Building Best Practices for School Mental Health Supports during Isolation from School: Supporting Adolescents with Suicidal Thoughts and Behaviors

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Overview

In the wake of COVID-19, researchers have speculated that adolescents may have increased risk for suicide (Hertz & Barrios, 2020; Reger et al., 2020). Schools commonly provide supports and services for adolescents with mental health concerns and are also responsible for delivering comprehensive suicide prevention programs (Ali et al., 2020; Costello et al., 2014), making them an important mechanism for preventing suicide during COVID-19. Despite these concerns, suicide remains a preventable cause of death, with numerous evidence-based treatments available to individuals suffering from suicidal ideation and behaviors (American Foundation for Suicide Prevention, 2021). In order to inform improvements to school-based mental health services during COVID-19, this mixed-methods study followed an Exploratory Sequential Design (Creswell & Plano Clark, 2011) to understand the perceptions and experiences of school professionals providing supports to adolescents with suicide-related risk during remote learning.

Preliminary findings and are based on data from two on-going studies related to school supports for adolescents with suicide-related crises. Qualitative data analyzed for Phase 1 were collected from school professionals participating in a larger study centered on developing school re-entry guidelines for adolescents hospitalized for suicide-related crises (Marraccini & Pittleman, 2021). Quantitative and qualitative data, analyzed for Phase 2, were collected from school professionals participating in a study that is exploring improved practice for supporting students with suicide-risk during times of school closure. Note that data collection for Phase 2 is ongoing, and the findings presented in this report are preliminary and do not yet include results based on parent and adolescent perceptions. Nonetheless, these preliminary findings identify urgently needed strategies for improving school-based mental health supports for adolescents with suicidal thoughts and behaviors to support suicide prevention during resurgences of COVID-19 that force remote learning.

Overview of Methods

Phase 1 (Study 1): A subsample of school professional participants (e.g., school counselors, school psychologists) completed in-depth interviews for the larger study in the spring of 2020. Seven of these participants described their perceptions of supporting adolescents with suicide-related risk during COVID-19. We conducted applied thematic analysis (Guest et al., 2012) on transcribed interviews to identify emergent themes to inform subsequent aims.

Phase 2 (Study 2): We recruited school professionals (n = 57; e.g., school counselors, school psychologists) across the state of NC during the winter of 2020/2021 to complete an online survey addressing perceptions for school-related services and supports for adolescents with suicide-related risk during COVID-19. To expand understanding of the supports and services delivered by school professionals to students with suicide-related risk and examine how these supports and services may relate to school professionals' feelings of connectedness to students and families, we calculated descriptive statistics for key variables. Open-ended responses related to providing school-based mental health supports and services were also coded inductively. Finally, a subsample of survey respondents were invited to participate in in-depth interviews. A total of 13 participants completed interviews; following interview completion, debrief summaries were completed and analyzed qualitatively.

Overview of Preliminary Results

Phase 1 (Study 1): Key themes based on interviews conducted with school professionals in the spring of 2020 included experiences, concerns, and priorities related to: (1) delivering interventions during remote learning; and (2) social-emotional well-being of students and their families. Findings from qualitative analysis revealed the ways in which school professionals have adapted intervention delivery for remote learning (e.g., phone calls, emails, in-person visits), the types of interventions being delivered (e.g., remote one-on-one and group counseling, frequent check-ins), and also how some interventions were delayed or stopped because of COVID-19. Findings related to social-emotional wellbeing underscore the importance of maintaining connections with adolescents and building student-school connections during the pandemic.

Phase 2 (Study 2): Participants identified common interventions used to support student mental health, including reaching out to check in (98%), one-on-one counseling (81%), and social emotional learning (75%), with most (75–84%) reporting these interventions to be moderately or very helpful for supporting student mental health. Commonly endorsed communication methods included phone calls (100%), emails (96.5%), video conferencing (84%), and text messaging (65%), with both phone calls and emails endorsed from once per day to multiple times a day by majority of participants (69–80%).

Participants were also asked to answer three open ended questions related to: (1) what they think worked well in providing school-based mental health supports to student (i.e., facilitators to effective supports), (2) barriers they encountered in proving mental health supports to students, and (3) other important information regarding school supports for adolescents with suicide-related thoughts and behaviors during distance learning. Themes for each question included: (1) specific platforms (e.g., video conferencing, phone calls/text messaging, home visits) and approaches (e.g., social-emotional learning, parent supports) that may help facilitate mental health supports; (2) barriers related to communication, disengagement, and limited resources; and (3) other important information, such as helpful resources, adaptations to risk assessments, and ongoing needs and concerns.

Finally, findings from debrief summaries completed based on interviews with 13 school professionals suggested four primary themes:

(1) Difficulties in contacting students with suicide-related risk;
(2) Disengagement by students in the context of virtual learning and services;
(3) Concerns for student and family well-being;
(4) Creative strategies employed to connect with and provide services to students.

Preliminary Implications

First and foremost, we know that students and families continue to require additional resources from schools and communities. Therefore, it is critical that schools focus on fostering connections with students and families. Developing school-family partnerships was important pre-COVID, and now, in the midst of this pandemic, it is pivotal that schools continue to develop and maintain strong bonds with families and students to ensure they have access to the resources they need for academic, social, and mental well-being. It is important that teachers and school stakeholders such as school counselors, school psychologists and coaches collaborate with families and community leaders to help meet the needs of students (Moutier, 2021).

Furthermore, schools must continue providing counseling and other interventions to students, and link students with suicide-related risks to care. For example, telehealth options and mindfulness applications could be used by school counselors to provide interventions to students (Moutier, 2021). In order to continue providing counseling and other interventions for students with suicide-related risks, adaptations are needed for risk assessments during remote delivery of school, as well as be aware of the strategies for these adaptations that exist.

In order to continue meeting the needs of students and families, school districts should prioritize professional development for social-emotional interventions and supports and provide clarity around district and state policies for providing these services. Furthermore, school professionals may need to be flexible with methods and schedules for reaching students and families.

Summary of Preliminary Recommendations

1. It is critical that schools focus on fostering connections with students and families.

2. It is important for schools to continue providing counseling and other interventions to students, and link students with suicide-related risks to care.

3. Adaptations are needed for risk assessments during remote delivery of school, and strategies for these adaptations exist.

4. School professionals may need to be flexible with methods and schedules for reaching students and families.

5. School districts should prioritize professional development for social-emotional interventions and supports.

6. There is a need for clarity around district and state policies for providing services.

7. Students and families continue to require additional resources from schools and communities. Consider the use of asset mapping to leverage community resources and support (Griffin & Farris, 2010).

Methods and Results

Phase 1 (Study 1)

Methods

Study Procedures

Procedures for this study were approved by the University Institutional Review Board (IRB). School professionals with experience in providing supports and services to adolescents with suicide-related crises were recruited to complete in-depth interviews for a separate, larger study that is developing guidelines for adolescents returning to school following hospitalization for a suicide-related crisis (see Marraccini & Pittleman, 2021). A total of 19 school professionals completed interviews between the spring of 2019 and the summer of 2020, nine of whom participated during the spring or summer of 2020 when school was disrupted due to COVID-19. Seven of these participants described their perceptions of supporting adolescents with suicide-related risk during COVID-19.

Interview

The interview agenda was not designed to address the effects of COVID-19, but focused on adolescent hospitalization and school re-entry around four broad areas: (a) school experiences prior to hospitalization; (b) school experiences and considerations during hospitalization; (c) school re-entry experiences and processes; and (d) information sharing between hospitals and schools. Because this subsample of participants completed interviews during the pandemic, however, seven of the participants described some of their experiences in relation to school disruption. Therefore, for the purpose of this study, any mention of COVID-19 was identified, and specific subthemes related to these experiences were coded. Participants also completed a brief demographic form.

Sample

Participants identified their position to be school psychologists (n = 3), school counselors (n = 2), exceptional children (EC) teacher (n = 1), or social worker (n = 1). They described their schools as residing in suburban (n = 2), urban (n = 3), and rural (n = 2) communities. Participants

identified their race to be White (n = 6) and Black or African American (n = 1); none of the participants identified their ethnicity as Hispanic or Latinx.

Analysis

Interviews were transcribed and redacted of identifying information. We conducted applied thematic analysis (Guest et al., 2012) to identify emergent themes related to providing supports and services to students with suicide-related risk during COVID-19. Common themes were used to inform aims of the subsequent study.

Preliminary Findings

Key themes include experiences, concerns, and priorities related to (1) social-emotional well-being of students and their families; and (2) delivering interventions during remote learning.

Social-Emotional

Table 1 displays the subthemes related to students' social-emotional well-being, including (a) concerns about student and family wellbeing and (b) the significance of connecting with students to the school and school member community.

Table 1.

Subthemes related to social-emotional wellbeing during COVID-19

Theme	*N*	Illustrative Quote
Student and Family Wellbeing	3	*I think, for the folks that are thinking about it, there is a level of anxiety. For the folks that aren't thinking about it—our routine is off. We know that structure and routine are good for everyone even though a lot of times we all fight it. I think that, for the folks that are not thinking about it, when the impacts start to hit close to home, I think that's when we're gonna be dealing with some pretty significant mental-health stuff. It's gonna manifest itself in suicidal ideation, domestic violence.*
Connectedness	5	*I feel like that just having those relationships with the kids, if they would just be Zooming or calling those kids that they have relationships with, it would make a difference. I think there's a lot of unknowns.*

Interventions

All of the interviewees described an experience pertaining to delivering or adapting the delivery of an intervention during COVID-19. Specifically, sub-themes, shown in Table 2, included (a) providing resources to and monitoring the needs of students and families, (b) providing virtual counseling and social-emotional interventions, (c) checking in with students and families, (d) academic interventions, (e) disruptions in supports and services, and (f) services for youth with suicide-related risk.

Table 2.

Subthemes related to Intervention Delivery during COVID-19

Theme	*N*	Illustrative Quote
Providing Resources and Monitoring Needs	4	*I've been really impressed with how the district has rolled this out. I've been really impressed with the expectations that are put on us all. This is not a—the district has not approached this as an unofficial vacation. You're workin'.*
Virtual Counseling and Social-Emotional Interventions	5	*Because if they're at school with me all day, they are eventually gonna show me the real. Versus if I am connecting with them on Google Meet one time or however many times a day or if I'm just responding to a text, I'm more limited to what they want to tell me or what they want to show me.*
Checking-In	6	*I think one thing that did work for meeting with some of my kids is I offered trying to make it the most comfortable for them... I think because kids knew they had a choice in how they met with me, it made it easier for them if they didn't feel comfortable meeting face to face.*
Academic Interventions	4	*I'm doin' a lotta Google Meets and Classroom to help kids with math and this and that. In the beginning, I was gettin' none to one people show up. Now, I'm gettin' 85 percent of the class shows up even though it's not mandatory... Only because they want to see me and each other, and it's yeah, they could care less about learnin' math, but they really [laughter] wanna interact.*
Disrupted Services	4	*That structure of getting up every morning and coming to school and learning even if they just came for social reasons, it was structure that they had that they don't have right now.*
Supports related to Suicide-Related Risk	3	*Had we not gone into the remission, I would have known about some of these other indicators that contribute to the student feelin' that way and making that comment.*

Phase 2 (Study 2)

Methods

Procedures

Procedures for this study were approved by the University IRB. We recruited school professionals (n = 57; e.g., school counselors, school psychologists) across the state of NC during the winter of 2020 and 2021 to complete an online survey.[1] A subsample of participants (n = 13) also completed in-depth interviews related to their experience in providing supports and services to adolescents with suicide-related risk during COVID-19.

Measures and Interview

The online survey was developed by the researchers to understand perceptions for school-related services and supports for adolescents with suicide-related risk during COVID-19. Questions included response options that were binary (yes/no), on a Likert-style scale, or open-ended (i.e., an open text box). The survey also included items from additional questionnaires, for example addressing perceptions of school connectedness (Pristawa et al., 2013; Resnick et al., 1997), wellbeing (Patent Health Questionnaire [PHQ-9]; Kroenke et al., 2001), sleep (Patient-Reported Outcomes Measurement Information System [PROMIS] Sleep – Short Form; Cella et al., 2007), and school professionals' working conditions and their relationship with school leadership (University of Chicago, 2018).

Interviews were conducted virtually, and audio recorded. The interview agenda addressed three broad areas: (1) school experiences prior to COVID-19; (2) experiences of providing school-based mental health supports and services during COVID-19; and (3) recommendations for school-based mental health services during COVID-19. Questions addressed the types of school-based mental health services provided, facilitators and barriers, and ways in which services could be improved; and methods schools use to engage and connect with students, facilitators and barriers, and ways in which school connectedness can be fostered. Although interviews are still

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[1] Note that recruitment is ongoing, and findings presented here include the first 57 participants.

being transcribed and redacted of identifying information, interviewers completed debrief forms following completion of each interview and key themes from these debriefs are presented here.

Participants

Participants completing surveys identified their positions to be school counselors (n = 44), school psychologists (n = 2), school social workers (n = 4), or other (n = 6). They identified their race as American Indian or Alaska Native (n = 3), Asian (n = 1), Black or African American (n = 5), or White (n = 49). One participant identified their ethnicity to be Hispanic or Latinx (n = 1). Participants described their schools as residing in rural (n = 30), suburban (n = 22), and urban (n = 5) communities. For a break-down of the types of schools these professionals worked, as well as the status of learning for each school, see Table 3.

Table 3.

School Settings

School Setting	N	%
Location		
Rural	33	50.8
Suburban	24	36.9
Urban	8	12.3
Type		
Middle (grades 6-8)	23	35.4
High (grades 9-12)	27	41.5
Secondary (grades 6-12)	8	12.3
Other	7	10.8
Learning Status		
In-person	1	1.5
Remote	26	40.0
Hybrid	38	58.5

A subsample of participants completing survey procedures were recruited to complete in-depth interviews related to their experiences of providing school-based mental health supports to

students with suicide-related risk during COVID-19. Participants completing interviews included 13 school professionals, identifying their role as school counselor (n = 9), social worker (n = 2), school psychologist (n = 1), and other mental health-focused school professional (n = 1). Eight participants identified their race and gender. Participants identified their race as White and their ethnicity as non-Hispanic/non-Latinx (n=5). Participants reported their gender as female (n=8). Participants reported working in middle (grades 6 – 8; n = 7), high (grades 9 – 12; n = 3), and secondary (grades 6– 12; n = 1) schools; and one participant reported worked in both a middle and a high school. Participants reported working in rural schools (n = 7), suburban schools (n=3), and urban schools (n=2).

Analyses

To expand understanding of the supports and services delivered by school professionals to students with suicide-related risk, we calculated descriptive statistics for key variables. Open-ended responses related to providing school-based mental health supports and services were also coded inductively.

Qualitative interviews conducted with a subsample of participants (n = 13) are currently being transcribed and redacted of identifying information. Following transcription, we will conduct applied thematic analysis to identify emergent themes using a researcher developed coding structure; however, for the current report, we analyzed debrief summaries that were completed by interviewers following completion of each interview. More specifically, two of the study contributors reviewed the debrief summaries and met to discuss common themes across interviews.

Preliminary Findings

Frequencies and Descriptive Statistics

Communication Methods

The ways in which participants identified communicating with students and families, as well as the frequency in which they used each method, are displayed in Table 4. The ways in which participants identified communicating with other professionals are displayed in Table 5.

Table 4.

Methods and Frequency of Communication with Students and Families.

Communication Methods	Total		Once a month or less		Once a week		A few times of week		Once per day		Multiple times per day	
	N	%	N	%	N	%	N	%	N	%	N	%
Email	55	96.5	3	5.0	6	11.0	2	4.0	4	7.0	40	73.0
Phone calls	57	100.0	1	0.2	7	12.3	11	19.3	4	7.0	34	62.0
Text Messaging	37	64.9	3	8.0	3	8.0	18	49.0	4	11.0	9	24.0
Video Conferencing (individual)	48	84.2	3	0.6	10	20.8	20	41.7	4	8.0	11	23.0
Video Conferencing (group/class)	27	47.4	12	44.0	8	30.0	3	11.0	1	4.0	3	11.0
Discussion Boards	13	22.8	3	23.0	4	31.0	3	23.0	3	23.0	0	0.0
Other	10	17.5	1	10.0	1	10.0	4	40.0	0	0.0	1	10.0

Table 5.

Methods of Communication with School Professionals.

Professional Communication	N	%
Emails	62	89.9
Phone calls	53	76.8
Text messaging	49	71.0
Video Conference (Individual)	38	55.1
Video Conferencing (Group/Class)	17	24.6
Discussion boards	4	5.8
Other communication	5	7.2

Supports and Interventions

The types of supports and interventions, as well as school professional perceptions of their helpfulness for supporting student mental health, are shown in Table 6. Table 7 displays the other professionals involved in providing supports and services.

Table 6.

Types and Perceived Helpfulness of Supports and Services Delivered Remotely

Supports and Services	Total		Very helpful		Moderately helpful		Somewhat helpful		Not at all helpful		I don't know	
	N	%	N	%	N	%	N	%	N	%	N	%
Reaching out to check in	56	98.20	24	42.86	23	41.07	9	16.07	0	0.00	0	0.00
One-on-one counseling	46	80.70	20	43.48	16	34.78	0	0.00	0	0.00	0	0.00
Social emotional learning	43	75.40	9	20.93	23	53.49	8	18.60	1	2.33	1	2.33
Support with time management/assignment make-up	35	61.40	9	25.71	18	51.43	8	22.86	0	0.00	0	0.00
Check In/Check Out (e.g. student checks in regularly with you)	30	52.60	12	40.00	11	36.67	7	23.33	0	0.00	0	0.00

Table 7.

Individuals Providing Supports and Services to Students.

Individuals	N	%
Teacher	46	66.7
Counselor	46	66.7
Coach	18	26.1
Principal/Assistant Principal	35	50.7
Psychologist	7	10.1
Social worker	40	58.0
Nurse	24	34.8
Assistant Teacher	9	13.0
Other	6	8.7

Connectedness

School professionals were also asked to rate their perceptions of connectedness to students, families, and school professionals. Mean ratings are shown in Table 8.

Table 8.

Means and Standard Deviations of Connectedness Items.

Connectedness	N	Range	Mean	SD
You felt close to the students at your school.	57	1–5	2.91	1.18
You felt close to the teachers at your school.	57	1–5	3.33	1.04
You felt close to other adults at your school.	57	1–5	4.37	0.84
You felt like you were part of your school.	56	2–5	3.82	0.90
You were happy to be part of your school.	57	3–5	4.16	0.65
You felt that your colleagues treat you with respect.	57	1–5	4.23	0.76
Your colleagues cared about you .	57	2–5	4.16	0.80
The adults at your school treated students fairly.	57	2–5	3.74	0.92
You felt that the adults at your school cared about you.	57	2–5	4.26	0.74
You felt connected to the families of your students.	57	1–5	3.14	1.12
Adults at your school treated families with respect.	57	2–5	3.98	0.69

Note. Higher mean indicates higher ratings of connectedness; responses range from 1 (Strongly Disagree) to 5 (Strongly Agree); SD = standard deviation.

Open-Ended Questions

Participants were also asked to answer three open ended questions related to: (1) what they think worked well in providing school-based mental health supports to student (i.e., facilitators to effective supports), (2) barriers they encountered in proving mental health supports to students, and (3) other important information regarding school supports for adolescents with suicide-related thoughts and behaviors during distance learning. Responses for each question were coded inductively, resulting in the following themes:

1. *Facilitators*: Specific platforms for communication (e.g., Google Meet, phone/text, home-visits, multiple methods), frequent check-ins with students and families, specific interventions (e.g., social-emotional learning, universal, parent supports, mental health apps, check-in/check-out), linking students to care.
2. *Barriers*: Communication (e.g., contact information out of date, low response rate), lack of engagement by students and families, limited resources (e.g., transportation, internet access).
3. *Other Important Information*: Risk assessments are different, helpful resources (e.g., hotlines, tip lines), specific needs (e.g., professional development, collaboration, focusing on mental health), and concerns about long-term consequences for students, families, communities and schools.

In-Depth Interviews with School Professionals

Although findings from in-depth interviews conducted with school professionals (n = 13) are currently in analysis phase, key themes based on debrief summaries completed by interviewers are described here. Themes relate to: (1) difficulties in contacting students with suicide-related risk; (2) disengagement by students in the context of virtual learning and services; (3) concerns for student and family well-being; and (4) creative strategies employed to connect with and provide services to students.

Difficulties in Contacting Students

A primary concern shared by school professionals relates to the difficulty they encountered when trying to reach students they were concerned about during the COVID-19. According to participants, rates of chronic absences and academic failures appear higher than ever, and school

professionals described working extensively to find ways to support these students. In fact, several participants shared that a majority of their time is spent trying to contact students. Many professionals described conducting home visits to check on students and even asking police officers to conduct wellness checks at students' houses. One school district also allocated funds to pay staff to conduct home visits off-hours (e.g., during the night and on the weekends), with the hope that students might be home during these non-school hours.

Student Disengagement

Even among students who are attending school, interviewees described student engagement as low. Participants shared that many middle and high school students attending virtual school do not turn on their cameras or microphones during class. They also shared limitations around connecting to students attending school in-person. That is, interviewees described students attending school in-person as appearing limited in their ability to socialize and interact with one another. In the context of remote services, some participants described how their schools are working on employing creative ways to increase school connectedness by hosting virtual social events and clubs. One participant identified a virtual makers' club, in which students engage in hands-on activities with a teacher (e.g., making soaps), as particularly popular.

Student and Family Wellbeing

School professionals expressed concerns about the toll the pandemic may have on students' wellbeing. Participants described worrying that the students they cannot reach may be the ones that may need help the most. Several school professionals shared that they believe the rates of hospitalization referrals for students requiring psychiatric evaluation may exceed the rates from previous school years, with some professionals estimating the referral rate as double that from last year. Note, however, that these estimates are based on school professional perceptions only and do necessarily reflect any increase in these events, with preliminary reports indicating comparable numbers of psychiatric hospitalization across 2019 and 2020 (Hill et al., 2020; Leeb et al., 2020). Finally, school professionals also expressed concern about students' home lives, sharing fears that some homes may not be conducive to students' safety and well-being.

Creative Strategies

Many school professionals described implementing creative strategies to support students' wellbeing. Some indicated that they are regularly distributing needs assessments to students and following-up accordingly. Others described holding virtual drop-in office hours, during which students who have a question or concern can attend. Several described communicating with students via text and phone, in addition to video conferences. A few professionals noted that students often do not show up to one-on-one meetings because they may be tired of being on virtual school. In some school districts, participants shared that they are not able to perform their traditional duties virtually, as the district guidelines prohibit them from addressing students' mental health needs in a non-face-to-face environment. These professionals expressed frustration about these guidelines, with concerns that these restrictions are preventing them from supporting students who may be in distress. All participants said they are very eager for schools to fully reopen so that they will be able to resume working with students in-person, as they feel this is the best way to evaluate students' mental health and well-being.

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