

MAY 2021

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

Monitoring School COVID-19 Prevention Strategies Project: Triangulated Report



INTRODUCTION

### Project Background

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

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

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



### **Report Overview**

#### Purpose

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

#### Audience

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

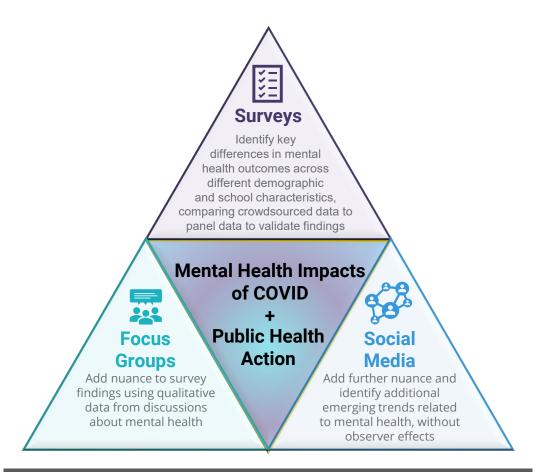
#### Focus

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

1. What are the mental health **impacts** of COVID-19 on students, parents, and school staff?

2. What **factors** influence mental health for parents and school staff?

3. How do these impacts **differ** by mode of learning and other key demographics?



### Triangulation Approach

### **Data Sources**

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



#### **Crowdsourced (Pollfish)**

Teachers and parents of students reported on their overall mental health

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

#### Web panels (Qualtrics)

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

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



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

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

#### Teachers (March 2021)

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

#### Superintendents (March 2021)

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



#### **Public Online Conversations**

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

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

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

METHODOLOGY

### Process for Identifying Key Findings

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

### CONDUCT STATISTICAL ANALYSIS

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Using the **weighted cross-sectional web panel survey data**, a variety of statistical approaches, such as  $Chi^2$  analyses, were conducted to test for statistically significant (p<.05) associations between key mental health outcome variables and any other variables in the survey.

VISUALIZE

Statistically significant findings identified in the crosssectional web panel survey are **compared to crowdsourced survey findings** to confirm general alignment. Findings from both sources are then visualized.

ADD QUALITATIVE NUANCE Qualitative analyses of **focus group transcripts and social media posts** are used to identify key quotes to help further illustrate underlying attitudes and sentiment among relevant groups.

#### NOTES AND LIMITATIONS

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

#### **LIMITATIONS**

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

#### <u>NOTES</u>

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

# Summary of findings

### Overview

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

	PARENT MENTAL HEALTH	TEACHER MENTAL HEALTH
	Overall, parents of K-12 students may be experiencing slightly higher levels of mental health distress based on pre-pandemic national estimates.	Teachers' mental health has been affected by new instructional challenges and barriers to implementing COVID-19 prevention measures.
Mental health impact of COVID-19	<ul> <li>16% of parents report that their mental health was poor for 14 or more days in the past month</li> <li>Overall proportion of those with frequent mental health distress may be slightly higher than pre-pandemic national averages<sup>1</sup> of all adults</li> </ul>	<ul> <li>27% of teachers self reported symptoms consistent with clinical depression and 37% self reported symptoms consistent with generalized anxiety</li> <li>53% of teachers say they are thinking of leaving the profession more now than they were before the pandemic (February 2020)</li> <li>19% of teachers started or increased alcohol use to deal with stress during the pandemic</li> </ul>
Factors influencing mental health	<ul> <li>Parents whose child knows someone who is high-risk for severe illness from COVID-19 have higher proportions of mental health distress</li> <li>Parents who do not believe the COVID-19 vaccine has been adequately tested experience mental health distress at higher proportions</li> </ul>	<ul> <li>Teachers who report more difficulty focusing on their work now as compared to before the pandemic were more than twice as likely to report mental health distress</li> <li>Teachers with difficulty implementing COVID-19 prevention measures also report experiencing symptoms of depression and anxiety at higher proportions</li> </ul>
Disparities in mental health impact across groups	<ul> <li>Parents experiencing involuntary unemployment and lower incomes more likely to experience frequent mental distress than other parents</li> <li>Higher levels of community satisfaction are related to less frequent mental health distress in parents</li> </ul>	<ul> <li>Teachers reporting that their students are still <b>100% virtual</b> as of March 2021 had <b>higher rates of depression and anxiety</b> symptoms than other teachers</li> </ul>

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

### **Public Health Implications**

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



### Mental Health Services and Resources

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



### Workforce and Workload Considerations

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



### Addressing Disparities

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

### Parent mental health findings

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



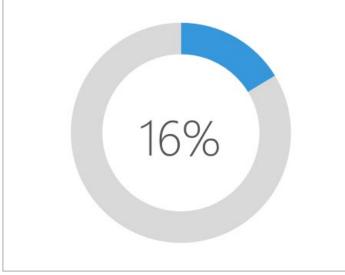
### Impact of COVID-19 on parent mental health

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

### SURVEY FINDINGS

### Proportion of parents experiencing frequent mental distress

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



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

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

### FOCUS GROUP INSIGHT

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

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

<sup>1</sup> Centers for Disease Control and Prevention (CDC). Measuring Health Days: Population Assessment of Health-Related Quality of Life. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2020. <sup>2</sup> Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2018. \*Results presented only included parents while BRFSS includes all adults,



### Factors influencing parent mental health

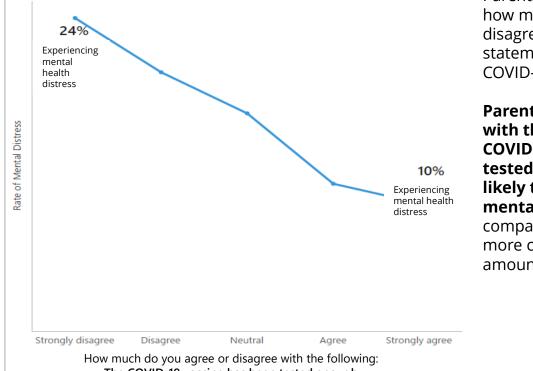
Attitudes toward the safety of the COVID-19 vaccine are associated with parents' levels of mental health distress

#### SURVEY FINDINGS

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

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



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

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

### SOCIAL MEDIA LISTENING

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

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

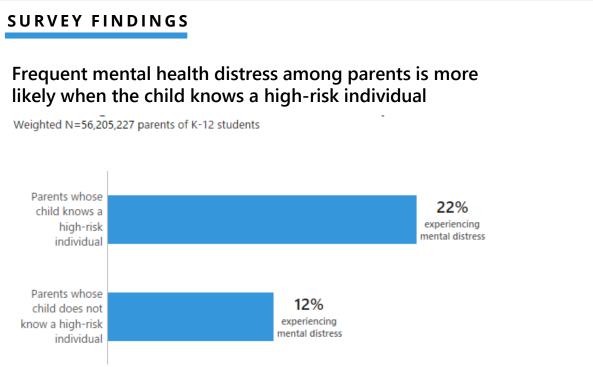
The COVID-19 vaccine has been tested enough



FINDINGS: PARENT MENTAL HEALTH

### Factors influencing parent mental health

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



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

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

#### SOCIAL MEDIA LISTENING

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

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



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

#### SURVEY FINDINGS

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

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

		ts experie ntal distre			<u>not</u> exper ntal distre		
How satisfied are you with	Dissatisfied	Neutral	Satisfied	Dissatisfied	Neutral	Satisfied	_
Availability of healthcare in your community	18%	28%	54%	6%	23%	71%	
How well neighbors know and trust each other	31%	27%	41%	13%	30%	57%	
The amount of economic opportunity in your community	36%	32%	32%	15%	32%	53%	Parents experiencing
The degree to which neighbors feel responsible for building community pride	28%	38%	35%	12%	34%	54%	mental health distress
The degree to which residents can individually and together make the community a better place	24%	40%	36%	9%	32%	59%	reported lower levels of satisfaction
The level of mutual respect between community partners	27%	35%	38%	11%	34%	55%	with community life
The quality of healthcare in your community	18%	30%	52%	8%	24%	68%	
The quality of life in your community	24%	38%	39%	9%	26%	65%	_
Your feeling of safety in your community	24%	29%	47%	8%	23%	68%	
Your level of participation in your community life and associations	31%	38%	31%	10%	39%	51%	

### FOCUS GROUP INSIGHT

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

PARENT

MENTAL HEALTH

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MENTAL HEALTH

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

#### SOCIAL MEDIA LISTENING

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



### Disparities in parents' mental health

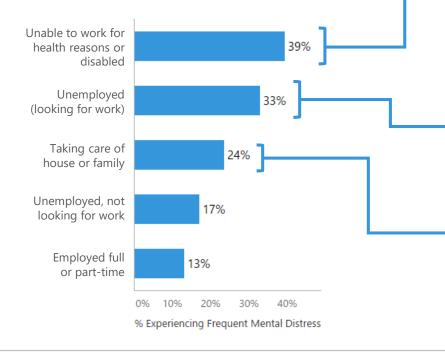
Frequent mental health distress was more commonly reported by unemployed parents looking for work or unable to work due to health reasons or disability

### SURVEY FINDINGS

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

#### employment status

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



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

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

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

### FOCUS GROUP INSIGHT

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

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

### SOCIAL MEDIA LISTENING

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

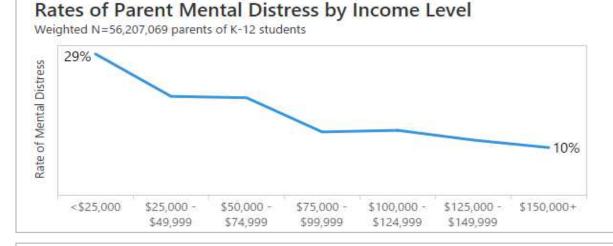
Others noted the **unique toll placed on unemployed parents** with kids participating in virtual learning.

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

### Disparities in parents' mental health

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

### SURVEY FINDINGS



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

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

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

		Income <	\$10,000	200000000000000000000000000000000000000	= Income < 5,000		= Income < ,000	And the American	= Income < ,000	A CONTRACTOR OF	= Income < ,000	0.0000000000000000000000000000000000000	= Income < ,000	Conservation of the	= Income < ,000	Income >	= \$75,000
Calculated variable for 3	level not good me	ntal health sta	tus (MENT14D	)													
14+ days when mental	n Row% Col%	4,553 10.5% 25.1%	(9.9 - 11.0) (23.8 - 26.4)	4,187 8.7% 23.1%	(8.2 - 9.2) (21.8 - 24.4)	4,921 11.4% 20.6%	(10.8 - 12.0) (19.6 - 21.6)	5,184 12.7% 18.3%	(12.0 - 13.4) (17.3 - 19.3)	4,861 11.2% 14.2%	(10.6 - 11.8) (13.5 - 14.9)	5,235 12.6% 12.6%	(12.0 - 13.3) (12.0 - 13.3)	4,931 12.2% 10.3%	(11.5 - 12.8) (9.7 - 10.8)	7,471 20.7% 7.4%	(19.9 - 21.5 (7.1 - 7.7)
health not good	% Weighted N	1.3% 2,804,606	(1.3 - 1.4) (2650808 - 2958405)	1.1% 2,340,341	(1.1 - 1.2) (2202507 - 2478175)	1.5% 3,060,919	(1.4 - 1.5) (2892693 - 3229145)	1.6% 3,396,554	(1.5 - 1.7) (3191294 - 3601814)	1.4% 2,992,302	(1.4 - 1.5) (2831244 - 3153359)	1.6% 3,382,596	(1.5 - 1.7) (3190710 - 3574482)	1.6% 3,254,534	(1.5 - 1.6) (3069218 - 3439850)	2.6% 5,528,206	(2.5 - 2.8) (5285953 - 5770460)

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

### **Teacher mental health findings**

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

#### PARENT EACHER MENTAL HEALTH MENTAL HEALTH

### Impact of COVID-19 on teacher mental health

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

### SURVEY FINDINGS

Proportion of teachers who meet clinical criteria for possible <u>depression</u>, based on self-reported PHQ-2 screener responses Unweighted n=1,842 teachers

> 27% of teachers self-reported symptoms consistent with clinical depression

Data collected via Qualtrics online survey platform, March 2021 Respondents are considered to be at risk for depression or warranting further screening for possible depression based on responses to 2 screening questions from the validated Patient Health Questionnarie-2 (PHQ-2), which asks about frequency of depressive symptoms over the past 2 weeks.

Citation: Kroenke K, Spitzer RL, Williams JB. The Patient Health Questionnaire-2: Validity of a Two-Item Depression Screener. Medical Care. 2003; 41:1284-92. Proportion of teachers who meet clinical criteria for possible <u>anxiety</u> <u>disorder</u>, based on self-reported GAD-2 screener responses Unweighted n=1,842 teachers

> 37% of teachers self-reported symptoms consistent with anxiety disorder

Data collected via Qualtrics online survey platform, March 2021 Respondents are considered to be at risk for generalized anxiety or warranting further screening for a possible anxiety disorder based on responses to 2 screening questions from the validated Generalized Anxiety Disorder-2 Questionnaire (GAD-2), which asks about frequency of anxious symptoms over the past 2 weeks.

Citation: Faye P, Laura M, Dominic T, Dean M. Screening for anxiety disorders with the GAD-7 and GAD-2: a systematic review and diagnostic metanalysis. General Hospital Psychiatry. 2016; 39:24-31.

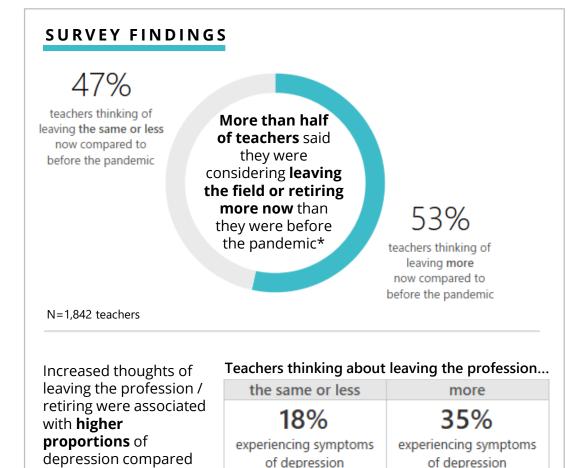
Proportion of teachers who report starting or increasing use of alcohol to deal with stress & emotions Unweighted n=1,842 teachers

> of teachers started or increased alcohol use



### Impact of COVID-19 on teacher mental health

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



#### N=1,842 teachers

to other teachers.

### FOCUS GROUP INSIGHT

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

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

### SOCIAL MEDIA LISTENING

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

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

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



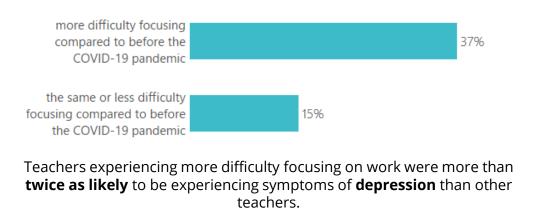
### Factors influencing teacher mental health

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

### SURVEY FINDINGS

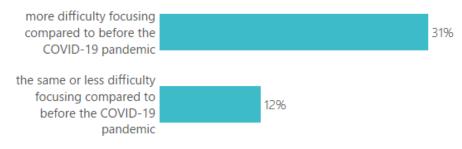
Proportion of teachers experiencing symptoms of <u>depression</u> by reported difficulty focusing compared to before the COVID-19 pandemic

Unweighted n=1,842 teachers



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

Unweighted n=1,842 teachers



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

### FOCUS GROUP INSIGHT

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

-Teacher on the mental health impact of COVID-19



### Factors influencing teacher mental health

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

### SURVEY FINDINGS

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

	No impact 14	96		No impact	17%	
ack of acceptance or adherence	Little impact	21%	Lack of guidance or	Little impact	24%	Teachers
to mitigation measures from	Some impact	27%	collaboration with state or local	Some impact	28%	struggling more
students or parents	Moderate impact	40%	education agencies	Moderate impact	38%	with various
	Significant impact	45%		Significant impact	47%	
	No impact 17	7%		No impact	18%	barriers were
Lack of guidance or	Little impact	27%		Little impact	21%	also more likely
collaboration with state and	Some impact	26%	Lack of key staff	Some impact	26%	to report
local health departments	Moderate impact	36%		Moderate impact	31%	-
	Significant impact	50%		Significant impact	37%	symptoms of
	Cold Charles States States	96		No impact	21%	depression than
Lack of time to prepare or	Little impact	22%	Lack of personal protective	Little impact	24%	teachers who were
implement mitigation measures	Some impact	25%	equipment for students,	Some impact	28%	
implement mitigation measures	Moderate impact	37%	teachers, and support staff	Moderate impact	36%	less impacted by
	Significant impact	45%		Significant impact	51%	these issues
	5A -	22%		No impact	19%	
Issues with school's physical	all count is contract of	21%		Little impact	25%	
infrastructure	50. e	23%	Lack of supplies	Some impact	28%	
	Moderate impact	32%		Moderate impact	41%	
	Significant impact	40%		Significant impact	42%	
- 1 - <b>(</b>	colligion and a second	9%		No impact		
ack of acceptance or adherence	50. e	25%		Little impact	19%	
to mitigation measures from	Some impact	30%	Lack of support from community	Some impact	30%	
teachers or staff	Moderate impact	41%		Moderate impact	35%	
	Significant impact	49%		Significant impact	43%	
Lack of funding or resources	50 B	22%	Lack of tochnology to support	No impact	22%	
	and the second second second	21%	Lack of technology to support	Little impact	22%	
	Some impact Moderate impact		physical distancing in class or	Some impact		
	Significant impact	34%	remote learning	Moderate impact Significant impact	32%	



### Factors influencing teacher mental health

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

### SURVEY FINDINGS

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

N=1,842 teachers

	No impact	23%
Lack of acceptance or adherence	Little impact	29%
to mitigation measures from	Some impact 📗	38%
students or parents	Moderate impact	47%
223	Significant impact	60%
	No impact	24%
Lack of guidance or	Little impact	33%
collaboration with state and	Some impact	40%
local health departments	Moderate impact	47%
	Significant impact	62%
	No impact	28%
Lack of time to prepare or	Little impact	27%
	Some impact	35%
implement mitigation measures	Moderate impact	48%
	Significant impact 📘	59%
	No impact	26%
leaves with school's physical	Little impact	28%
Issues with school's physical infrastructure	Some impact	33%
Intrastructure	Moderate impact	41%
	Significant impact	56%
	No impact	29%
Lack of acceptance or adherence	Little impact	33%
to mitigation measures from	Some impact 📔	40%
teachers or staff	Moderate impact	53%
	Significant impact	55%
	No impact	31%
	Little impact	30%
Lack of funding or resources	Some impact	34%
	Moderate impact	46%
	Significant impact	53%

No impact

	No impact	25%
Lack of guidance or	Little impact	31%
collaboration with state or local	Some impact	40%
education agencies	Moderate impact	52%
	Significant impact	60%
	No impact	24%
	Little impact	28%
Lack of key staff	Some impact	34%
	Moderate impact	44%
	Significant impact	50%
	No impact	31%
Lack of personal protective	Little impact	29%
equipment for students,	Some impact	41%
teachers, and support staff	Moderate impact	50%
	Significant impact 📘	59%
	No impact	29%
	Little impact	31%
Lack of supplies	Some impact	42%
	Moderate impact	54%
	Significant impact	52%
	No impact	23%
	Little impact	28%
Lack of support from community	Some impact	40%
	Moderate impact	47%
	Significant impact	56%
	No impact	30%
Lack of technology to support	Little impact	30%
physical distancing in class or	Some impact	37%
remote learning	Moderate impact	44%
	Significant impact	52%

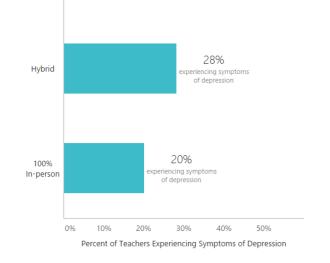
Teachers struggling more with various barriers were also more likely to report symptoms of anxiety than teachers who were less impacted by these issues.

### Differences in teacher mental health by learning mode

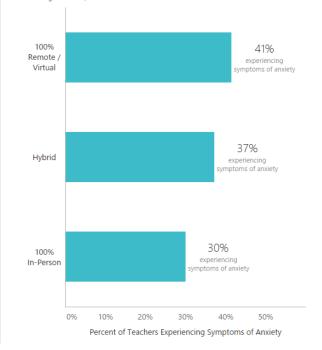
Teachers reporting that their students are still **100% virtual** as of March 2021 had **higher rates of depression and anxiety symptoms** than other teachers

### SURVEY FINDINGS

Proportion of teachers reporting symptoms of depression by school learning model Unweighted n= 1,842 teachers 100% Remote / Virtual



Proportion of teachers reporting symptoms of anxiety by school learning model Unweighted n=1,842 teachers



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

### FOCUS GROUP INSIGHT

 $\Omega Q$ 

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

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TEACHER

MENTAL HEALTH

- Teacher who has been teaching virtually since March 2020

### SOCIAL MEDIA LISTENING

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

## Conclusion

### Key Takeaways and Opportunities Moving Forward

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

### **Overall Mental Health Status**

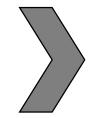
About 16% of parents reported poor mental health, which is higher than pre-pandemic estimates. Over a quarter of teachers reported symptoms consistent with clinical depression and anxiety, and nearly 20% have started or increased use of alcohol to deal with stress.

### Impacts across Learning Environment

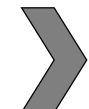
The COVID-19 pandemic has disrupted the learning environment and put additional stress and challenges on teachers. Those with students in 100% virtual learning models reported higher rates of anxiety and depression, and those in hybrid and in-person models reported difficulties with implementing COVID-19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

### Influence of Community

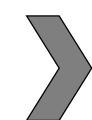
Disparities exist in mental health outcomes, including higher rates of mental health distress for parents who were involuntarily unemployed or of lower income. However, those who reported higher community satisfaction (safety, trust, etc.) reported less distress.



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



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



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