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# The Impact of COVID-19 on the Academic Achievement and Mental Health of Elementary Students: COVID-19 Effect on Students in Pre-k Through 4th grade

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## Recommended Citation

The Impact of COVID-19 on the Academic Achievement and Mental Health of
Elementary Students: COVID-19 Effect on Students in Pre-K Through 4th Grade

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The Impact of COVID-19 on the Academic Achievement and Mental Health of

Elementary Students: COVID-19 Effect on Students in Pre-K Through 4th Grade


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Doctorate in Educational Leadership



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## Abstract

School closures and student isolation due to COVID-19 affected all students, particularly those in poverty. In addition to the damage to student learning, a mental health crisis emerged as many students lost access to school services. This mixed methods study aimed to evaluate the effect of COVID-19 on United States elementary students' academic achievement and mental health. I found in my study teachers and school counselors struggled but were able to provide support to students in a variety of ways. I recommended a policy where all schools have a mental health therapist on site to assist students and teachers.

**Preface**

I chose this topic due to the crisis caused by the COVID-19 pandemic and the effects of the pandemic on educators and student in the United States. I chose this context because I wanted to gain the perspective of teachers and mental health counselors in various regions of the United States.

I have personal and professional connections to my topic. I faced personal challenges during this time including dealing with high levels of anxiety due to being in open public spaces and wearing a mask, understanding the ever-changing facts of COVID and long-term stress. I taught during the pandemic. Students were barely logging online, and I had to keep a log sheet of how many times students were not attending. These students mostly had internet issues, or their parents were front line workers unable to help keep them on track with their learning. I would record my sessions and send them via email to all families and I would ask that students view the videos to keep up with the assignments so they would have a better chance of learning. My religious beliefs kept me grounded in knowing who I was and how I made an impact as an educator and as a teacher in a circumstance far greater than my control. The mental health providers that were called to duty in my own school only had time to address students dealing with behaviors. Later in the pandemic, these full-time mental health professionals were readily available to every student and the school social worker was proficient in providing mental health to keep services stable when the outside mental health coordinator was not in the building.

I took away several leadership lessons from the process of writing my dissertation. One lesson I learned is to keep pushing for more mental health programs in every school. I will take all that I learned in this process of completing my dissertation to create a policy and funding stream for implementation of a comprehensive mental health program, reaching out to state and federal law makers to keep pushing for this movement.

My growth as a leader continues to increase and has developed in many areas that I did not know could happen. My completion of this degree has helped me touch down into my instincts and increased my knowledge and understanding of what it truly means to go for what you want in life and work hard to lead in the direction of what I have chosen. I have learned as a leader to fight for our children when others may not or have become fearful of fighting.

"Each one, teach one" is the motto my father has always said to his children, and I have carried this saying with me even in my educational career. My hope for the future in relation to student learning is for students to have a full time in-person learning experience different from the current and past ways of how our students have learned. I hope that we will not need to go back to online learning due to another pandemic, but if there becomes a reason for us to go that route, I want all teachers to be better prepared with improved techniques and strategies to use with their students. I want all students and teachers to have access to mental health counselors.

**Acknowledgements**

The past years of my doctoral journey have been both an amazing and shocking experience. Since I was a little girl, I have dreamed of attending school for as long as I could go. I was completely nervous entering my doctoral program, as I did not know what to expect as past programs required heavy test taking, making sure the professional statement was done with excellence, and attending an interview which was treated the same as a job interview. I was ecstatic to receive my acceptance letter via email January 2021 and looked forward to what the next years would bring. The staff of National Louis University were very helpful and brought out the strong hope and push I needed to continue to flourish in all my studies and courses.

To my friend, my sister Tianna Richards, who I met on my first day of my freshman year of college. She took me under her wings and showed me the importance of those in my life to help shape and mold me. Even with her busy schedule with work and personal life, she was always there to guide me through the process of completing the chapters of my dissertation and give me advice and recommendations on how to successfully process everything I needed to do. Her encouraging words and wisdom are why I chose to recognize the beauty and talent she sets forth for herself and others. I am truly blessed and honored to have her in my life.

To an awesome and caring friend, Christian Coe, you have been the example of someone who has such a calm spirit. When I was sitting online in class or just felt my stress level heighten, you were there to calm me down and push me in the direction of claiming and naming that I would be graduating on time. You encouraged me to keep working hard and it all paid off. You held me up and just by giving me a hug that assured

me that there was no way I should give up and to keep moving even when times were hard. When you said, "Hey when you are finished with this, I want a copy," meant a lot to me to be able to share this important journey with those I love. I thank you Christian for everything and look forward for whatever more exciting things are in store.

To my boss, Ernesta Ransom, and my building principal, Christina Montgomery, I thank you both from my heart in gratitude for the support you provided me and being there wholeheartedly when I had so many personal things happening all at once. You both have taken me under your wings and have shown me what being an educator can bring with having the right support. You both are like family and have helped me continue to reach my potential as we work each day to tell our students to reach their potential in what they see themselves doing in the future. Prayer works and having this done, each Monday morning brings me joy and peace knowing that our heavenly father in Christ is watching over us and protecting us.

To the National Louis professors Dr. Sparks, Dr. Butler, and Dr. Moxley, thank you for your inspiring words and encouragement with feedback from class assignments to my dissertation. Having you as role models means everything. I would not be who I am as a professional and continuing educator without you. I will surely miss you when the final moments of my program are completed.

## Dedication

I dedicate this to my mother, Toni Stanley, who has been a phenomenal mother to two wonderful daughters. You have shown me the way in life and what it means to trust in God and keep pushing towards my dreams. I am truly grateful for having you in my life.

I also dedicate this to Aryn, Lila, Tracy, and Vickie. To my sister, Aryn, you are the best sister I could ask for. I am beyond blessed by your talents and your inspirational words of encouragement. God brought into my life an amazing and phenomenal sibling and I love you so much. To my aunts Lila, Tracy, and Vickie, who participated in the celebration of my receiving of my doctorate, I am blessed beyond words to have you and your encouragement and support for the hard work and commitment it has taken me to complete this journey.

I saved the best for last, my grandmother, my granny, Maylease Brown, who was not able to hear her me defend my dissertation. From day one I was honored to call you granny. You have shown how strong you are for our family and even with all the medical issues you have gone through you are still here and still fighting. I love you with all of my heart.

Thank you all so much.

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**Chapter One: Introduction**

My study focused on how COVID-19 affected the mental health of elementary students in pre-k through fourth grade in the educational system in the United States. School closures and social isolation deeply impacted students, particularly low-income students, and their families (Bryant et al., 2020; Bansak & Starr, 2021). In addition to the damage to student learning, a mental health crisis emerged as many students lost services offered by schools such as internet usage and counseling services. COVID-19 negatively affected the disparities in access and opportunities facing many students of color in public school settings, including technological and other barriers that made it difficult for them to stay engaged in learning (Terada, 2020; Haelermans et al., 2022).

COVID-19 impacted teacher retention (Matthews et al., 2022). Zamarro et al. (2021) reported on the change in the number of teachers considering resigning who were not near retirement age. The authors found that one-quarter of teachers nationally indicated a desire to leave their jobs at the end of the 2020-2021 school year compared to an average national pre-pandemic turnover rate of 16% (para. 2). COVID brought challenges for teachers during the 2021-2022 school year, with added stress from the changing economy and few employment options. In March 2020, roughly 70% of teachers said they had plans of working until they reached retirement, while 9% of teachers mentioned they did not expect to work until reaching retirement, and 16% were unsure (Zamarro et al., 2021). Many teachers felt dissatisfied with their role as teachers, which resulted in teacher ineffectiveness and poor student performance. These percentages were due to the increase of teachers leaving the profession in the current state they are teaching in if they have taught within five years or more (Zamarro et al., 2021).

According to Schwartz et al. (2022) data showed that students who were already struggling academically fell further behind than their friends. Minority students were also in the same circumstances and their academic achievement fell drastically (Kuhfeld, 2023; Reimers, 2022). Students who learned through remote learning, even when schools reopened, struggled worse than those students who were learning through in-person instruction. However, there was no available data showing of the number of students who had difficulty during remote learning in comparison to in-person learning. There were numerous studies from different school districts in the nation during the fall 2021 school year that showed students who learned in-person excelled better than the students in remote learning (Kuhfeld, 2023; Schwartz et al., 2022).

There was still work that needed to be done and therefore district leaders began been providing on-going support to help all students stay on track with improving their academics. According to Kuhfeld et al. (2023) learning interruptions due to COVID-19 were unprecedented and caused learning loss. The data from Kuhfeld et al. also showed an increase in behavioral incidents from students in the classroom increasing as 56% of disruptions occurred and led to student misconduct. In addition, other negative acts in the classroom included noise complaints outside of the classroom and acts of disrespect towards teachers and staff. Compared to a typical school year, 70% of staff reported needing more support or student and staff mental health to support social-emotional learning (SEL) development. The hiring of more staff to fill the positions needed for providing resources and services to students 60% of staff felt that there needed to be additional staff and 51% of staff needed training in classroom management.

Merrill (2020) stated that within hours of the start of the COVID-19 pandemic over five hundred teachers joined various Facebook conversations about teaching with concerns and feeling anxious. For example, many of the questions centered around the same concerns such as what happens if schools were closed for months? How will students who receive special services continue to be cared for and administered their individual educational plan?

According to Guessoum et al. (2020) and Xie et al. (2020), COVID-19 was associated with an increase in mental health diagnoses in students suffering from depression, attention deficit hyperactivity disorder, attention deficit disorder, anxiety, autism spectrum disorder, oppositional defiant disorder, and post-traumatic stress disorder. Students struggling with these types of mental health diagnoses were not provided with the proper medications or given resources to help maintain or decrease their problems which further caused constant academic issues. In addition, the mental health risk factors associated with children's understanding of COVID-19, in general, such as social distancing, learning from online and hybrid classes, illness in the family, reduced family income, and parents being diagnosed with depression and anxiety themselves contributed to the child's mental health

According to the U.S. Department of Education (2021), teachers learned various techniques to use when helping students struggling with mental health such as providing them with a safe environment, promoting good health, and helping them gain access to resources. Teachers felt that working with students who struggled with mental issues had been difficult, and teachers have tried to provide coping skills and preventative measures around their mental health. In addition, teachers felt that by working on these skills and

prevention supports, these should be an area of improvement for these students and improvement for the teachers themselves in their continued approach of taking professional development training for continuous support in supporting students struggling with mental health.

**Purpose of the Program Evaluation**

The purpose of my program evaluation was to assess the impact of the COVID-19 pandemic on elementary students' academic achievement and mental health. I chose this program because of the COVID-19 pandemic and its apparent impact on students. The COVID-19 pandemic caused millions to isolate themselves in their place of residence and caused teachers and students to switch from face-to-face learning to staying at home learning remotely from an electronic device (Ceglie et al., 2022; Savitz-Romer et al., 2021). I became aware of the impact of COVID-19 because of my own experiences during the pandemic and seeing both the social and mental toll the virus had on both teaching staff and young students.

This program evaluation relates to student learning because of how the COVID-19 pandemic impacted student learning. The COVID-19 pandemic shut down impacted many, if not all, students especially those who came from low-income families who dealt with unreliable technology (Bray et al., 2020; O'Leary et al., 2021). In my experience as a teacher during COVID-19, many students could only receive internet access from their assigned schools or by walking to a nearby business, such as Starbucks, to use the business's internet to complete assignments and attend remote courses. Cable companies such as Comcast provided all educators and students, regardless of whether the family had an account or not, with access to the internet on a monthly basis during the entire

pandemic free of charge. In my experience, educators received both free internet and a gift card that could go towards their cable bill or on anything of their choice.

Students' social-emotional learning, which aims to foster social and emotional skills within a school curriculum, took a huge toll on the academic learning of students (Petroff & Bush, 2022). Students missed the face-to-face in class interaction with peers and their teachers. Teachers found that the time students had spent in virtual learning had changed how the students interacted with each other.

According to Patton (2012), "Implementation evaluation focuses on finding out if the program has all its parts, if its parts are functional, and if the program is operating as it's supposed to be operating" (p. 193). I did an implementation evaluation using a mixed methods approach in conducting research for my dissertation. The quantitative measure I used in my study was data from Likert-scale type items on teacher surveys. I collected qualitative data through open-ended survey questions and interviews.

**Rationale**

My rationale for this program selection for evaluation was due to my own experiences as an educator and former elementary teacher and the mental anguish I faced caused by COVID-19. In addition to my own mental anguish, I became concerned over students' mental anguish trying to cope with the stressors associated with COVID-19 and the impact on their academic achievement. The issues associated with this program evaluation were the lack of academic achievement and the mental health of students and teachers. The issues surrounding the impact of COVID-19 must be addressed effectively from all angles in education.

**Goals**

The goal of my evaluation was to identify how teachers and mental health providers had addressed the impact of the COVID-19 pandemic on the mental health and academic achievement of students. I identified effective practices to provide a set of best practices for teachers to implement in order to optimize student achievement outcomes. Providing high-quality levels of service for mental health and academics through effective teaching and learning practices will lead to increased student performance. An additional goal of my evaluation was to influence policy changes for mental health and academic support locally and nationally in each school district.

**Research Questions**

My research questions were:

- How did the COVID-19 pandemic impact student achievement and mental health of students?

- In what ways did the COVID-19 pandemic impact the work of school counselors and teachers?

- What are some ways elementary schools can mitigate mental health issues following the COVID-19 pandemic?

  o What teaching strategies are educators using to mitigate the mental health issues of the students?

  o What additional strategies can school counselors use to mitigate the mental health issues of students?

**Conclusion**

In conclusion, the COVID-19 pandemic interrupted the academic achievement and social-emotional growth of students around the globe. There is a need to identify best practices educators can use to offset the negative effects of the pandemic on students. In the next chapter, I presented literature related to my study.

**Chapter Two: Review of the Literature**

The coronavirus (COVID-19) pandemic presented many challenges to students, educators, and parents. Students dealt with the stress associated with in-person learning vs. online learning. As the impact of COVID-19 was felt, educators and parents worked to help students feel safe and continue their education (Bansak & Starr, 2021). Collaboration and coordination became necessary for all educators to be successful and proactive in helping every student be resilient in overcoming the effects of COVID-19 (Richmond et al., 2020).

I researched various sites such as EBSCO host, Google, and the National Louis University library to find sources for this literature review. I conducted searches identifying sources which contained information on how COVID-19 impacted students' academics, learning and mental health. I also identified sources with information on the effects of COVID-19 on school personnel such as school counselors and teachers. Each article included in my literature review was written between the years 2017-2022.

**Impact of COVID-19 on School Operations**

The COVID-19 pandemic impacted the operation of schools around the world. At the beginning of the pandemic, governmental and local school leaders closed schools, forcing teachers to teach and students to learn in an online environment (Kuhfeld et al., 2020; Li et al., 2021). By the end of March. 2020, all kindergarten through 12th grade schools were closed in every state and the District of Columbia (Tan, 2021). Students were instructed through remote methods.

At the beginning of the 2020-2021 school year, school districts across the nation were reopening. According to Landivar et al. (2022), some districts reopened in person,

some in virtual classes while others reopened in a hybrid approach. When district leaders implemented a hybrid approach, some students attended face-to-face instruction while their peers attended remotely. District leaders developed a schedule to rotate the students between the two instructional methods. Even when students were allowed to return to face-to-face instruction, they were under social distancing rules that impacted their ability to communicate and work with their peers and teachers (Reimers, 2022; Esposito et al., 2021).

Nakachi et al. (2021) stated that "schools provided children with a sense of normalcy and are places where in addition to academic subjects, children learned about public health, preventing diseases, healthy exercise, and eating, and orderly living" (p. 3284). The COVID-19 pandemic caused children to lose all sense of normalcy in most aspects of their lives. Their instruction was delivered virtually, their parents may have been out of work or trying to work while taking care of them, they were concerned about getting the virus and there was major unrest due to racial injustice (Kuhfeld et al., 2020). All of these factors came together to negatively impact their achievement and mental health.

**Effect of COVID-19 on Students' Academic Achievement**

Donnelly and Patrinos (2022) conducted a systemic review of eight studies of learning losses as a result of the interruption of instruction during the pandemic. The authors only selected studies where the researchers had collected data and reported the results, eliminating any studies where the losses were based on hypothesis. The studies were conducted in various countries and in various grade levels. Of the eight studies, only one reported learning gains and the participants in that study were university students.

According to Donnelly and Patrinos, "This is consistent with the literature showing that students in the early grades may be more vulnerable than secondary students because of their inability to seek learning on their own, due to the differences in developmental and cognitive abilities" (p. 604).

Schult et al. (2022) conducted a study with 5th grade students in Germany as their participants. The authors wanted to see how the pandemic affected the students' achievement in reading and math. They found the reading achievement of students was slightly lower than previous years after two months of schools being closed.

Tomasik et al. (2021) conducted a study on primary and secondary students in Switzerland. They found that the learning gains of secondary students were not impacted by the pandemic. However, they found that the learning gains of students in primary school slowed down.

Kuhfeld et al. (2022) conducted a study to determine the effects of COVID-19 school interruptions on the reading ability of third through eighth grade students in the United States. The authors used "reading test scores from fall 2021 (as well as fall data from the two prior years) from 5.2 million U.S. public school students to examine how reading achievement at the beginning of the school year has changed across the course of the COVID-19 pandemic thus far" (p. 246). The specific test was the Northwest Evaluation Association (NWEA) Measure of Academic Progress (MAP) scores. Their analysis showed that reading achievement had been stable for three years prior to the pandemic, however, that changed in the years during and after the pandemic. From Fall 2020 to Fall 2021 there was a change of -0.09 to -0.17 standard deviations (SDs), a significant decline.

COVID-19 did not result in the same amount of decline in academic growth for all students. There was a greater impact on students on students from disadvantaged homes or low-income homes (Bryant et al., 2020; Reimers, 2022). There was also a greater impact on students in primary grades and students who were struggling academically before the disruption in the school schedule.

Kuhfeld et al. (2022) found the greatest decline in reading achievement was for students in grades 3 – 5. The authors hypothesized it was because those students were in grades 1 – 3 at the beginning of the pandemic. When schools were closed, there was a learning curve for both teachers and students with virtual and distance education. Kuhfeld et al. hypothesized this resulted in students missing instruction on targeted reading skills which build decoding and comprehension. Additionally, when they disaggregated data by grade and school poverty level, the achievement decline was greatest for students who were in 3rd grade and in a high poverty school (p. 255).

Researchers also found that students from disadvantaged homes were more likely to have their academic achievement and learning gains impacted more than students from non-disadvantaged homes in mathematics. Weidmann et al. (2021) conducted a longitudinal study to determine how the achievement gap between primary students from disadvantaged homes and non-disadvantaged homes in England was influenced by the pandemic. The authors used assessment data from March 2020 through Summer 2021. Over the course of their study, they had access to data from 5,000 to 19,000 students. The authors found that the achievement gap for mathematics increased between 4% to 17% between the groups when comparing data from before and after the COVID-19 interruptions of the school schedule.

Schult et al.'s (2022) study of 5<sup>th</sup> grade students also revealed a greater impact for students who were struggling with academic success before the pandemic. They found a decline in reading achievement for all students, but they also disaggregated the data to determine which students were impacted the most. They determined that the students most impacted were students who had been low achieving before the pandemic.

**Effect of COVID-19 on Students' Mental Health**

The negative impact of the COVID-19 pandemic was not limited to the students' academic achievement and growth. There were negative impacts on the mental health of the students as well (Lancaster & Brasfield, 2023; Liu, 2020). According to Leeb et al. (2020), visits to the emergency room (ER) for mental health-related visits increased by 24% for children ages 5-11 when they compared data from April to October 2019 to April to October 2020. For the purpose of this literature review, I use the following definition of mental health:

> Mental health is a broad label that encompasses a range of mental, emotional, social, and behavioral functioning. Mental health, like physical health, occurs along a continuum from good to poor and varies over time, in different conditions, and at different ages. Good mental health in children includes indicators such as the timely achievement of developmental milestones, healthy social and emotional development, and effective regulatory and coping skills; mentally healthy children function well in various settings including the home, school, and community. Poor mental health and patterns of symptoms that are severe, are persistent, and cause impairment or dysfunction can develop into mental disorders. (p. 1)

This definition of mental health is very applicable to students who are functioning at the normal developmental age of children in elementary school.

Danielson et al. (2021) completed a study prior to the pandemic examining the percentage of children exhibiting mental health disorders. The researchers conducted a two-stage study in four states in the United States to "estimate the prevalence of selected mental disorders among K-12 students" (p. 500). They collected data from teachers and parents. They determined that between 15 and 33% of the students represented in the study demonstrated behaviors consistent with a disorder. They found anxiety disorders, oppositional defiance disorder (ODD) and attention deficit hyperactivity disorder (ADHD) were most prevalent. Based upon the increase found in Leeb et al.'s study on the effects of the pandemic, one could assume an increase of 24% over the 15-33% Danielson et al. found of children in his study.

Also prior to the pandemic, Agnafors et al. (2020) conducted a study to "investigate the development of the association between mental health and academic performance during different developmental periods in childhood and adolescence" (p. 866). This was a longitudinal study conducted in Sweden. Participants were children the authors followed from birth through age 20. The authors determined that there is a correlation between mental health and academic performance. They advocated for providing treatment and adjusting educational practices to give the students the best chance possible of successfully completing their school journey.

Nakachi et al. (2021) conducted a study of children in Japan following the COVID-19 closures of schools to determine if psychological and behavioral changes occurred. The study included roughly 500 students, of which approximately 269 were

elementary school aged. The parents of the children who participated in a control group study completed an online survey regarding stress, causes of stress, reactions to stress, and any behavioral changes parents may have seen in their children. The online survey was conducted between April 30, 2020, to May 8, 2020. The questions in the study were yes, no questions such as:

> Has your child been stressed by COVID-19? Has your child been frustrated by a change in schedule because of COVID-19? Does your child understand and follow COVID-19 restrictions such as prohibition of non-essential meetings or playing outside? Does your child have an adequate understanding of COVID-19, such as the person-to-person transmission, unavailability of the vaccine and isolation of infected people? Has your child spent more time at home since schools were closed? (p. 3)

The authors found that "80% of children across all grade levels were stressed about COVID-19" (p. 4). Specific to elementary school children, they noted,

> Children in the lower grade elementary school group had more psychological reactions such as crying easily, complaining, difficulty in keeping calm, and dependency on parents and family than those in other groups. (p. 4)

The authors recommended that mental health care should be provided for all children and especially for children in the early grades.

Watts and Pattnaik (2022) conducted a study of four United States preschool teachers, four international preschool teachers, three United States kindergarten teachers and four United States parents of 4- and 5-year-olds. The authors' analysis of the data indicated that all participants saw social emotional challenges for the children post-

pandemic. "Participants shared that the lack of opportunities for children to practice these (social emotional) skills during the pandemic resulted in children's sense of loneliness, anxiety, and lack of development of important skills such as conflict resolution, problem-solving, and creative thinking" (p. 1547). The authors recommended that the curriculum used in early childhood programs should have "a strong socio-emotional and practical life skills focus" (p. 1549). While they acknowledged the loss of academic achievement and progress caused by the pandemic, they were adamant that it is just as important for educators to focus on the student's social emotional growth.

Martin-Requejo and Santiago-Ramajo (2021) conducted a study to determine the effect of the COVID-19 pandemic on the emotional intelligence (EI) of children in Spain. According to Martin-Requejo and Santiago-Ramajo, emotional intelligence contributes to the mental health and academic achievement of children. The participants in this study were 18 girls in fourth grade. All the girls were from 9 -10 years of age. Their analysis of the data they collected indicated that the COVID-19 pandemic reduced the EI of the participants and also reduced their outcomes on intrapersonal, interpersonal and adaptability scales.

Deng et al. (2022) conducted a meta-analysis of 191 studies on children and adolescents' mental health during the COVID-19 pandemic. They found "…prevalence of depressive symptoms, anxiety symptoms and sleep disturbances" (p. 64). The authors advised educators to monitor children and adolescents' mental health and to provide support through mental health interventions.

**Effect of COVID-19 on Teachers**

The impact of COVID-19 on teachers began in the earliest stages of the pandemic (Kim & Asbury, 2020). There were impacts on their mental and physical well-being, their self-efficacy and their willingness to remain in the profession. The impacts continued after students returned to face-to-face instruction.

Understanding the impact on teachers' mental health and well-being (MWHB) is important because of its major influence on the teaching profession (Kim et al., 2022). Teachers who have poor MHBW are more likely to leave teaching for another career. Losing teachers from the teaching profession will result in additional costs to districts in training new teachers. Students who have early career teachers also usually do not have academic achievement and growth when compared to students with experienced teachers (Madigan & Kim, 2021).

Allen et al. (2020) investigated the effect of the pandemic in England on teacher wellbeing before and during the lockdown period. They emphasized the importance of their study by stating: "Teachers' mental health is important in its own right. A healthy profession is also more sustainable and better placed to help pupils catch up on learning lost during lockdown" (p. 1). The study was conducted throughout the 2019-2020 school year. The participants in this study were approximately 8,000 teachers (elementary and secondary) and administrators.

Allen et al. used the Teacher Tapp survey application to have participants respond to survey questions every Tuesday afternoon. They found that teachers reported their mental health had been negatively impacted. They also found that female teachers had

more stress than male teachers. However, teachers who were also parents had more work-related anxiety than teachers who were not parents whether they were male or female.

Similarly to Allen et al., but at an earlier point in the pandemic, Kim and Asbury (2020) conducted a study with twenty-four teachers during the first six weeks of the COVID-19 lockdown in the United Kingdom (UK). Kim and Asbury took a different approach and interviewed the teachers. They asked each teacher to give an example of a low point, a high point, and a turning point for them during the first five to six weeks of the lockdown. The researchers then analyzed to identify the themes found in the responses. The authors found six themes. The themes were: uncertainty, finding a way, worry for the vulnerable, importance of relationships, teacher identity, and reflections (p. 1076).

Kim and Asbury attributed the theme of uncertainty to finding out at the same time as the general population that schools were being closed as well as the limited knowledge base surrounding the coronavirus disease. In the theme of finding a way, teachers found a way forward by determining how to provide instruction remotely to their students while addressing the students' mental health and their own wellbeing.

The third theme, worry for the vulnerable, arose because teachers were worried about students who were in homes where the adults may not be able to provide adequate care for them. After teachers became more comfortable with virtual instruction "concern for vulnerable pupils became their main priority" (p. 1072). Teachers worried about students not having enough to eat without the free school meals every day, not having access to the technology they needed to attend classes, and not having someone at home who could assist them with school assignments.

In the importance of relationships theme, Kim and Asbury highlighted the "fundamentally social nature of teaching" (p. 1074). Teachers missed their students, their professional relationships, and the personal relationships they had built with coworkers. Teachers shared stories about relationships being interrupted as low points for them while positive interactions with students, parents, and peers as high points.

Kim and Asbury reported teacher identify as the fifth theme. Teachers expressed how the characteristics that defined them as teachers were disrupted. The authors stated the core characteristics disrupted as "a need for routine and planning, caring about pupils and wanting to be in a classroom, interacting with others, and doing their job" (p. 1075). However, the authors stated it was exactly those characteristics that helped teachers make teaching remotely work for themselves and their students.

The last theme Kim and Asbury identified was reflections. They found that "after the initial shock many participants began to reflect on their new circumstances and to find some silver linings" (p. 1075). The silver linings included feeling less pressure to meet national education standards and extra time for planning. The participants also noted that the new skills they were learning would be beneficial when face-to-face instruction returned. However, some participants' reflections included things not considered as positive such as having a work-life balance upset and school holidays they were not able to take.

The teachers in Kim and Asbury's (2020) study were just beginning to feel the effects of COVID-19 on their professional lives. A study by Kim et al. (2022) involved teachers' experiences over the course of several months of the pandemic. The authors collected data on teacher Mental Health and Wellbeing (MHWB) at three different

points: April, July, and November 2020. The authors acknowledged that "given the shifting landscape of the pandemic, teachers' experiences have changed over time" (p. 301) since Kim and Asbury's study.

Kim et al. used the Job Demands–Resources Model (JD-R) to evaluate teachers' MHWB. According to the Job Demands–Resources Model

> MHWB is affected by dual parallel processes: job demands (aspects of the job that can be physically or psychologically costly; e.g., workload, role conflict, performance evaluation) and job resources (aspects of the job that can buffer the effects of job demands and promote achievement and growth; e.g., social support and work autonomy). (p. 301)

The researchers conducted 71 interviews with 24 teachers in England. The teachers were interviewed four times by the same researchers.

Kim et al. found the following themes under job demands uncertainty, workload, negative perception of the profession, concerns for others' well-being, health struggles and multiple roles. Uncertainty had a negative impact on MHWB. Teachers indicated there was uncertainty in knowing how to teach and uncertainty related to governmental responses to the COVID-19 pandemic. This was a consistent concern for all participants from the start of the study until the end of the study.

Teacher workload had a negative impact on MHWB. The workload for teachers increased over time. According to Kim et al., teachers at all levels indicated that "the workload is increasing exponentially at the moment" (p. 308). Teachers also indicated the workload was relentless. One participant stated, "Exhausted. I'm emotionally exhausted. I'm physically exhausted . . . And I think to a certain extent, now I'm psychologically

exhausted as well" (p. 309). Both the increase and relentlessness of the workload were components that made workload have a negative impact on MHWB.

Teachers in Kim et al.'s study indicated the public had a negative perception of teachers and the job they were performing:

The feeling of being undervalued was mentioned across all time points. Participant 4, for instance, stated, "There's a lot of academics and a lot of other people saying schools need to stay open for the health and wellbeing of children. There's no conversation about staffing that, there's nothing about teachers." Participant 9 worried about how others may be perceiving the profession while schools were closed for most pupils: "You've got the issue that people think you're at home on full pay doing nothing, which is not great for your mental health.' For some participants, this issue led to questions about whether they wanted to continue in the teaching profession: 'There were times when I felt, and feel, that I've had enough. I don't want to do this anymore, because you can't see any light at the end of the tunnel" (p. 309).

The feeling that they were not valued and that they were not doing their jobs had a negative impact on teacher MHWB.

Another theme Kim et al. identified under job demands was concern for others' well-being. The concern for other's well being was the concern for coworkers. Teachers were worried about their overworked coworkers' MHWB, but they indicated they were so overwhelmed with their own duties, they did not feel like they had time to help anyone else. One teacher expressed her concern for the well-being of her peers who had school age children at home as well.

Teachers identified health struggles as having a negative impact on the MHWB. Teachers specifically mentioned their struggles with their mental health and physical well-being. In this theme under job demand, some teachers identified coping skills they employed. One teacher stated: "I think as well because in the past I've struggled with mental health issues . . . I work very hard on my mental health, and I know my triggers, and I know what I need to do" (p. 310).

The final theme under job demands was multiple roles. Teachers indicated there were increasing demands on their jobs and confusion in their duties and roles. One participant stated: "I feel like we're putting a bit of a burden on [parents] and their household, and the wellbeing in their household, which in turn we're feeling as teachers. But then we've got (the administrator) they're saying to us, you need to do this, this, and this. So we're feeling it from the parents, and we're feeling it from the administrator" (p. 311). The increased demands and lack of clarity in their role came together to have a negative influence on teacher MHWB.

Kim et al. also identified themes under job resources that helped improve teacher MHWB. The themes were social support, work autonomy and coping strategies. All teachers mentioned social support and work autonomy. Coping strategies were only a theme among all participants except for primary classroom teachers.

Social support was a negative theme during the first round of interviews when the country was under lockdown. However, social support became a positive theme for job resources once teachers begin returning to face-to-face instruction. Kim et al. stated, "Opportunities for increased social contact with others, including friends and family as well as being back in school with colleagues and pupils, were a protective factor in

teachers' MHWB" (p. 311). All teachers indicated social support from others as a positive influence on their MHWB.

Kim et al. found work autonomy to be a theme for job resources. "The sense of increased flexibility and being in control of their work and situation was found to be a protective factor" (p. 312). This theme was found in responses from all participants.

The final theme Kim et al. identified under job resources was coping strategies. Many participants discussed using exercise as a coping strategy. One person discussed using a meditation app.

In Kim et al.'s study identified more themes under job demands than job resources. Kim et al. noted the themes built as the months went on between the interviews of the participants. The overwhelming amount of job demands led to a trend of worsening MHWB of participants.

Pressley (2021) investigated teacher self-efficacy when they returned to face-to-face instruction in October of the 2020-2021 school year. Pressley's study included 329 elementary teachers from various states throughout the United States. He had four research questions:

(1) What are elementary teachers' instructional and engagement efficacy scores measured by the Teacher Sense of Self-Efficacy Scale (TSES) while teaching during COVID 19 pandemic?

(2) Are there any differences in instructional and engagement efficacy scores measured by the TSES based on instruction type (100% virtual, hybrid, or in-person)?

(3) Are there any differences in instructional and engagement efficacy scores measured by the TSES based on teachers who were previously named teacher of the year?

(4) Are there any differences in instructional and engagement efficacy scores measured by the TSES based on school location (suburban, urban, or rural)? p. 1612

Pressley's analysis of the data revealed that the teacher's instructional efficacy score was 5.53 and the engagement efficacy score was 5.17. He put these numbers into context by comparing them to scores from studies conducted prior to the pandemic. He found that the scores were lower in comparison to the scores from previous studies. He also noted that while in the past, efficacy scores were better for teachers with more teaching experience, but that was not the case in his study. The scores were similar between teachers with fewer years of experience and teachers with many years of experience.

He compared the efficacy scores of teachers teaching in virtual settings, hybrid settings and face-to face-settings. Teachers teaching in face-to-face settings had the highest efficacy scores, followed by teachers in hybrid settings. Teachers providing instruction in virtual settings had the lowest efficacy scores.

Pressley wanted to determine if teachers who had previously been named teacher of the year for their schools had higher efficacy scores than teachers who had not received the award. His analysis revealed a slight difference. Data indicated previous teachers of the year had a mean score of 5.07 while the non-teachers of the year had a mean score of 5.19. He pointed out that it was not a significant difference.

Pressley analyzed the results of the test based upon the location of the school. He compared teacher groups of rural, suburban, and urban settings. He found no significant differences in the results between the three groups.

As a result of his study, Pressley made several recommendations for district leaders to address teacher self-efficacy especially when keeping the effect of the COVID-19 pandemic in mind. He suggested that administrators should observe classrooms and give feedback so teachers can build their efficacy as well as be reinforced they are using the correct strategies. He suggested district leaders should immediately provide professional development for teachers who are struggling. He warned district leaders to not assume that just because the teacher has many years of experience, they feel confident in their teaching abilities. Lastly, he stated that leaders need to monitor teachers' physiological states and support them in ways that may reduce their stress such as designating a non-instructional workday as a mental health day. Pressley indicated that the extra support leaders provide to teachers could have a positive effect on their self-efficacy.

COVID-19 also impacted teacher retention. Zamarro et al. (2021) reported on the change in the number of teachers considering resigning who were not near retirement age. The authors found that one-quarter of teachers nationally indicated a desire to leave their jobs at the end of the 2020-2021 school year compared to an average national pre-pandemic turnover rate of 16% (para. 2). COVID brought challenges for teachers during the 2021-2022 school year, with added stress from the changing economy and few employment options. In March 2020, roughly 70% of teachers said they had plans of working until they reached retirement, while 9% of teachers mentioned they did not

expect to work until reaching retirement, and 16% were unsure (Zamarro et al., 2021).

Many teachers felt dissatisfied with their role as a teacher which resulted in teacher

ineffectiveness and poor student performance. These percentages were due to the increase

of teachers leaving the profession in the current state they are teaching in if they have

taught within 5 years or more (Zamarro et al., 2021).

**Effect of COVID-19 on School Counselors**

According to Savitz-Romer et al. (2021),

School counselors' roles are generally defined as a certified or licensed educator

who works across all grade levels and implements a comprehensive school

counseling program to support students' development in three domains: academic,

social emotional, and postsecondary. (p. 3)

Savitz-Romer et al. provided a generally accepted description of the role of guidance

counselors, but they also argued that the description and the actual job duties may or may

not support each other. The authors stated "that (guidance counselors) roles are context

bound, meaning an individual's understanding of the expectations for their role is

influenced by organizational features in their environment" (p. 3). This means that the

guidance counselor role in a particular school may be different from the role of a

guidance counselor in a different school because the stakeholders may have varying

opinions as to what the guidance counselor will do.

Savitz-Romer et al. conducted their study to investigate the experiences of school

counselors during the pandemic. There were 1,060 school counselors in the United States

and Puerto Rico in participated in the mixed methods research design study through

surveys and focus groups. Of the 1,060 counselors, 66% were White and 84% were

female. They evenly represented three types of school settings with 30% working in urban schools, 33% working in rural schools and 37% working in suburban schools.

The authors collected specific data through the surveys and interviews to answer the following research questions:

Research Question 1: In what ways did school and district leaders enable or constrain school counselors' efforts during the COVID-19 crisis?

Research Question 1a: To what degree did counselors feel supported by school and district leaders in their work and how did their support levels differ based on the grade levels they served and the urbanicity of their school?

Research Question 2: How did school counselors adapt their role to challenges presented during the pandemic?

Research Question 2a: In what ways did school counselors' responsibilities shift during the COVID-19 pandemic, and how did these shifts differ based on the grade levels they served and the urbanicity of their school? (p. 3)

The authors found that school counselors found it hard to do their jobs during the pandemic. Savitz-Romer et al. identified that counselors did not feel supported by school leaders. Counselors indicated that the focus from school leaders was on classroom teachers. "Many of the counselors described their experience as being 'forgotten' during the shift to remote and hybrid schooling. Counselors also reported limited access to professional learning that was sorely needed" (p. 7). With the limited guidance from school leaders, counselors felt like they were on their own to determine how to conduct their professional job duties. Additionally, some school counselors reported that school district policies enacted due to the pandemic took their ability to do their job away.

Counselors in Savitz-Romer et al.'s study had a difficult time finding time and space to meet with students in both the face-to-face and virtual environment. Counselors reported not being allowed to meet with students during instructional time because students were not achieving academically. One counselor in their study stated:

I was answering emails, phone calls, and texts all hours. It was very difficult to set boundaries. Hours were not carved out for non-instructional time for students outside of their regular schedule. This caused most school counselors to work during the school day on data entry, scheduling, and non-interactive tasks while the students were working on their online classes. The bulk of my interaction with students occurred after school hours. (p. 9)

In response to the changes, school counselors adapted to the new roles they were filling. "Specifically, they adapted to newfound challenges by shifting their time between and among various responsibilities and embraced their autonomy to enact their roles and deliver support to students as best as they could" (p. 9). There were challenges because they were not able to do one on one counseling. During the virtual instruction, they were tasked with following up on students who were not attending classes. When students returned to face-to-face instruction, they had to help do temperature checks, distributed laptops, and substitute for absent teachers. They embraced the autonomy they had in determining how they did their counseling duties when time allowed.

The American School Counselor Association (ASCA) complete a survey of 75,000 counselors who were members and nonmembers of the association in October 2020, publishing their results in 2021. The findings of the ASCA were similar to those of

Savitz-Romer et al.'s findings. The majority of the participants in the ASCA study identified as White (77%). The next largest racial group in the study was Black (10%) followed by Latinx (3%). The population for this study was, like Savita-Romer et al.'s, majority female (87%). The school settings of the counselors in the ASCA study was majority suburban (41.5%), followed by rural (31%), then urban (24%).

The ASCA survey asked participants to identify their most significant challenges. Counselors in the study indicated "that having access to students in a virtual environment (68% rate extremely challenging/challenging) is their biggest day-to-day challenge at work, followed by providing counseling and lessons to students in a virtual environment (62%)" (p. 7). There was no significant difference in the findings across school locations even though at the time the survey data was collected some schools were still in virtual environments, some were using a hybrid approach, and some had students in face-to-face instruction. The study noted that counselors operating in a virtual environment were more likely to indicate access to students and providing counseling and lessons extremely challenging.

Similar to counselors' in Savitz-Romer et al.'s study, counselors in the ASCA study indicated their job duties were changed as a result of pandemic:

> For example, 73% follow up with students who have not participated in virtual classes; 53% follow up with students who have not returned since schools reopened; 48% participate in attendance/ check-ins; 45% have increased responsibility regarding SEL implementation; and 34% have new/additional duties before/after school, bus/hall/lunch duty, etc. These additional duties vary somewhat based on how respondents' schools began the 2020–2021 school year.

For example, 47% of school counselors who started the year in person are

involved in additional duties before/after school, bus/hall/lunch duty, etc. And,

compared with in-person school counselors, all virtual school counselors are more

likely to have increased responsibility regarding SEL implementation (48% vs.

38%). (p. 9)

The additional duties assigned to the school counselors meant their jobs were more

administrative than before the pandemic. Counselors in the ASCA study indicated that

the additional duties resulted in some confusion for stakeholders on their role in the

school.

While the ASCA and Savitz-Romer et al.'s studies included participants at a

national level, Lancaster and Brasfield (2023), investigated the effects of COVID-19 on

counselors in one state. According to the authors,

This study was conducted to understand, from the perspective of school

counselors in Tennessee, the ongoing impact of COVID-19 upon students' mental

health, examine strategies they have deployed to assist students, and discover

barriers encountered in providing care to meet their students' needs. (p. 63)

There were 207 counselors who participated in the study. Similar to ASCA and Savitz-

Romer et al.'s participants, the counselors were majority White and female.

Lancaster and Brasfield's participants identified barriers they encountered

because of COVID-19. They identified "high caseload, non-counseling duties, lack of

administrator support, being on the master schedule for guidance classes, and a lack of

training" (p. 70). These were all similar to the ones identified by the ASCA and Savitz-

Romer et al.'s studies. Lancaster and Brasfield noted, just as the ASCA, that the school location did not impact the findings.

**Educators Support of Student Mental Health**

It is important that educators address the mental health of students because researchers have determined that the mental health of a child in early elementary grades will predict how well they do academically in later grades and in life (Nygaard et al., 2023; Pace et al., 2019). Nygaard et al. advocates a systems level approach, providing mental health support for all students. School based mental health (SBMH) services and school based mental health programs (SBMHP) require teachers, counselors, and administrators to work together to meet the mental health needs of students (Doll et al., 2017). According to Richter et al. (2022),

> While school-based mental health services (SBMHS) may vary widely in focus, format, provider, and approach, they are all united in the fact that schools collaborate with health services to provide support for children and youths who are at risk of or have experienced mental ill-health. An SBMHS encompasses any program, intervention, or strategy applied in a school setting that was specifically designed to influence students' emotional, behavioral, and/or social functioning. (p. 2)

There are many different types of services, but the goal is the same for all. While some schools may have dedicated SBMH services and SBMHPs, most schools in the United States support student mental health through social emotional learning (SEL) programs (Durlak et al., 2022). SEL programs are not the same as SBMHPs. However, according to the Collaborative for Academic, Social, and Emotional Learning (CASEL, n.d.), while

SEL cannot replace professional mental health intervention for students, it does provide factors that can be proactive toward addressing mental health risks.

There are many different SEL programs used in schools throughout the United States. Durlak et al. (2022) stated

> SEL programs refer to a carefully coordinated curriculum organized into developmentally sequenced units and learning experiences that focuses on creating relationally healthy places for children and adults to develop the knowledge, attitudes, and skills directly tied, explicitly and intentionally, to the students social and emotional competence (SECs). SEL programs can be organized in different ways including stand-alone classroom instruction, integration of SEL with academic curricula, and whole-school approaches. (p. 766)

The universal approach in implementing an SEL program works well because the SEL curriculum can be integrated into regular classroom instruction, it does not single out particular students as the ones who need help and are cost effective.

Durlak et al. (2022) conducted a meta-analysis of 12 studies conducted by 11 independent research groups. The studies were from countries throughout the world. Durlak et al. found that when educators implemented SEL programs resulted in positive outcomes for students. "These outcomes include improved personal and social skills, attitudes, positive social behavior, and academic performance and reductions in problematic behavior, emotional distress, and drug use" (p. 775). SEL programs provide a systemic approach for improving and protecting student mental health.

**Conclusion**

In this chapter, I reviewed scholarly articles related to the following topics: the impact of COVID-19 on school operations, the effect of COVID-19 on students' academic achievement and mental health, the effect of COVID-19 on teachers and school counselors, and educators support of student mental health. To address COVID-19, government and school leaders closed schools and moved to virtual learning (Kuhfeld et al., 2020; Li et al., 2021). The pandemic and the closure of schools had a negative impact on students' academic achievement and mental health (Lancaster & Brasfield, 2023; Liu, 2020; Schult et al. 2022; Tomasik et al., 2021). Teacher and school counselors struggled to perform their roles (Kim et al., 2022; Savitz-Romer et al., 2021; Pressley, 2021). To address mental health issues, Richter et al. (2022) advocated a school wide system for educators to address student mental health issues. In the next chapter, I presented the findings of my study.

**Chapter Three: Methodology**

The COVID-19 pandemic introduced uncertainty to national and international society, including schools. For example, there was uncertainty about how school closures impacted student achievement and how rapid the movement of most instruction to an online platform would proceed and affect achievement (Kuhfeld et al., 2020). In addition, without data on how COVID-19 impacted student learning, school officials made decisions on whether to continue remote learning or return to face-to-face learning. Education leaders had to deal with impossible choices related to students' mental health risks associated with being isolated from the classroom experience to being back in the classroom academically struggling while dealing with the real possibility of contracting COVID-19. Some students dealt with being hospitalized or being confined to their homes due to being exposed to the virus. When these same students returned to school, classrooms stayed under social-distancing orders, making things even harder for those students who had difficulty with being in close contact with their peers during learning time.

I conducted research to determine how teachers and mental health counselors worked with students during and following the pandemic to help students overcome mental health effects and academic achievement issues. In this chapter, I described my research methodology and identified my participants. I also provide information on how I gathered and analyzed data as well as review the ethical considerations and limitations of the study.

**Research Design Overview**

Patton (2008) stated that utilization-focused evaluation adds greater emphasis on direct engagement with the primary intended users of the evaluation and increased attention to interpersonal and group facilitation skills (p. 42). In my study, the end users of this evaluation were the teachers and administrators.

I used a mixed methods approach to identify how teachers and mental health providers addressed the impact of COVID-19 on the mental health of students and the academic achievement of students. I collected quantitative and qualitative data. I collected the data through surveys and interviews.

**Participants**

The participants in my study were teachers, and school counselors recruited via Facebook groups. All participants were educators in the United States. There were four elementary teachers and two elementary school counselors who participated.

**Data Gathering Techniques**

I implemented a mixed-methods research design, collecting quantitative and qualitative data. The Likert-scale survey questions (two) generated quantitative data. I obtained qualitative data through open-ended survey responses. Qualitative data also were generated through the semi-structured interview

*Teacher Survey*

I invited elementary kindergarten-4th-grade teachers via Facebook groups to participate in my study. I received permission from each Facebook group's administrators to post my research flyers on the group pages. My survey was presented in an online Google document with three Likert-scale items and six open-ended questions (see

Appendix A). Four teachers participated in the survey. All participants acknowledged their consent for participation in the program evaluation before beginning the survey.

### *Counselor Interviews*

I invited school counselors to participate in a semi-structured interview via Facebook. I asked 10 open-ended questions during the interview (see Appendix B). With the permission of each interviewee, I recorded the session to document the participant's responses to the questions. When the school counselor decided to participate in the research study, they were given the option to withdraw at any time with no negative consequences. If they decided not to participate in the study, they would not be penalized. There were two guidance counselors who participated in the interview.

### Data Analysis Techniques

The teacher survey had two Likert-scale and seven open-ended questions that generated qualitative data (see Appendix A). The surveys allowed me to understand the impact of COVID-19 on students and teachers from the perspective of classroom teachers. I analyzed the responses to each question, looking for similar themes such as ways counselors helped students overcome mental health struggles and strategies used indicated in the school counselor interview and teacher survey responses. While I was waiting to conduct the interviews, I looked at the questions that I created for the school counselors versus the teachers' responses to each question via Google Docs.

When analyzing the survey responses, I looked at the numbers in percentages from each question to determine if there were any similarities in percentages from articles that I researched that could match the reality of teachers' feelings about their own mental health and of their students. As I completed the interviews, I transcribed the phrases and

sentences said by each participant during the interview. I also analyzed the open-ended questions from the teacher survey and the school counselor interview into similar themes.

I gathered data for each Likert-scale question using Google Docs. A pie chart was automatically generated from the Google survey system to show each percentage of the teachers' responses and reactions towards each question. Before placing the teacher Likert-scale items and open-ended questions into a generated online survey, I looked at each question. I wrote down all responses and the answers from the teacher survey were similar to the responses the school counselors gave during the interview.

I went back to my school counselor interview notes and transcribed the answers for each question each counselor answered. I analyzed the data to compare and contrast answers to the open-ended questions in the elementary teachers' survey and those of the school counselors' interview to look for similarities in themes.

**Ethical Considerations**

There were no anticipated risks to participants in this program evaluation beyond that of everyday life. I protected the anonymity and confidentiality of my participants. Teachers and counselors who chose to participate in my study were identified by numbers with letters and not by their name, persona, subject, or any other characteristic that may identify them.

Additionally, I sought permission from the Facebook groups for school counselors for an interview by contacting them individually through their email addresses on file from the Google Forms document. The consent forms provided the entire disclosure of the methods for data collection, how I would utilize the data, and the option to abstain from the study without any form of consequence. After receiving informed

consent from the potential participants through email, I scheduled a convenient meeting time for the participant to complete a Zoom interview.

I maintained the confidentiality of the individual participants throughout the evaluation process, and I excluded all identifying information in the reporting of the research findings. I assured participants that all data would be destroyed three years after the conclusion of my study.

**Limitations**

There were limitations to this study. One limitation was the small sample size of participants. I reached out to several Facebook group administrators to request permission to post my recruitment documents. There were few Facebook group administrators who responded to my request and even fewer who gave permission when they responded. This limited the population size of potential participants.

The small sample size (four teachers and two school counselors) means that the results of my study may not be able to be generalized to the greater population. The school counselors in my study worked in schools serving children in Kindergarten through eighth grade. Some of their responses reflected their work with the older students rather than the primary students. Additionally, I did not collect data from the participants regarding their physical location. Therefore, it is possible that the participants had experienced different conditions based on the COVID-19 protocols used in their state and their individual school districts.

**Conclusion**

In this chapter, I explained my research methodology including my research design, participants, data collection, and data analysis. I also explained my ethical

considerations and limitations of my study. The next chapter will discuss my responses

from both the teacher surveys and school counselor interviews, the data collected, and the

interpretation of the process.

**Chapter Four: Results**

Throughout this study, I focused on the impact of COVID-19 on students' mental health and academic achievement. I used various Facebook education groups throughout the United States to recruit my participants. In this chapter, I presented the data results from my surveys and interviews.

**Findings**

For my findings, I analyzed data from teacher surveys and school counselor interviews. My surveys and interviews were developed to determine the impact of the COVID-19 pandemic on students' mental health and academic achievement. The instruments also gave me an insight into the mental health of the teachers and counselors and how they worked to meet the needs of the students.

*Survey Data*

I created and administered one survey for elementary teachers. The survey for elementary teachers in grades Kindergarten-4th consisted of six open-ended questions and three Likert scale items (Appendix A). Four teachers completed the surveys. I did not collect information from the participants regarding the states in which they taught, so they each may have operated under different COVID-19 protocols.

In item 1 on the survey, teachers responded to the statement: I felt confident in my students' ability to learn last school year (2021-2022). Of the participants responding, 25% agreed that they felt confident in their students' ability to learn and 75% disagreed that they felt confident in their students' ability to learn. No participants strongly agreed or strongly disagreed with the statement. See Figure 1.

**Figure 1**

*Teachers' Survey Question 1 Responses: I Felt Confident in My Students' Ability to Learn Last School Year (2021-2022)*
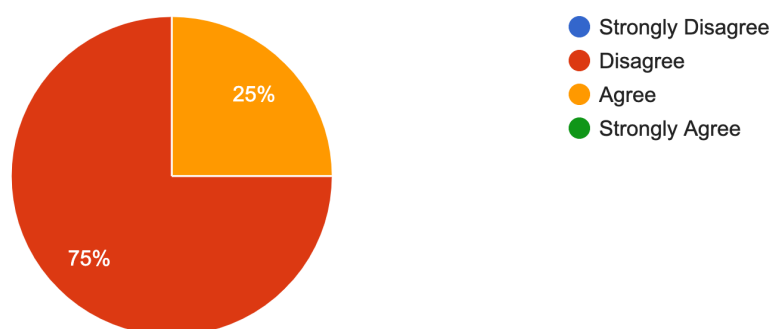


*Note.* N = 4

In Item 2, I asked teachers to respond to the statement: I was comfortable teaching students during the pandemic. Among the responses, 25% of teachers said they agreed with feeling comfortable teaching during the pandemic, 50% of teachers disagreed with feeling comfortable teaching during the pandemic, and 25% strongly disagreed with feeling comfortable teaching during the pandemic. No teachers strongly agreed with the statement. (See Figure 2).

**Figure 2**

*Teachers' Survey Question 2 Responses: I was Comfortable Teaching Students during the Pandemic*
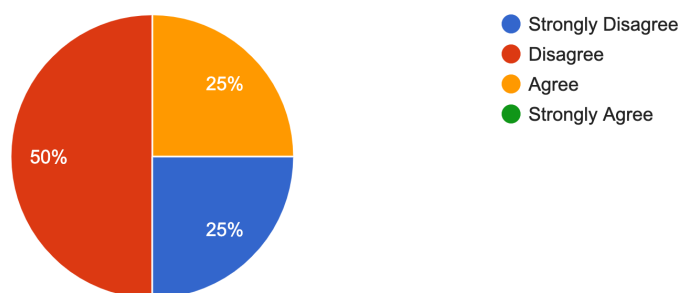


*Note.* N = 4

For the third item in the teacher survey, the teachers responded to the statement: Student mental health issues during the 2021-2022 school year were the same as compared to the years before the pandemic. There were four responses. No participants responded they strongly agreed or agreed with the statement. There were 25% of participants disagreed with the statement that student mental health issues were the same in 2021-22 as compared to the years before the pandemic. There were 75% of participants who strongly disagreed with the statement that student mental health issues were the same during the 2021-22 school year compared to the years before the pandemic. See Figure 3. This finding supported the finding of Watts and Pattnaik (2022), whose participants were teachers and parents of 4- and 5-year-old children. Watts and Pattnaik's participants indicated the children demonstrated social emotion challenges when they returned to school after the COVID-19 pandemic.

**Figure 3**

*Teachers' Survey Question 3 Responses: Student Mental Health Issues During the 2021-2022 School Year were the Same as Compared to the Years before the Pandemic*
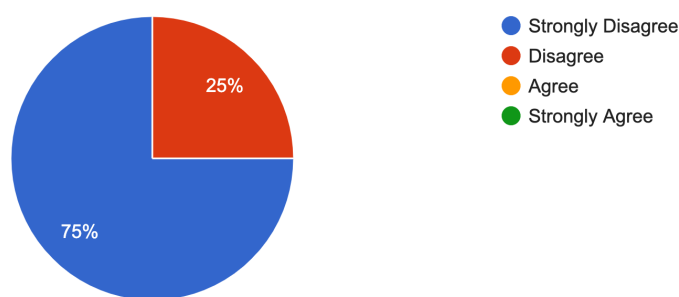


*Note.* N = 4

In question four of the teacher's survey, teachers responded to the question: What teaching strategies have you used to mitigate the mental health issues students may have

experienced or were experiencing? There were four responses. Teacher 1 responded that they used far more direct social-emotional learning instruction (SEL), recognizing of student emotions, figuring out the size of the problem when it came to students experiencing mental health issues, teaching student coping mechanisms, and how to interact with peers. Teacher 2 responded, "I incorporate meditation and brain breaks throughout the day". Teacher 3 used one-on-one coaching and mentorship, and Teacher 4 used strategies such as having more SEL time, less focus on grades, and more focus on socialization.

I asked in the fifth question in the teacher survey: How did you deal with the social-emotional dilemmas and issues that arose in the classroom during the 2021-2022 school year? There were four responses to this question. Teacher 1 responded: "I use a calm corner, have the students write their feelings through journaling, morning meeting relationship building, structured playtime, creating a problem-solving board to support student-to-student conversations." Teacher 2 stated, "I tried to create a community in my classrooms through morning meeting." Teacher 3 collaborated with the counseling office team, and Teacher 4 focused less on grades and more on helping students grow as individuals in a changed world. In addition, Teacher 4 provided more SEL time, having students relax by doing a silent reading of books they enjoy, having fun Fridays, and more recess time.

In the sixth question of the teacher survey, I asked: What teaching strategies helped you when dealing with student mental health difficulties in the 2021-2022 school year? Teacher 1 responded:

 I taught my first-grade students how to use brain works; getting them to

understand that having big feelings is a normal part of life and doesn't make them

feel bad. We all have those feelings; it's how we cope with them that matters.

Teacher 2 said, "Honestly, there wasn't much that worked last year".

Teacher 3 worked on techniques with students such as social engagement and equity-

based learning strategies. Teacher 4 used lots of visuals and less focus on grades and

content. She stated that she instead worked on the student's welfare and their mental

health needs.

In the eighth question of the teacher survey, I asked: Do you feel the pandemic

helped you address student academic issues? Teacher 1 responded to the statement: "I

included play, crafts, singing, and visuals in all learning activities. In addition to making

school a fun place to be for my students." Teacher 2 responded by saying that she used

multiple methods within one lesson. In her lessons, she used manipulatives, whiteboards,

partner work, and drawing on paper. Teacher 3 used culturally responsive teaching with

students. Teacher 4 used small group instruction, adapted curriculum and assignments

and focused less on standardized or mandatory tests. She chose instead to look at growth

with learning the standards and in class assignments.

In the eighth question of the teacher survey, I asked: Do you feel the pandemic

impacted your students' academic achievement in the 2021-22 school year? Teacher 1

responded "Yes, I did feel that my students' academic achievement during the 2021-2022

school year was impacted by the pandemic". Teacher 2 said, "In some ways, yes

however, my students were still able to meet grade-level standards". Teacher 3 felt that

students "struggled with the biggest issues being independence, problem-solving, and

socialization". Teacher 4 said, "Yes, the pandemic highly impacted my student's students' academic achievement during the 2021-2022 school year". All participants indicated the academic achievement of their students was negatively impacted by the pandemic.

The responses of my participants to Question 8 were similar to the findings of several researchers. Donelly and Patrinos (2022), in a review of studies of the impact of the COVID-19 pandemic on student learning, found that seven of the eight studies had outcomes involving a loss of learning gains. Tomasik (2021) found learning gains of students in primary school declined after the pandemic. Kuhfeld et al. (2022) found that reading achievement declined for students in third through eighth grade.

In the ninth question of the teacher survey the statement: Prior to the beginning of the 2021-22 school year, did you have any concerns or questions about your mental health and well-being in relation to the return to teaching during the 2021-2022 school year? Teacher 1 responded to the statement with the following:

> Absolutely, everyone was stressed out, worried about returning to school, anxious about angry parents, and unsure of how students would behave. I almost didn't return to the classroom because of the overwhelming anxiety of it all.

Teacher 2 said, "Yes, I did have concerns or questions about my mental health and well-being in relation to the return to teaching during 2021-2022 school year". Teacher 3 said, "No, I did not have any concerns or questions about my mental health and/or well-being in relation to returning to teaching. Teacher 4 said, "No, I felt normal and prepared for returning to teaching during the 2021-2022 school year and did not feel concerned nor have any questions about my mental health and well-being".

Only two of my participants relayed anxiety related to returning to the classroom. However, Zamarro et al. (2021) indicated the pandemic had a major impact on teacher retention. The authors found that one-quarter of teachers nationally indicated a desire to leave their jobs at the end of the 2020-2021 school year compared to an average national pre-pandemic turnover rate of 16% (para. 2).

**Interview Data**

I conducted interviews with two school counselors to understand the level of support students received to help cope with the mental health issues caused by COVID-19. The interviews consisted of 10 open-ended questions. I conducted one interview via Zoom and one via telephone. In the following findings, I refer to the participants as Participant A, and Participant B throughout the analysis.

The first question I asked was: During the COVID-19 pandemic, what kind of social service agencies, outside of the school system, have you worked with in support of students' mental wellness issues? Participant A worked as a school counselor during the COVID-19 pandemic. She worked mostly with outside counselors such as the county social workers in her school neighborhood. Participant A and the social workers worked on strategies to help the students from Participant A's school. During COVID-19, Participant A also worked with human development centers, which are non-profit organizations that work on the training and rehabilitation of adults with developmental disabilities.

Participant B worked with counselors outside of the school system but only during the time while the school where she worked was open during the pandemic for in-person instruction. Participant B was not seeing or taking new students just working with

current students. Participant B sent out flyers and information about counseling services through class dojo. During the 2019-2020 school year, Participant B, after the COVID-19 shut-down, hosted events through telehealth providers and local food pantries. Participant B worked with the local food pantries and created an online school webpage, providing communication with families and resources to community places of business where they could find help (banks, pantries, clothing, etc.).

The second question I asked was: What methods have you discovered work best in helping students open up to you? Participant A stated it depended upon the age of the students. Participant A used games and had her elementary school students color pictures. In the middle school and high school age groups, Participant A guided group sessions and worked to get to know each student individually. In addition, Participant A provided a 'silence room' where students could choose to go to have quiet time when they needed to escape from the noises around them. In the counseling sessions, she would give each student the time to individually discuss things about themselves and any information they wanted to share without disturbance. Participant B built rapport with her students through one-on-one interactions and taking students outside to create a school garden and play different games.

I asked two related questions in question #3: How do you offer education, behavior, and mental services to students? How has COVID-19 impacted how you offer those services? Participant A said she offered education, behavior, and mental health services to students by partnering with the school support team, providing tutoring services, intervention services, and check-ins on students' grades. Participant A, however, was unsure of how COVID had impacted how she offered those services.

Participant B had a total of 10 classes a week for students in Kindergarten-8th grade. She worked with students on social-emotional language and life skills. She included different lesson topics such as a lesson plan from a CASEL curriculum, study skills, digital citizenship, and mental health prevention. Participant B met with support groups during the 2020-2021 school year. She implemented a school developed social emotional curriculum, What I Need (WIN). The WIN groups met for approximately 20 minutes and worked on SEL through stories. The WIN program had 21 open meetings and focused on one-on-one sessions with 6th-8th grade students. During the 2021-2022 school year, the impact program had 10 classes with 11 lessons a week with one-on-one individual meetings. Participant B stated COVID-19 could have impacted the programs and how services were offered to students, she did not specify if there was an impact beyond the 2020-2021 school year.

The fourth question I asked was: How has the COVID-19 pandemic impacted your typical practice framework for working with students? Participant A said that since COVID the students have been aware of trauma, and she used an approach for each student as if they were traumatic. In addition, she stated there was an increasing number of mental health needs such as depression, and anxiety, students were behind academically, and there were attendance issues.

Participant B used a tool, SEL digital check-in, during the 2020-2021 school year for 6th-8th grade students. Students who completed the digital check-in would receive individual copies of the day's activities. The activities included home activities, school activities, and friendships. Participant B would check the list once the students had completed the required assignments and if the students needed help or wanted to drop in

to discuss something Participant B would help the students with what they needed. The students would also complete work through Google docs. Participant B would provide feedback, meet with the students individually, and do a follow-up. The WIN program would also be used for students during meeting times with her.

The fifth question I asked was: What has been the impact of COVID-19 on how you promote an environment conducive to helping each student succeed? Participant A said she promoted an environment conducive to helping students succeed by posting community resources on the school's website, posting crisis information in the counseling room, providing information on unhealthy relationships, teaching a class on mental health such as coping skills, and working with the school health teacher. Participant B did not have a way to promote an environment conducive to student success.

The sixth question I asked was: How do you maximize students' access to school and community resources? Participant A stated she did not have strategies or information for how students received access to school and community resources. However, Participant B stated access to school and community resources was done through the parents and guardians, and she would suggest other resources to families. She stated during the 2020-2021 school year, there were only three referrals provided to families as during the COVID-19 pandemic, resources became difficult to obtain and were not always readily available.

The seventh question I asked two related questions: What are the primary strategies you use in establishing trust with a new student or class? Has COVID-19 caused you to change any of your strategies? Participant A took her new students on a

tour of the school, had the students complete an interest survey for her to get to know the students, informed the students of any clubs available to join at the school and invited them to join, and paired the new students up with a current student at the school. The new students did daily check-ins with her and during lunchtime, she observed the new students and checked to see if there were any concerns or if the students were continuing to do well throughout the school day. The current students had difficulty adjusting to returning to in-person instruction therefore she met with these students to work on activities to help them adjust. Participant B did not identify any primary strategies for establishing trust with new students nor any ways COVID-19 had impacted how she developed trust with the students.

The eighth question I asked was: Have you seen an increase in behavior and/or increase in mental health issues during the school year 2021? If so, please explain. Participant A saw an increase in behaviors and an increase in mental health issues. Students had difficulty with being consistent in turning in homework assignments on time, transfer students had difficulty adjusting to a new school environment, and attendance was low for students who were attending online school during the pandemic.

Participant B stated that during the 2020-2021 school year the district did not open for in person instruction immediately but remained with online instruction for a portion of the year. During the time of the school remaining closed, there were many behavioral issues. Middle school and high school students struggled with mental health issues to the point that one of the students was hospitalized during the Thanksgiving holiday. When the school reopened for face-to-face instruction, there were many issues. Participant B provided school-based therapy. She stated providing the therapy became a

problem due to not having enough staff to assist her in providing these services due to a staff shortage in the therapy department. She related her experience of when school reopened of a student who had been in the hospital for mental health struggles. Once the student returned to the school, Participant B would not be able to see the student herself and would have to ask someone else on staff to come in to do check-in meetings with the student.

The ninth question I asked was: How did you conduct student mental health and behavior assessments during the pandemic and in-person instruction? Participant A said she did weekly and quarterly minute meetings with the entire school population to track academic progress. During the meetings, the counselor asked students if they had an adult at the school they could go to if they were having problems. If the student(s) did not have an adult, Participant A would assign the student to one. For those students who were receiving online instruction, meeting with an assigned adult became harder. The connections being made between the adult and student were difficult due to the background noise in the student's home compared to the student being in-person and meeting with an adult to have quiet time in the office. Participant B did not have ways in which she conducted student mental health and behavior assessments during the pandemic. She stated this was because there was such a steady increase in students needing assessment that she did not find an effective strategy to use to conduct the assessments.

The tenth question I asked: Is there anything else you would like me to know about providing mental health services during the COVID-19 pandemic? Participant A stated she provided students with Tier 2 intervention through a social-emotional program,

Project POWER (Promoting Options for Wellness and Emotion Regulation). In this program, she reinforced coping skills, provided individual class time, screenings, and served students suffering from depression and anxiety. Participant A stated the 8th grade boys in her school had more behavioral issues than the girls. She stated she used strategies she found to be effective for the boys to help overcome and decrease behaviors.

Participant B did SEL check-ins from August to November of the 2021-2022 school year. The counselor used websites such as teachers pay teachers to find different activities to use with her students. She gave an example of an activity where she had fourth grade students complete Google form documents. She used teacher referrals as one way to identify struggling students. Participant B said that mental health resources became more important than they had been during the previous school year. Participant B felt that keeping the schools open during COVID-19 helped the students tremendously. She felt that schools that only provided online learning resulted in a lack of help for the students. She felt that when schools reopened, there was an increase of behaviors that reduced achievement and an increase in mental health struggles.

**Interpretation**

Patton (2008) stated that "interpretation goes beyond the data to add context, determine meaning, and tease out substantive significance" (p. 478). My first research question was: How did the COVID-19 pandemic impact student achievement? According to a school counselor in my study, the constant closings of schools and students learning from online platforms negatively impacted student achievement rates. One participant in my study felt student achievement was highly impacted by the pandemic. Students struggled with independence, problem-solving skills, and socialization which also

impacted achievement. Student achievement was negatively impacted. This finding was similar to the findings of Kuhfeld et al. (2022), Schult et al. (2022) and Tomasik et al. (2021) of the negative impact of COVID-19 on student achievement.

The findings of my study indicated that teachers varied in their assessment of the impact of COVID-19 on student performance. The difference in the participant responses could be related to several factors. This could have been related to the grade level of the students, the resources available to the teacher and the ability of the student's family to support them as they learned remotely. Byrant et al. (2020) and Reimers (2022) discussed that there was a greater impact on students from disadvantaged homes, students in primary grades and students who were struggling academically before the COVID-19 pandemic disrupted their school schedule.

My second research question was: In what ways did the COVID-19 pandemic impact the work of mental health professionals and teachers? One teacher discussed in the teacher survey of feeling anxious and to the point of not returning to teach and yet the majority of teachers in my study did not feel impacted by the pandemic, nor their mental health being affected. One of the school counselors in my study felt that she was impacted by COVID through taking on various roles such as covering classrooms as a teacher or substitute, giving teachers breaks when needed abandoning her own duties and responsibilities. The other school counselor felt that COVID did not have an impact on her work as a counselor.

The finding that the majority of teachers in my study did not feel impacted by the pandemic was in contrast to the findings of Kim et al. (2022), Allen et al. (2020) and Pressley (2021). Kim et al. (2022) conducted a study of teachers Mental Health and

Wellbeing (MHWB) at three different points over the course of the pandemic. They found a trend of worsening mental health of teachers over time. Participants in the Allen et al.'s study had declining mental health as a result of the pandemic. Pressley (2021) found that the COVID-19 pandemic had a significant impact on teacher self-efficacy.

The participants in my study did not report the same impact of COVID-19 on their work. Teachers worked as a team with the students and their families to help aid in managing their mental health through constant communication through online platforms such as class DOJO, Google, or face-to-face meetings

The next research question: What are some ways elementary schools can mitigate mental health issues of the students? Overall, participants in my study indicated that elementary school teachers can mitigate the mental health issues of students by focusing on social-emotional instruction. The elementary teachers in my study used various ways to mitigate the mental health issues of their students. Teacher 1 used far more direct social-emotional instruction than she had in the past. In addition, Teacher 1 helped her students to recognize their emotions and the size of their problems related to the effects in their mental health, students working on different coping mechanisms, and learning how to work with peers. Teacher 2 incorporated mediation and brain breaks throughout the day. Teacher 3 used one on one coaching with their students and Teacher 4 used more social-emotional learning and less focus on grades and spent more time on socialization skills with students. In my review of the literature, I found that teachers helped students cope with stress and mental health by the promotion of the students' sense of control over their environment whether it was at home or in the school setting (Watts & Pattnaik, 2022).

The third research question: What type of teaching strategies helped you when dealing with mental health difficulties with students in the 2020-2021 school year? Teacher 1, a first grade teacher, taught their students how to use brain breaks and to understand that having big feelings is a normal part of life and does not make them feel bad. In addition, Teacher 1 stated in response to learning about feelings that "we all have those feelings, it's how we cope with them that matters". Teacher 2 felt that there was not much of a curriculum geared towards mental health that was done in the previous school year. Teacher 3 used social engagement and equity-based learning strategies with students.

Teacher 4 used lots of visuals and less focus on grades and content of the curriculum but instead focused on the welfare and needs of each of the students. School counselors were using more SEL sessions as this was the main area they identified as an area where students experienced difficulty. School counselors in my study found different activities to do with students such as taking students outdoors creating a garden, having recess time, doing one-on-one coaching/mentorship, and focusing on grades and focusing on the students individually gearing towards the student's needs.

The fourth research question: What strategies can a school mental health coordinator use to mitigate the mental health issues of students? School counselors I interviewed identified strategies such as specific social emotional learning (SEL) programs to help students cope with mental health struggles. The second part of this question of how school mental health coordinators could support students in overcoming their struggles with mental health. School counselors in my study talked about collaborating with community food pantries, working with outside counseling agencies,

and other school counselors in their schools to provide students with resources. They reported completing daily and weekly check-ins through google doc surveys to make sure that students were on track. If students were not on track academically, the counselors and mental health coordinators pulled those students into the counseling office for follow-up and provided additional support.

There were limitations to this study. One limitation was the small sample size of participants. I reached out to several Facebook group administrators to request permission to post my recruitment documents. There were few Facebook group administrators who responded to my request and even fewer who gave permission when they responded. This limited the population size of potential participants.

The small sample size (four teachers and two school counselors) means that the results of my study may not be able to be generalized to the greater population. The school counselors in my study worked in schools that served children in grades Kindergarten through eighth. Some of their responses reflected their work with the older students rather than the primary students. Additionally, I did not collect data from the participants regarding their physical location. Therefore, it is possible that the participants had experienced different conditions based upon the COVID-19 protocols used in their state and their individual school districts.

My program evaluation covered a vital topic due to what the students and educators in the United States faced in the light of how the pandemic impacted all schools and all students. My data indicated educational leaders need to address the mental health as well as the academic achievement of students in the United States. Additionally, the mental health of educators also needs to be addressed.

**Conclusion**

In conclusion, I analyzed data from surveys and interviews to determine how COVID-19 impacted student mental health and academic achievement. I found various teaching strategies and techniques used by elementary teachers and school counselors to help their students. In the next chapter, I use Wagner et al.'s (2006) 4 Cs of organizational change to describe the current status (As-Is) and the ideal future status (To-Be) for addressing student mental health and academic achievement issues resulting from the COVID-19 pandemic.

**Chapter Five: Change Plan**

The aim of my program evaluation was to identify how teachers and school counselors addressed the impact of COVID-19 on the mental health of students and the academic achievement of students. I identified effective practices needed in order  to provide a set of best practices for teachers to implement in order to optimize student achievement outcomes. I evaluated whether high-quality service for mental health and academics through effective teaching and learning practices leads to higher achievement scores. Addressing these issues could lead to a significant increase in future program participation. My change leadership plan aimed to increase educator participation in order to capitalize on the contribution of support of students' well-being in terms of increasing student learning and success.

I found a similarity between teachers having various teaching strategies and school counselors using different techniques to help young elementary students overcome mental health struggles. As I began looking back at my teacher surveys, I began to realize that some work still needed to be done to help teachers struggling with teaching following the COVID-19 pandemic. They also needed help in taking care of their own mental health in order to remain positive and hopeful. According to teachers who I surveyed, there was not any hope of returning to their classrooms in a normal fashion to start a new school year because of the fear of what could come with returning to in-person instruction. A participant in my teacher survey described her fear of dealing with angry parents, having high levels of anxiety, and dealing with the country's outlook of the future for teaching and learning. The school counselors made many strong connections with students by bringing in outside counselors if in-school counselors were

not available, doing hands-on activities outdoors, and having daily or weekly check-ins through Google Docs and class DOJO to give teachers a glimpse into how each student was feeling and to reach out to them if needed.

According to my data, in the classroom setting teachers were incorporating formal mental health lessons into their curriculum with help from school psychologists or counselors. The American Psychological Association (APA; 2022) included a data statistic from the Centers for Disease Control which stated that "one in five children were diagnosed with a mental disorder but out of this statistical number only roughly 20% of children received proper care from a mental health provider" (para. 1). Many mental health resources became unavailable to students (ASCA, 2021). School support staff, such as school psychologists, in some districts provided training to teachers in curriculum-based learning such as social and emotional skills to help students struggling be able to cope and overcome their stress and anxiety (Schaffer et al., 2021).

**As-Is**

Wagner et al. (2006) offered "an approach to thinking systemically about the challenges and goal of change in schools and districts" (p. 98). They referred to the system of the 4 C's. The first step in the system is to identify the current (as is) state of the contexts, conditions, culture, and competencies as they relate to the problem that educational leaders need to address within the school system.

*Context*

According to Wagner et al. (2006) in Change Leadership, context refers to "skill demands all students must meet to succeed as providers, leaders and citizens, and the particular aspirations, needs, and concerns of families and community that the school or

the district serves" (p. 104). The context of my program evaluation was elementary schools throughout the United States. Teachers and counselors in those schools provided their perceptions of the impact of the COVID-19 pandemic on their students.

Teachers in my study diverged in their assessment of the impact of COVID-19 on student achievement. Some participants stated they saw no impact on student achievement, while others stated they did observe student achievement declining. However, Kuhfeld et al. (2022) stated that achievement in core curriculum subjects declined in the 2020-2021 school year and steeply declined in the 2021-2022 school year. As many educators dealt with how to increase academic performance and test scores, there was still a large percentage of students struggling with mental health (Haelermans et al., 2022). In my study, students were making progress by having their families connect to both outside agencies and school counselors or mental health professionals for support. Furthermore, school leaders were trying to address the real threat of whether they would keep their current support staff (Matthews et al., 2022). School and district leaders were concerned as to whether or not counselors and therapists would return when when government officials lifted the COVID-19 pandemic lockdowns.

### Culture

Wagner et al. (2006) defined "culture as the shared values, beliefs, assumptions, expectations, and behaviors related to student learning, teachers and teaching, instructional leadership, and the quality of relationships within and beyond the school" (p. 102). The educators in my study were teachers and counselors from a variety of school districts around the United States. Many of the values and belief systems associated with servicing students during the pandemic from the teachers and school

counselors were the same even though the participants in my study were not from the same school.

There were growing concerns about the negative effects that the COVID-19 pandemic had on the mental health of children, especially those who are already susceptible to COVID. A number of factors contributed to mental health issues in the elementary age group including emotional, physiological, and behavioral issues (Savitz-Romer, 2021). These factors have associated students' feeling a sense of social isolation due to school closures, parents, and guardians themselves feeling stressed about the virus and their employment status. The pandemic caused rising cases of child abuse, and many students felt the trauma of losing family members.

The rise in cases of child abuse was a concern from the beginning of the pandemic. Bryant et al. (2020) stated,

> More than 78% of child abuse and neglect is perpetrated by the children's parents; the same parents they are now in social isolation with while disconnected from other potential social supports such as teachers, grandparents, and friends. (p. S193)

Kohlbeck et al. (2023) conducted a study to determine the amount of stress and trauma children perceived during the COVID-19 pandemic. They found that approximately 25% of children who participated in their study reported mild to extremely high levels of trauma symptoms. While Bryant et al. expressed concern and Kohlbeck et al. found an increase in trauma symptoms, Arthur et al. (2022) found a decrease in the number of child abuse cases reported. Arthur et al. attributed the decrease to the fact that children

were not in school. This meant the people who report child abuse the most, teachers, did not have in person access to students.

Just as there were concerns about the effect of COVID-19 on students, there was just as much concern about the educators who worked with them. Teachers were anxious about the pandemic and anxious about school closings and reopenings. They were tasked with teaching in an online environment which also had a negative impact on those who were not familiar with the format or did not have adequate technology to support teaching online. For some teachers, even if they were familiar with the format and had adequate technology to support it, their students were not familiar, and many did not have access to the necessary technology. The anxiety and concern the teachers faced led to an increase in the number of teachers who wanted to leave the profession (Merrill, 2020).

Counselors in my study indicated an existing culture where there were many students and families that needed more help than the counselor could provide. The counselors in my study relayed concerns similar to the one described by the counselor in Savitz-Romer et al.'s (2021) study:

> I was answering emails, phone calls, and texts all hours. It was very difficult to set boundaries. Hours were not carved out for non-instructional time for students outside of their regular schedule. This caused most school counselors to work during the school day on data entry, scheduling, and non-interactive tasks while the students were working on their online classes. The bulk of my interaction with students occurred after school hours. (p. 9)

Counselors had to work on most of their work during off hours. During the second school, counselor interview the counselor mentioned that a student due to having a mental health crisis had to be hospitalized and during the interview, another current student was currently hospitalized. Intervention support staff at the hospital were on hand to provide additional support and services to these students and to each student struggling with mental health, anxiety, and depression.

### Conditions

Wagner et al. (2006) defined "conditions as the external architecture surrounding student learning, the tangible arrangements of time, space, and resources" (p. 100). The As-Is conditions for teachers and students during and immediately after the pandemic were a cause of concern for educators.

In my teacher survey teachers felt worried, anxious, and stressed about returning back to school during the 2021-22 school year and teachers were concerned that parents were going to be angry for not having a choice of possibly continuing to keep their children at home when schools resumed for learning in-person. Teachers also feared how students would behave. In this same response, this teacher said that they almost did not want to return to teach due to the overwhelming anxiety of teaching during the pandemic. Another teacher felt both normal and prepared for the impact of working with students during the pandemic.

### Competencies

According to Wagner et al. (2006), competencies are "the repertoire of skills and knowledge that influences student learning" (p. 99). There were several challenges related to teacher competencies as a result of the COVID-19 pandemic. The challenges

were both evidenced by my study participants' input and scholarly sources in my literature review.

One challenge to teacher competencies as the result of decreased learning time due to constant school closings and reopenings as well as the move to online learning. Teachers were not adequately prepared to teach in an online environment. The abrupt change from face-to-face instruction to online learning did not give them time to develop their skill in developing and presenting content in the online environment.

There were issues with educators having competencies related to time management. This was documented by school counselors in my study. They were overwhelmed with the duties they were assigned and meeting the needs of students in virtual and face-to-face settings.

**Envisioning the Success To-Be**

Wagner et al. (2006) stated the 'As Is' refers to the current state of the components of the challenge in a school or district. They described the 'To Be' as the ideal future state of the components. In this section, I describe the ideal future of the components.

*Context*

According to Wagner et al. (2006), context refers to "skill demands all students must meet to succeed as providers, leaders and citizens, and the particular aspirations, needs, and concerns of families and community that the school or the district serves" (p. 104). In my vision of the success To-Be for context, students will have access to expanded mental health services.

The mental health resources provided to students will be available through an online portal set up by school counselors. School counselors' additional duties of providing counseling services to students beyond normal work hours will only be granted on certain days of the week, preferably two days out of the week. In addition, school counselors are welcome to spend some weekend hours servicing students with the help of the mental health or community therapist to keep the flow of services active. School psychologists in all school districts will provide training to teachers in curriculum-based areas, such as social and emotional skills, to help students cope with stress and anxiety. Teachers will provide students with coping skills in the classroom. All teachers will incorporate formal mental health lessons into their curriculum with help from school counselors and mental health experts on a month-to-month basis.

*Culture*

Wagner et al. (2006) defined "culture as the shared values, beliefs, assumptions, expectations, and behaviors related to student learning, teachers and teaching, instructional leadership, and the quality of relationships within and beyond the school" (p. 102). Every school district leader will create a culture where the mental health of the educators and students is a top priority. Mental health professionals will be valued, and funds will be prioritized to expand the number of mental health professionals working in the district. There will be a policy in place, with the help of community leaders and stakeholders, to make daily or weekly check-ins with counselors and mental health professionals mandatory to remain consistent with students' well-being.

*Conditions*

Wagner et al. (2006) defined "conditions as the external architecture surrounding student learning, the tangible arrangements of time, space, and resources" (p. 100). In the ideal 'To Be' for conditions, there will be time scheduled before and after school to provide support for students who need mental health help. In addition, counselors will have an allocated time slot during each students' scheduled class time to provide services. Resources to increase the mental health of students and teachers will be provided to schools utilizing outside community resources and through the district's budgeting department using district funds and available grant monies.

*Competencies*

According to Wagner et al. (2006), competencies are "the repertoire of skills and knowledge that influences student learning" (p. 99). During the time of my study, schools throughout the nation had returned to their regular schedules. However, students and educators were still dealing with the effects of the pandemic. The pandemic and the return of students to brick-and-mortar schools not only highlighted competencies the teachers did not have but competencies that need to be developed.

In the future, teachers will have competencies that will allow them to integrate the skills they learned for teaching online into face-to-face settings. Leaders will determine the best strategies from both and provide professional development on how to merge the two. This will give teachers ways to meet the academic needs of students in a variety of ways.

Teachers and counselors will understand the impact of trauma (such as the COVID-19 pandemic) on student achievement and mental health. District leaders will

provide professional development to teachers and counselors on the impact of trauma. As part of the professional development sessions, teachers and counselors will learn the concept of trauma-informed teaching and how to implement the strategies.

**Conclusion**

I discovered several issues impacting student learning and mental health issues among elementary students. My change leadership plan aimed to increase support from school counselors and mental health professionals by addressing issues of values and beliefs, program alignment, and policies. In the next chapter of my dissertation, I discuss the strategies and actions that can be used to bridge the 'As-Is' components to the 'To-Be' components.

## Chapter Six: Strategies and Actions, Implications, Policy Recommendations

As I developed my 4Cs To Be chart (Wagner et al., 2012) I realized that I must plan a series of pragmatic steps to lead educators toward achieving the goals of helping students overcome mental health struggles and increase their academic achievement. An analysis of the challenges facing mental health has become a strong beginning point caused by COVID-19. In this chapter, I identify research-based strategies and actions to help educators realize that vision. I also present a policy related to mental health care for students and the implications of the policy.

**Strategies and Actions**

In this section, I discuss Kotter's (2014) 8-step process to guide my strategies and actions to change the 'As-Is' to the 'To-Be' (Wagner et al., 2006). Kotter's 8-step process includes:

1. CREATE a sense of urgency

2. BUILD a guiding coalition

3. FORM a strategic vision and initiatives

4. ENLIST a volunteer army

5. ENABLE action by removing barriers

6. GENERATE short term wins

7. SUSTAIN acceleration

8. INSTITUTE change (p. 9)

In my explanation, I will describe how each of the steps can be applied to addressing the mental health of students in a school system.

### *Step one: Create a Sense of Urgency*

According to Kotter (2014), I must first create a sense of urgency. Kotter stated that in this step, "Building urgency is all about concentrating on a window of opportunity that is open today but may be closed tomorrow" (p. 10). I will create a sense of urgency by meeting with state officials, community mental health professionals and school-based and district-based educators such as administrators, school counselors, and teachers. I will explain the challenges school counselors and teachers faced when working with students who struggled with learning due to COVID-19 when their mental health was affected. I will present information on the impact of COVID-19 on student achievement.

I will present the data from my school counselor interviews, the teacher survey responses and research uncovered in my review of the literature associated with my topic. I will relay that in my study, teachers referred to the pressures of feeling stressed due to possible angry parents or students struggling with building independence, problem-solving, and socialization skills upon returning to face-to-face instruction. I will present the findings of Pressley (2021), who conducted his study after teachers returned to face-to-face instruction. I will highlight that Pressley found the self-efficacy of all teachers declined as a result of teaching during the pandemic. I will relay the results of Zamarro et al.'s (2020) study that found the percentage of teachers planning to leave the profession before reaching retirement age increased due to the stress they felt.

I will highlight that in my interviews, school counselors reported facing obstacles in fulfilling their responsibilities, changes in how they spent their time servicing students and needing to adapt to the various changes in duties. I will use the words of one of the counselors from the Savitz-Romer et al. (2021) study:

> I was answering emails, phone calls, and texts all hours of the night it was going past difficult to set boundaries. Hours were not spent on non-instructional time such as direct and indirect student services for students outside of their regular schedule. (p. 9)

The obstacles that arose from the pandemic caused counselors to spend more time doing activities that did not allow them to provide direct services, such as group and one-on-one counseling sessions.

In addition, I will present scholarly support for school counselors' perceived lack of support from educational leaders such as principals and district superintendents. The lack of support impacted their ability to work effectively. According to Savitz-Romer et. al (2021), in a national survey of school counselors, 55% of them either strongly disagreed or disagreed that the leaders at their assigned schools provided clear direction on their role.

I will convey the findings of the American School Counselor Association (ASCA, 2020) that stakeholders do not understand the role of the guidance counselor. The ASCA asked guidance counselors how well different stakeholder groups understood their role. "Respondents assign the highest score to administrators (27% understand the role to a great extent; 42% adequately), followed by students (21% to a great extent; 53% adequately) and teachers/school staff (19% to a great extent; 48% adequately)" (p. 15). When stakeholders do not understand a guidance counselor's role in the school community, there will be little chance of the guidance counselor being able to impact students successfully.

After presenting the data, the stakeholders will feel the same sense of urgency about student and teacher mental health. They will be on board to address the mental health of students and teachers. I will use this group of people to begin building a guiding coalition as described in Kotter's second step.

### Step Two: Building a Guiding Coalition

The guiding coalition will be a strong group to help address the issues I identified, as well as to address Kotter's third step in developing the change vision. According to Kotter (2014),

> The guiding coalition is the nerve center of the 8-step process. It can take many steps, but most consist of members for multiple layers of the hierarchy, represent many functions, and receives information about the organization at all levels and ranks and synthesizes that information into new ways of working. (p. 13)

The guiding coalition will consist of school counselors, teachers, administrators, psychologists, behavioral health coaches, mental health clinicians, and social workers. I will invite both school-based and district-based leaders, stakeholders, and mental health clinicians to become members of my guiding coalition. This team will use research data practices from the mental health programs, teaching online and in-person webinars to promote training that will be provided to all educators to help every student overcome mental health struggles and increase student learning.

### Step Three: Develop the Vision and Initiatives

John Kotter defined strategic initiatives as "targeted and coordinated activities that if designed and executed fast enough and well enough will make your vision a reality" (p. 16). The guiding coalition will include parent and family voices in the process

of developing the vision and initiatives to address the mental health of students. The vision will be reflective of practices that are successful when providing a comprehensive mental health program in a school setting. The expectations of this program will be upfront and consistent with state and federal standards, and the cultural values and beliefs of the community. The guiding coalition will establish the direction of the vision and initiatives through collaborative planning. Ultimately, the vision will increase student learning and decrease mental health issues caused by the COVID-19 pandemic.

### Step Four: Enlist a Volunteer Army

The volunteer army is "a large-scale change that can only occur when very significant numbers of employees amass under a common opportunity and drive in the same direction" (Kotter, 2014, p.19). Once the army is assembled, they will "communicate information about the change vision and the strategic initiatives to the organization in ways that lead large numbers of people to buy into the whole flow of action" (Kotter, 2014, p. 31). The volunteer army will include administrators such as principals and superintendents, experts in the mental health field, school counselors, teachers, parents, and mentors. The volunteer army will work collaboratively with the guiding coalition to spread the vision and expand the initiatives for all the stakeholders.

### Step Five: Enable Action by Removing Barriers

Kotter's (2014) fifth step is to empower broad-based action to remove barriers. Kotter stated, "By removing barriers such as inefficient processes and archaic norms, leaders provide the freedom necessary for employees to work access boundaries and create real impact" (p. 22). School counselors perform multiple duties within a school. According to the ASCA (2023), duties of a school counselor include:

- individual student academic planning and goal setting

- school counseling classroom lessons based on student success standards

- short-term counseling to students

- referrals for long-term support

- collaboration with families/teachers/ administrators/ community for student success

- advocacy for students at individual education plan meetings and other student-focused meetings data analysis to identify student issues, needs and challenges

- acting as systems change agent to improve equity and access, achievement, and opportunities for all students (Appropriate Duties Include Providing section)

During the pandemic, counselors were assigned duties beyond the appropriate duties identified by the ASCA. To remove the barrier of the plethora of duties, a school-based mental health therapist will be on staff at every school. The mental health therapist will be appropriately licensed and certified.

The mental health therapist will be able to share the counselor's duties. Specifically, the therapist could assume duties related to counseling. The therapist could provide classroom lessons, short-term counseling and referrals.

A financial barrier could exist in funding mental health therapists. To address this barrier, school district leaders should look for state and federal grants that support efforts to address the mental health issues of students. For example, leaders should give the therapist the title of School-based Mental Health Provider, a title recognized in ESSA of someone who addresses the mental health issues of students (Frey et al., 2022). Leaders could apply for School-Based Mental Health (SBMH) grant program and Mental Health

Service Professional (MHSP) grant program. This federal grant program provides funds

'to boost the training, hiring, and diversification of mental health professionals' in

schools (United States Department of Education, 2023, para. 2).

Teachers may not value a mental health therapist or understand the person's exact

role. To help teachers understand the importance of having a mental health therapist,

professional development will be provided to teachers on the role and benefits of having

a mental health therapist on staff. I will provide information from scholarly studies such

as Osagiede et al. (2018) who stated:

> Our study provides support for a positive association between SBMH programs
>
> that have a dedicated therapist within the school and teacher perceptions
>
> regarding their capacity to support student mental health. We found that the
>
> presence of on-site therapists in schools was associated with better teacher
>
> perceptions of student mental health issues. (p. 247).

Educators will have professional development and training to provide appropriate

services, remain confidential in all personal and professional documentation and gain

confidence in their ability to carry out services to students effectively.

### Step Six: Create Short-term Wins

Kotter (2014) recommends generating short-term wins as his sixth step. Creating

short-term wins is important because "wins are the molecules of results. They must be

collected, categorized, and communicated early and often to track progress and energize

your volunteers to drive change" (p. 25). The short-term wins that will be created for

stakeholders of the school will be constantly changing with the promotion of students, the

use of new instructional strategies, policy changes among the stakeholder groups, and

school counselor and administrator changes. Thus, educators will need to establish specific checkpoints for the short-term wins. They will need to lead the organization of the school in celebrating whenever a goal is met all along the way. That means several times each school year the guiding coalition will hold a celebration of achievement toward improving addressing student mental health and achievement.

The team for the mental health program will implement the Specific, Measurable, Achievable, Reliable, Time (S.M.A.R.T.) goals for the program. The specific part will include defining exactly does each team member wants to discuss with the students during sessions, what kinds of resources will be provided to meet the needs of each student, and how these services will align with community mental health services to benefit everyone. Measuring the results from the program will be seen from the improvement made in how many times a student receives group or individual counseling, the performance in any completion of assessments or group assignments, and any data related to the system support of the program. The team can measure progress on a month-to-month basis and discuss methods of increasing the progress at school improvement meetings.

### *Step Seven: Sustain Acceleration*

Kotter's seventh step is to sustain acceleration. Kotter (2014) stated, "Press harder after the first successes. Your increasing credibility can improve systems, structures, and policies. Be relentless with initiating change after change until the vision is a reality" (p. 27). This means that leaders will need to continue to meet with the guiding coalition to make sure that momentum is not lost and to ensure that all the identified changes are part of the culture in such a way that they can withstand changes in students, teachers, and

school leaders. School faculty and staff will work to sustain the momentum will be through monthly school improvement meetings that focus on the change.

### *Step Eight: Institute Change*

Step eight requires the leaders to make the change stick. According to Kotter (2014), "To ensure new behaviors are repeated over the long-term, it's important that you define and communicate the connections between those behaviors and the organizations' success" (p. 30). That means that mental health prevention strategies such as self-care, problem-solving techniques related to feelings and emotions, and setting goals and plans for how to overcome struggles with mental health would be in place. The use of the strategies would ensure that teachers, school counselors or mental health professionals, and students are provided with education on the prevention of mental health struggles. They would also learn how to overcome their mental health issues through participating in the mental health program. The programs selected for educators to use to teach the strategies will be aligned with the culture of the school and district. The program selected will have characteristics of trust and respect for the district's values and beliefs. While it will be important to have consistency in the program, if it is not successful, it will have to be changed.

All the values and expectations that are identified in the vision of success will be demonstrated and all stakeholders will be able to see that the new way is superior to the old. The old vision of success did not address the struggles associated with teachers' focus on helping students with feelings, and stressors of learning through an online platform and those students having difficulty with learning online away from their in-person instruction. The new the vision of success would be altered and increased to

providing a number of individuals the chance to help implement, collaborate, and build a mental health program. Teachers will see that students drive the rigor and engagement of the classroom environment.

**Policy Statement**

The policy I am advocating is a requirement to implement a school-based mental health program (SBMHP) with a mental health therapist in every school in the United States. This policy, which mandates a SBMHP and a mental health therapist. will result in improved mental health for students and educators and increased academic outcomes for students (Osagiede et al., 2018). In addition, school-based teams consisting of administrators, school counselors and the mental health therapist will create or select a comprehensive mental health program. School counselors will work with students and provide professional development for teachers. There would be state funding allocated each school year for counselors to use for materials resources at their home schools and communities, such as Title 1 funding, which would ensure the improvement of educational supports and meeting the needs of all students while providing services. A mental health therapist will mentor all staff to build skills and knowledge for working in their assigned positions to provide efficient services to all students.

Leaders would identify available funding through various sources. Individual state and district leaders would include funding from their general funds. Additionally, educational leaders would be able to use school funds through the Every Student Succeeds Act (ESSA). They could also access nongovernmental organizations such as World Health Organizations (WHO) to provide funding and support in the treatment and

services for mental health programs and prevention to help students overcome struggles with mental health.

**Considerations for Decision Makers**

When enacting a new policy, decision makers have to consider all the impact it may have on multiple factors. In this section, I analyze the impact of my proposed policy through several different lenses. I analyze the impact through economic, political, legal, and moral and ethical lenses.

*Economic Analysis*

Providing all students with adequate mental health care allows them to be able to focus on learning. Students who can focus on learning have a higher achievement level which in turn means they have a better chance of successfully completing high school. Studies have shown that students who complete high school have a higher income than those who drop out.

Funds spent on the additional personnel to support for mental health services for students could cause a reduction in funds for academic support. It will be necessary for school leaders to find other sources of funding. One possible funding source would be grants. Leaders could apply for School-Based Mental Health (SBMH) grant program and Mental Health Service Professional (MHSP) grant program. This federal grant program provides funds 'to boost the training, hiring, and diversification of mental health professionals' in schools (United States Department of Education, 2023, para. 2).

*Political Analysis*

In many states, how a student's mental health is addressed can be a political issue. Issues can arise related to how students are being diagnosed and treated as well as the use

of the funds to support the initiative. This could negatively impact the placement of mental health therapists as I described in my policy.

### *Legal Analysis*

In my policy, students will be the clients of the mental health professionals employed by the school district. Unlike school counselors, mental health professionals are healthcare providers, who must abide by the Health Insurance Portability and Accountability Act of 1996 (HIPPA). Parents or guardians will have to give written permission for their student to work with the mental health professional. Legal issues could arise if school personnel refer students to the mental health counselor without the parent or guardian's approval (United States Department of Health and Human Services, n. d.).

The mental health professionals will also have to abide by HIPPA in their communication with principals, teachers, and staff. They will only be able to share information that the parents or guardians have approved. Sharing information without permission could result in fines being assessed on the mental health professional and the school system.

### *Moral and Ethical Analysis*

Educators must provide students with every advantage necessary to be successful. This includes having educators work to address any mental health issues students may be exhibiting. Students with unaddressed mental health issues will experience difficulty being academically successful.

Employees of school systems, such as guidance counselors and mental health therapists, also have a moral and ethical responsibility to honor the student's families

(Raines & Dibble, 2021). When addressing mental health, the cultural values and beliefs of the family will need to be considered. The educators will need to gain permission from families to provide students with services and be mindful of the way that the family could accept the offer of receiving services.

**Conclusion**

The purpose of my evaluation was to evaluate the effects of COVID-19 on elementary students' academic achievement and mental health. The pandemic brought many challenges to educators and students. Many students became stressed during the transitions from in-person instruction to online instruction and then back to in-person instruction. According to the Department of Education et al. (2021) experts in the mental health field provided training to all educators to provide intervention strategies to all students to help reduce their stress levels and increase their academic achievement.

The goal of my evaluation was to identify how teachers and school counselors addressed the impact of COVID-19 students' mental health and academic achievement. I surveyed teachers and school counselors through Facebook education groups throughout the United States to gain their perceptions and views on how they dealt with teaching and servicing students during the pandemic. The teachers in my study incorporated more brain breaks and mediation into their lessons, used social-emotional instruction more, provided one-on-one coaching to students,

The school counselors in my study helped students in many ways. They created outdoor gardens and provided online feedback on assignments through Google. One of the counselors dealt with a student having a mental breakdown which led to the student being placed in the hospital. The counselors offered additional counseling services from

outside agencies to provide students with resources and materials for overcoming their stressors to increase their academics. The counselors supported all students in increasing their academics but, more importantly, toward prevention of mental health issues.

I addressed the goals of my evaluation by developing a change plan that incorporated findings from my study and scholarly research that will help school districts meet students' academic and mental health needs, whether during a pandemic or non-pandemic time. Using Kotter's (2014) 8-step organizational plan, I began by building a sense of urgency among stakeholders. I detailed a method for stakeholders to build a guiding coalition, develop a vision and initiatives and enlist a volunteer army. I completed the plan by outlining how barriers could be removed, short term wins could be acknowledged, and how the change could be sustained.

I developed a policy. The policy includes a requirement that every school in the United States will implement a school-based mental health program with a mental health therapist on site. Enacting the policy will result in improved mental health for students and educators and increase academic outcomes for students. Also included in the policy was a requirement that school-based teams consisting of administrators and school counselors create a comprehensive mental health program. A mental health coach will mentor all staff to build skills and knowledge for working in their assigned positions to provide efficient services to all students.

My dissertation examined the impact of a specific once-in-a-lifetime event, the COVID-19 pandemic, on student achievement and mental health. However, the impact of mental health on the academic achievement and wellbeing of students is an ongoing issue. I am hopeful that my policy will be an inspiration for the work that needs to be

done in the future to positively influence the mental health of students and the educators who work with them.

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**Appendices**

Appendix A Teacher Survey Questions

Appendix B School Counselor Interview Questions

Appendix C "As Is" 4 Cs Analysis

Appendix D "To Be" 4 Cs Analysis

Appendix E Strategies and Actions

**Appendix A**

**Teacher Survey Questions**

1. I felt confident in my students' ability to learn last school year (2021-2022).

   - 1=strongly agree 2=disagree 3=Agree 4. =strongly agree

2. I was comfortable teaching students during the pandemic.

   - 1= Strongly disagree 2=Disagree 3= Agree 4= Strongly agree

3. Student mental health issues during the 2021-2022 school year were the same as compared to the years before the pandemic.

   1= Strongly disagree 2=Disagree 3= Agree 4= Strongly agree

4. What teaching strategies have you used to mitigate the mental health issues students may have experienced or were experiencing?

5. How did you deal with the social-emotional dilemmas and issues that arose in the classroom during the 2021-2022 school year?

6. What types of teaching strategies helped you when dealing with mental health difficulties with students in the 2021-2022 school year?

7. What types of teaching strategies have helped you in addressing student academic issues?

8. Do you feel your students' academic achievement in the 2021-22 school year impacted by the pandemic?

9. Prior to the beginning of the 2021-22 school year, did you have any concerns or questions about your mental health and/or well-being in relation to the return to teaching during the 2021-2022 school year? Please explain.

**Appendix B**

**School Counselor Interview Questions**

1. During the COVID-19 pandemic, what kind of outside of the school system social service agencies have you worked with in support of students' mental wellness issues?

2. What methods have you discovered that work best in helping students to open up to you?

3. How do you offer education, behavior, and mental services to students? How has COVID-19 impacted how you offer those services?

4. How has the COVID-19 pandemic impacted your typical practice framework for working with students?

5. What has been the impact of COVID-19 on how you promote an environment that is conducive to helping each student succeed?

6. How do you maximize students' access to school and community resources?

7. What are the primary strategies you use to establish trust with a new student or class? Has COVID-19 caused you to change any of your strategies?

8. Have you seen an increase in behavior and/or increase in mental health issues during the school year 2021? If so explain.

9. How did you conduct student mental health and behavior assessments during both the pandemic and in-person instruction?

10. Is there anything else you would like me to know about providing mental health services during the COVID-19 pandemic

**Appendix C**

**"As Is" 4 Cs Analysis**

PROBLEM STATEMENT: As a result of the COVID-19 pandemic, student's mental health and academic achievement were negatively impacted.

Competencies

| |
|---|
| • Culturally responsive teaching |
| • Teachers were not able to integrate skills into online teaching |

Conditions

| |
|---|
| • Online learning then return to brick and mortar |
| • Teachers had necessary resources |
| • Counselors did not have necessary resources |

Culture

| |
|---|
| • Adults were concerned about the negative effects of the COVID-19 pandemic on the academic achievement and mental health of students |
| • Adults and students stressed by the changes in how teaching and learning occurred |
| • Teachers were anxious and concerned about the school closings and teaching online |

Context

| |
|---|
| • Elementary schools throughout the United States |
| • Pandemic impacted student academics and socialization skills |
| • Mental health needs of students increased due to pandemic |

**Appendix D**

**"To Be" 4 Cs Analysis**

STATEMENT: Student achievement will be positively impacted due to student's

mental health issues being addressed by educators and mental health professionals on

campus

Competencies

| |
|---|
| • Professional development on mental health building for teachers and administrators |
| • Educators will understand and appreciate the impact of mental health on student wellbeing and academic achievement |
| • Online and face-to-face teaching skills will be integrated |
| • Teachers understand the impact of trauma on students |

Conditions

| |
|---|
| • Time will be scheduled before and after school to provide support for students |
| • Counselors will have scheduled time during class to provide services |
| • Resources will be provided from outside agencies |
| • Mental health professionals will be on every campus |

Culture

| |
|---|
| • Mental health professionals are valued |
| • Educators' mental health will be addressed and understood for how it impacts students |

Context

| |
|---|
| • Every elementary school will have a mental health professional |
| • Resources will be available through on an online portal |
| • Weekend and additional hours during the week will be available for counseling |

**Appendix E**

**Strategies and Actions**

| Strategies | Actions |
|---|---|
| Create a sense of urgency. | Meet with state officials, community mental health professionals and organizations to share:<br><br>• Challenges teachers and counselors faced with aftermath of COVID-19 on mental health and academic achievement of students<br><br>• Challenges educators faced with their own mental health<br><br>• Data from my study and research information from my literature review |
| Build a guiding coalition | Members of the guiding coalition will include:<br><br>• teachers<br><br>• school counselors<br><br>• administrators<br><br>• psychologists<br><br>• mental health therapists<br><br>• behavioral health coaches<br><br>• social workers<br><br>• parents and guardians |

| Form a strategic vision and initiatives | The vision will:<br><br>• be reflective of current practices that are successful when providing a comprehensive mental health program in a school setting |
|---|---|
| Enlist a volunteer army | Members include:<br><br>• principals<br><br>• superintendents<br><br>• experts in the mental health field<br><br>• school counselors<br><br>• teachers<br><br>• parents<br><br>• mentors |
| Enable actions by removing barriers | Barriers removed:<br><br>• school counselors filling multiple roles<br><br>• funding for a mental health therapist at every school<br><br>• teachers not valuing the impact of a mental health therapist |
| Generate short-term wins | Short term wins include:<br><br>• Establishing Specific, Measurable, Achievable, Reliable, Time (S.M.A.R.T.) goals<br><br>• Increase in academic achievement |

| Sustain acceleration | Acceleration will be achieved by: <br><br> • Leaders continuing meeting with the guiding coalition to review goals <br><br> • Inviting more people to be members of the volunteer army |
|---|---|
| Institute change | Instituting change will happen by: <br><br> • Mental health prevention strategies becoming ingrained in the school culture |