

Project Overview: *Monitoring School COVID-19 Prevention Strategies*

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 Consulting and with technical assistance from the Centers for Disease Control and Prevention (CDC), has launched the Monitoring School COVID-19 Prevention Strategies Project to collect data on school prevention strategies and impacts of COVID-19 on the social, mental, and physical health of the school community.

Data were collected from 2,485 K-12 teachers and 7,036 parents via cross-section web panel surveys between February 24 and March 31, 2021. This summary outlines high-level findings from the preliminary data and includes results that are statistically significant ($p > .05$). To assess mental health distress, respondents were asked validated screening questions about the frequency of depressive symptoms and generalized anxiety symptoms over the prior two weeks.

Key Findings



PARENT MENTAL HEALTH

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

Mental health impact

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

Factors influencing mental health distress

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

Key differences

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



TEACHER MENTAL HEALTH

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

Mental health impact

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

Factors influencing mental health distress

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

Key differences

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

Public Health Implications



Mental Health Services and Resources

- Support a comprehensive employee assistance program (EAP) to address teacher mental health challenges.
- Advance professional development (PD) opportunities to help teachers and school mental health professionals identify and address student mental health needs.
- Increase access to mental health resources and services for parents, teachers, and the entire school community to address mental health challenges created or exacerbated by the COVID-19 pandemic



Workforce

- Support retention strategies and flexible work options to reduce teacher turnover.



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 in underserved communities, including access to free or low-cost behavioral health care.

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.

Notes and Limitations

- Post-collection manipulations such as data 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 collected from both parents and teachers.
- At this time, the report does not include student self-reported mental health outcomes, only those of their parents, teachers and administrators. Results from students are forthcoming in future reports.
- The weighting scheme is preliminary at the time of this report and will go through further refinement. Due to this results from the analyses of teacher mental health outcomes may change slightly in future reports/iterations.
- All results are based on self-reported data and should not be interpreted as causative in nature as self-reported data are prone to known biases such as self-selection, social desirability, and misclassification.