally, this research serves to understand the methods by which professionals provide mental health resources to children in elementary schools. Interviews may include questions about modes of care, types of interventions, occupational responsibilities, etc.

I am interested in learning more about mental health professionals, levels of stress, and resources provided to students in elementary schools. You will be asked to answer interview questions and it will take approximately 20 mins. The risks to you of participating in this study are expected to be minimal but could include increased levels of stress and/or anxiety. These risks will be minimized by providing online resources that you may visit if you are experiencing stress or anxiety. If you no longer wish to continue, you have the right to withdraw from the study and skip interview questions without penalty, at any time.

All information will be kept anonymous and confidential. No names of Mental Health Interveners, the schools they work at, nor any other identifying information will be included in the write-up of my research.

Even though all aspects of the research may not be explained to you beforehand (e.g., my specific hypotheses), after the interview, I will provide you with additional information and answer any questions you might have.

By signing below, you indicate that you understand the information printed above and that you wish to participate in this research study.

_____ _____

Signature of participant Date

_____

Printed name of participant

_____ _____

Name of investigator Date

Appendix B: Thesis Questionnaire

My name is Johanna Sosa, and I am a senior at Union College. I am majoring in Psychology and Sociology and am inviting you to participate in my senior thesis. This questionnaire serves to understand the methods by which professionals provide mental health resources to children in elementary schools. Additionally, this questionnaire aims to assess stress levels faced by Mental Health Interveners including school counselors, school psychologists, and school social workers during the COVID-19 pandemic.

Anonymity and Confidentiality Statement:

All information will be kept anonymous and confidential. No names of Mental Health Interveners, the schools they work at, nor any other identifying information will be included in the write-up of my research. As a reminder, note that you are free to skip any questions you do not wish to answer, and may stop participation at any time.

Informed Consent Form:

Involvement in this study is voluntary, so you may choose to participate or not. A description of the study is written below. This study aims to assess stress levels faced by Mental Health Interveners including school counselors, school psychologists, and school social workers during the COVID-19 pandemic. Additionally, this research serves to understand the methods by which professionals provide mental health resources to children in elementary schools. This questionnaire may include questions about stress levels, modes of care, occupational responsibilities, etc.

I am interested in learning more about mental health professionals, levels of stress, and resources provided to students in elementary schools. You will be asked to answer questions and it will take approximately less than 5 minutes. The risks to you of participating in this study are expected to be minimal but could include increased levels of stress and/or anxiety. These risks will be minimized by providing online resources that you may visit if you are experiencing stress or anxiety. If you no longer wish to continue, you have the right to stop participation in the study and skip any questions you do not wish to answer.

All information will be kept anonymous and confidential. No names of Mental Health Interveners, the schools they work at, nor any other identifying information will be included in the write-up of my research. Even though all aspects of the research may not be explained to you beforehand (e.g., my specific hypotheses), after the questionnaire, I

will provide you with my contact information if you want additional information or have any questions.

By choosing "yes" and continuing to complete this questionnaire, you indicate that you understand the information printed above and that you wish to participate in this research study.

If you have any questions, please feel free to contact me at sosaj@union.edu or my supervisor Prof. Linda Stanhope at stanhopl@union.edu.

1. How old are you?
    a. Short Answer Text
2. What is your gender?
    a. Cisgender Male
    b. Cisgender Female
    c. Transgender Male
    d. Transgender Female
    e. Gender Nonbinary
3. What is your race/ethnicity?
    a. White or European Ancestry
    b. Black or African American
    c. Asian
    d. Latinx
    e. Hawaiian or Pacific Islander
    f. Native American
    g. Multiracial
4. How would you describe the setting of the school you are employed with?
    a. Urban
    b. Suburban
    c. Rural
5. What is the mode of instruction for the school you are employed with?
    a. In-person
    b. Remote
    c. Hybrid
6. Which of the following closely matches your job title?
    a. School Counselor
    b. School Psychologist
    c. School Social Worker
    d. Other
7. What is the mode of care you provide for students?

   a. In-person
   b. Remote
   c. Hybrid
   d. Other
8. Approximately how many hours do you work in a week?
   a. Short Answer
9. How much time do you spend, outside of your scheduled hours, doing work for your job?
   a. Less than one hour
   b. 1-2 hours
   c. 3-5 hours
   d. 6-8 hours
   e. 9 or more hours
10. Think about how much time you are spending at your job AFTER work hours compared to how much time you spent before the pandemic. How much time are you spending after work hours now?
   a. A lot less time than before the pandemic
   b. A little less time than before the pandemic
   c. I spend about the same amount of time
   d. Somewhat more time now than before the pandemic
   e. A lot more time now than before the pandemic
11. How much have your duties, responsibilities, and goals at work changed since the start of the COVID-19 pandemic?
   a. I have significantly fewer duties, responsibilities and goals than before the pandemic.
   b. I have somewhat fewer duties, responsibilities and goals than before the pandemic.
   c. My duties, responsibilities and goals have not changed.
   d. I have somewhat more duties, responsibilities and goals than before the pandemic.
   e. I have significantly more duties, responsibilities and goals than before the pandemic.
12. Are there new difficulties in doing your job/delivering services to children that were not present prior to the pandemic?
   a. There are many new difficulties in doing my job/delivering services than prior to the pandemic.

   b. There are some new difficulties in doing my job/delivering services than prior to the pandemic.
   c. There are no new difficulties in doing my job/delivering services than prior to the pandemic.

13. Since the pandemic began, to what extent were you included in planning services of providing mental health resources to students?
    a. Not at all included
    b. Minimally included
    c. Somewhat included
    d. Substantially included
    e. Entirely included
14. Compared to before the pandemic, in your opinion, how adequately are students receiving mental health services these days?
    a. A lot less adequate now
    b. A little less adequate now
    c. About the same now as compared to before the pandemic
    d. A little more adequate now
    e. A lot more adequate now

15. Over the last 7 days, how often have you been bothered by… having little interest or pleasure in doing things?
    a. Not at all
    b. Several days
    c. More than half the days
    d. Nearly every day
16. Over the Last 7 days, how often have you been bothered by… feeling down, depressed, or hopeless?
    a. Not at all
    b. Several days
    c. More than half the days
    d. Nearly every day
17. Over the last 7 days, how often have you been bothered by the following problems… feeling nervous, anxious, or on edge?
    a. Not at all

b. Several days
c. More than half the days
d. Nearly every day

18. Over the last 7 days, how often have you been bothered by the following problems… not being able to stop or control worrying?
    a. Not at all
    b. Several days
    c. More than half the days
    d. Nearly every day
19. Last year, prior to the pandemic, how often were you bothered by… having little interest or pleasure in doing things?
    a. Not at all
    b. Several days
    c. More than half the days
    d. Nearly every day
20. Last year, prior to the pandemic, how often were you bothered by… feeling down, depressed, or hopeless?
    a. Not at all
    b. Several days
    c. More than half the days
    d. Nearly every day
21. Last year, prior to the pandemic, how often were you bothered by the following problems … Feeling nervous, anxious, or on edge?
    a. Not at all
    b. Several days
    c. More than half the days
    d. Nearly every day
22. Last year, prior to the pandemic, how often were you bothered by the following problems … Not being able to stop or control worrying?
    a. Not at all
    b. Several days
    c. More than half the days
    d. Nearly every day
23. During the pandemic, how often has your job contributed to your overall stress and anxiety?
    a. Always
    b. Usually
    c. Often
    d. Sometimes
    e. Rarely

f. Never

Appendix C: Interview Questions

1. What school are you currently employed with?
2. How long have you been working at the school?
3. What is the current mode of instruction for the school?
4. What is your job at the school?
5. How many hours do you work in a week? Please explain.
6. How much time do you spend, outside of your scheduled hours, doing work? Please explain.
7. How do children find and/or seek mental health help when in school?
    a. Does this vary depending on the district?
    b. How has this changed because of the pandemic?
8. Normally, what are your duties, responsibilities, and/or goals to ensure mental health care for the children at your school?
9. How has the COVID-19 pandemic affected your duties, responsibilities, and/or goals?
    a. Have these responsibilities changed? If so, how have they changed?
    b. Have more been added to your plate and the original responsibilities of your job? Please explain.
    c. Are there new difficulties in doing your job/delivering services to children that were not present prior to the pandemic? Please explain.
10. How have you adjusted to the challenges the pandemic has brought?
11. What has been the most challenging part in doing your job during the pandemic?
12. What methods do you use to provide services for your clients/children?
    a. Remote, in-person, hybrid?
    b. Types of interventions?
13. To what extent were you included in planning services for your clients/children?
    a. Did you feel like you had a say...?