STATE OF MAINE
DEPARTMENT OF
EDUCATION23 STATE
HOUSE STATION
AUGUSTA, ME 04333-
0023

JANET T. MILLS
GOVERNOR

PENDER MAKIN
COMMISSIONER

November 1, 2021

Senator Joseph Rafferty, Co-chair
Representative Michael Brennan, Co-chair

Dear Senator Rafferty, Representative Brennan, and Members of the Joint Standing Committee on Education and Cultural Affairs,

On Monday, April 12, the Joint Standing Committee on Education and Cultural Affairs held a work session for LD 742, "Resolve, To Track Youth Mental Health during COVID-19 by Ensuring the Maine Integrated Youth Health Survey is Conducted during the 2020-21 School Year." The bill was tabled, and the bill sponsor and House chair met with representatives from the Maine Department of Education (DOE) and Department of Health and Human Services (HHS) Center for Disease Control and Prevention (CDC) to discuss alternative pathways to assess the impact of the COVID-19 pandemic on student mental health.

In response to LD 742, the Committee on Education and Cultural Affairs submitted a letter to the Commissioner of Education outlining the following request:

> …that the Department, in coordination with the Maine CDC, conduct an immediate survey of informed persons working in schools, including school-based counselors and social workers, school nurses, administrators and others on the status of student mental health. The Committee understands that it is not possible to survey students directly but believes that valuable information may be gathered from mental health professionals working in the schools.

Commissioner Makin directed the DOE's Mental Health Specialist to work in collaboration with the Maine CDC to develop a research instrument that could appropriately meet this request before the end of the school year. The survey instrument was provided to targeted school-based positions on May 21, 2021. Data was collected through June 4, 2021.

The Department's report is enclosed.

Introduction:

The World Health Organization (WHO) declared the novel coronavirus outbreak (COVID-19) a global pandemic on Wednesday, March 11, 2020. Shortly thereafter, Maine reported its first case of COVID-19 and on March 15, Governor Mills declared a civil state of emergency. By the end of April, confirmed cases of COVID-19 in the U.S. had surpassed one million and over 90% of the population was under some form of "stay-at-home" guidance.

With the state of emergency in effect nationwide, schools immediately transitioned to a virtual environment. In September of 2020, utilizing the guidance developed by the Maine CDC, schools provided education for students through in-person, hybrid, and remote learning models.

Maine has an established history of working to address school age mental health supports across multiple state departments and through a considerable range of prevention and intervention modalities; from early intervention programing, community health initiatives, to school based social emotional learning programs, statewide Trauma Informed training, and youth suicide prevention. Despite these important interventions and prior to the COVID-19 pandemic, Maine's health infrastructure system experienced ongoing barriers in addressing the mental health needs of children. Challenges included reduced funding, workforce gaps in rural areas, and a lack of specialized programing.

The COVID-19 pandemic has impacted the physical, social, academic and mental wellbeing of children and adolescents. Many students have experienced disruptions in learning, been exposed to trauma, physical isolation, and disengagement from school and peers, which can negatively affect their mental health. Students learn, take academic risks, and achieve at higher levels in safe and supportive environments and in the care of responsive adults they can trust. However, the ongoing impact of COVID-19 has contributed to student experiences that are far from universal. Some students may require additional supports and interventions to take risks in their learning so they can achieve at higher levels.[1]

Methods:

Working with the DOE, CDC, bi-partisan representation from the Maine Legislature, and community experts, it was concluded that useful, secondhand information about student mental health could be gathered through surveying specific school-based positions, where employees would have both knowledge from mental health training, and regular interaction with students over the 2020-21 school year.

To improve validity, a unique link to the survey instrument was provided to the selected school employees to eliminate multiple submissions as well as ensure confidentiality of participants. A total of 1,656 participants were identified, with 399 completing the survey. This represents a 24% response rate. Table 1. shows the specific positions targeted, and number of respondents, while Table 2. illustrates the breakdown of respondents by county, showing that all 16 Maine counties were represented. Survey participants also represented working with students across the pre-K through adult education grade spectrum as shown in Table 3.

Table 1.

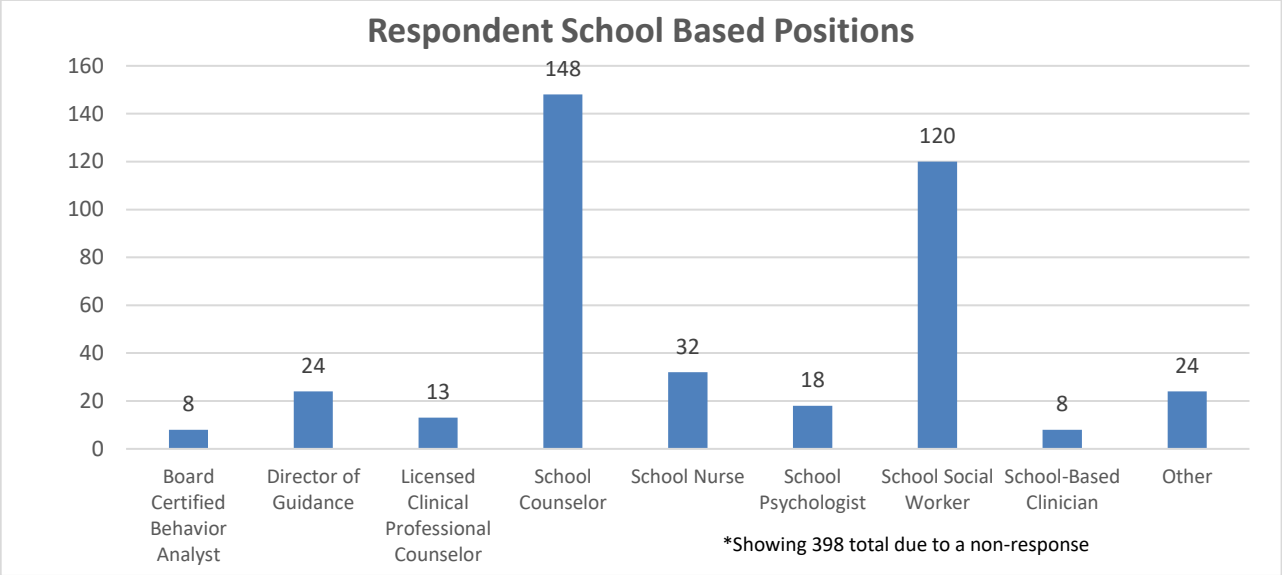


Table 2.

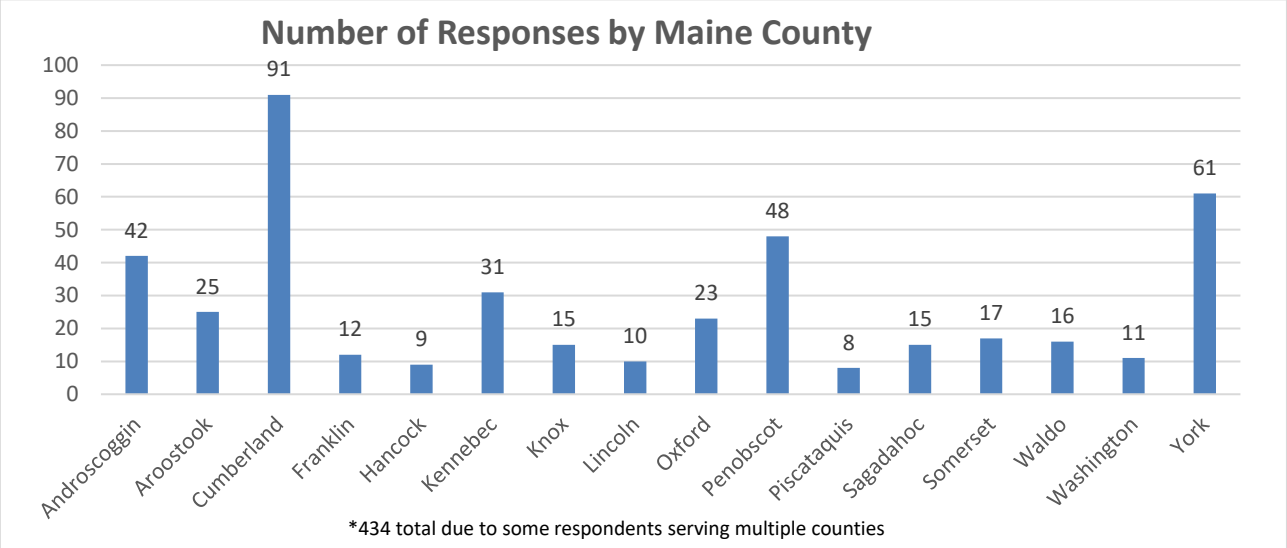
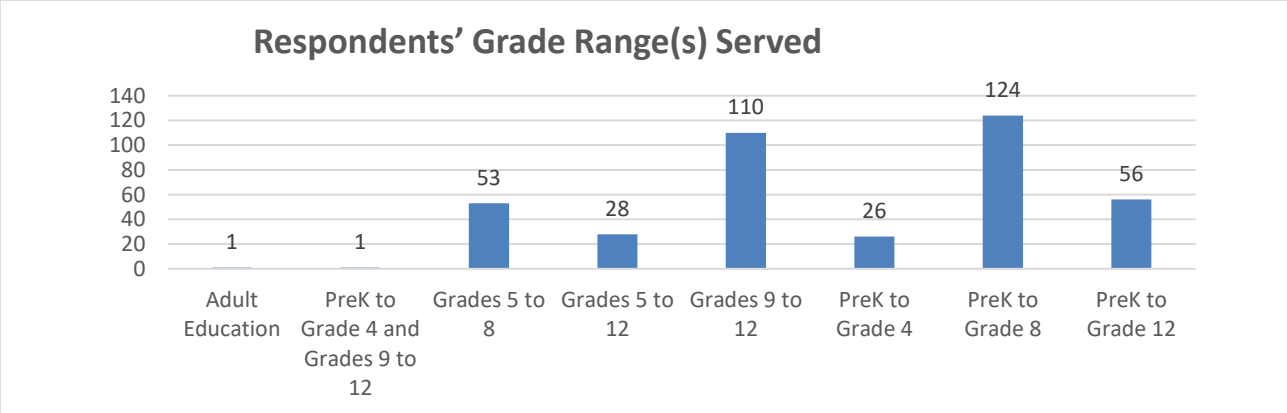


Table 3.



Existing research has shown that humans who experience large scale disasters can show a negative impact on multiple areas of their lives with increases in mental health indicators, such as symptoms of anxiety and depression.[2] Disasters affect far more than an individual's response, as state and community infrastructure systems of support can also be degraded, resulting in a holistic impact that reduces factors of resiliency for adults and the children in their care.[3]

To identify impacts on student mental health, the survey instrument focused on a reflection on the occurrence of established symptoms and protective factors occurring over the 2020-21 school year, then contrasted against their experiences during previous, non-pandemic school years. While understanding that existing national and international research indicates that there would be an expected increase in the afore mentioned areas,[4] the design of this instrument is to identify trends of change that might indicate an impact from the pandemic specifically within Maine youth.

When gathering information on the impact on mental health disasters, such as COVID-19, it is important to also consider the negative effects to structural social processes, disruption of services and social networks, and a communal loss of resources. The survey instrument was designed to also include questions to determine if participants notice changes in students' access to resources and support, as well as pre-COVID-19 barriers and strengths that could be contributing factors. Additional instrument questions were also designed to identify pre-existing, prevention support systems already available to educators.

Findings:

Using standard indicators of youth mental health risk factors, Table 4. shows participants report of change in frequency related to their experience of previous years. This does not reflect the amount of occurrence, only the percentage of responses reporting if the frequency has increased, decreased or stayed the same. In corroboration with established research, there was a marked consistency in respondents reporting an increase in both symptoms of anxiety (90.2% of respondents) and symptoms of depression (88.9% of respondents) as well as "other mental health symptoms" (64% of respondents).

More than half of respondents indicated that there had been an increase in the need for systemic supports, reporting that there is an increase in: students seeking mental health supports (60.2%), barriers at home (86.1%) and to academic supports (76.4%), and insecurities in food (60.9%) and housing (54.8%). Interesting to note that while there were increases reported in suicidal ideation, self-harm and substance use, most respondents reported that these areas had stayed the same with some small percentage noting a decrease.

Table 5. considers the role and impact of grade level on response averages that may reflect age and developmental relevance. Middle and high school grades are reporting higher average increases in suicidal ideation (53%) and substance (54%) use while primary school respondents are reporting higher average increases in food insecurity (72%), seeking mental health support (77%) and housing insecurity (69%).

Table 4.

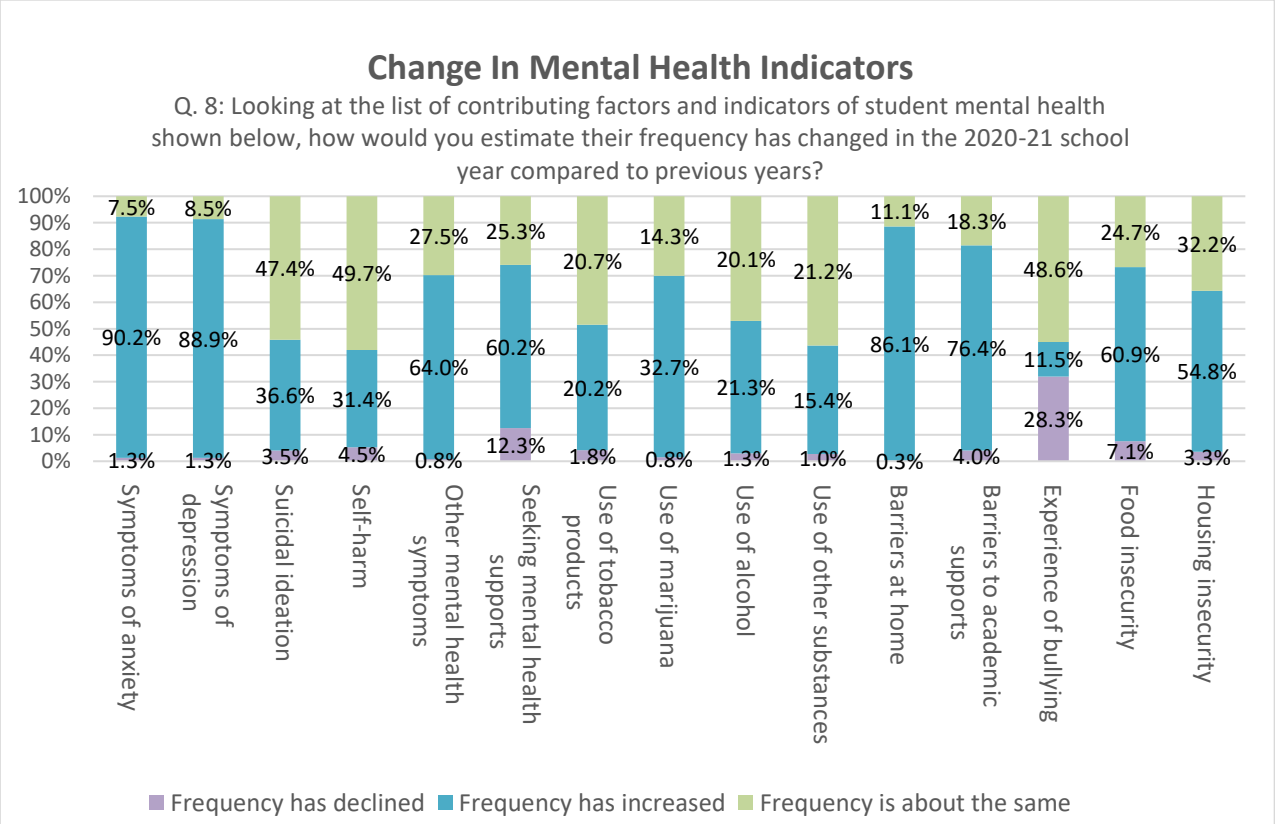


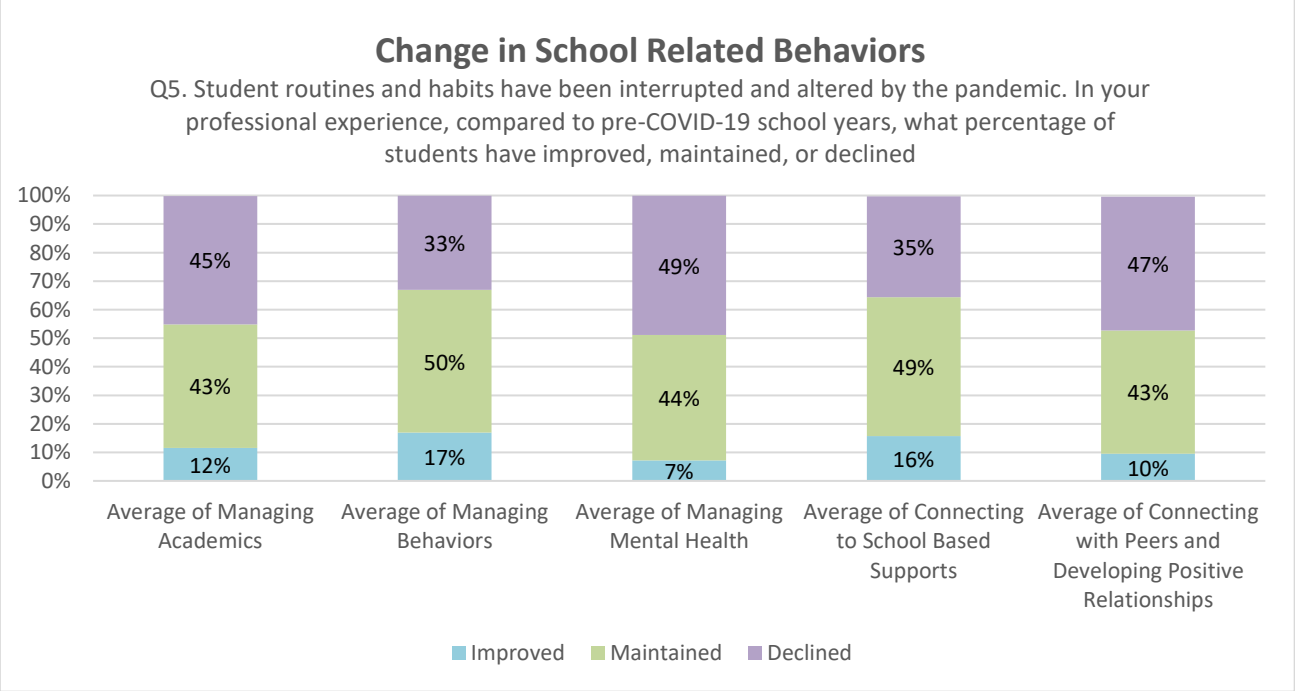
Table 5.

Estimated Frequency of Increase for Mental Health Indicators from Question 8.							
Mental Health Indicators: Estimated Increase of Frequency	**PreK to Grade 4**	**PreK to Grade 8**	**PreK to Grade 12**	**Grades 5 to 8**	**Grades 5 to 12**	**Grades 9 to 12**	**Average Response**
Q8_1: Symptoms of Anxiety -- Frequency has increased	88%	93%	79%	96%	93%	90%	90%
Q8_2: Symptoms of Depression -- Frequency has increased	77%	90%	82%	91%	93%	93%	89%
Q8_11: Barriers at Home -- Frequency has increased	85%	85%	89%	92%	86%	84%	86%
Q8_12: Barriers to Academic Support -- Frequency has increased	40%	81%	67%	79%	79%	83%	76%
Q8_5: Other Mental Health Symptoms -- Frequency has increased	48%	59%	61%	72%	68%	70%	64%
Q8_14: Food Insecurity -- Frequency has increased	72%	60%	58%	60%	61%	61%	61%
Q8_6: Seeking Mental Health Support -- Frequency has increased	77%	55%	54%	68%	54%	64%	60%
Q8_15: Housing Insecurity -- Frequency has increased	69%	56%	46%	64%	46%	52%	55%
Q8_3: Suicidal Ideation -- Frequency has increased	8%	31%	47%	53%	36%	36%	37%
Q8_8: Use of Marijuana -- Frequency has increased	8%	13%	42%	34%	54%	50%	33%

Q8_4: Self-Harm -- Frequency has increased	15%	27%	38%	43%	39%	30%	31%
Q8_16: Other -- Frequency has increased	29%	41%	35%	23%	40%	18%	31%
Q8_9: Use of Alcohol -- Frequency has increased	12%	6%	28%	17%	29%	37%	21%
Q8_7: Use of Tobacco -- Frequency has increased	8%	10%	30%	25%	32%	25%	20%
Q8_10: Use of Other Substances -- Frequency has increased	12%	6%	20%	9%	25%	26%	15%
Q8_13: Experience of Bullying -- Frequency has increased	0%	12%	18%	13%	11%	10%	12%
Yellow = Above-average increased frequency	**Yellow = Above-average increased frequency**						
	Red = Grade range had highest percent increase of frequency						

Research indicates that changes in structures and norms can have a deleterious impact. However, there are other individuals who maintain and even improve in areas because of the changes[5]. Table 6. shows the average responses when participants were asked to identify the percentage of their students they felt were "maintaining", "declining" or "improving" in targeted areas. Participants could attribute percentages across the three categories, adding up to 100% for each area. Participants reported more than 50% of students had either "maintained" or "improved" in the areas of managing academics, behavior, mental health and connecting to schools supports and connecting with peers. While "declines" did not rise over 50% for any category, larger percentages of "declined" were reported in managing academics (45%), managing mental health (49%) and connecting with peers (47%). There were also notable "improved" percentages for managing academics (12%), managing behaviors (17%), and connecting to school supports (16%).

Table 6.



The percentage measures from survey question five showed consistency from respondents across grade range as well as profession, with Table 7 shows the rate of "declined" responses based on the indicated grade range served by respondents.

Another measure of impact for youth is to examine changes in protective factors. Protective factors are individual or environmental characteristics, conditions, or behaviors that reduce the effects of stressful life

events. These factors also increase an individual's ability to avoid risks or hazards and promote social and emotional competence to thrive in all aspects of life, now and in the future[4].

Table 7.

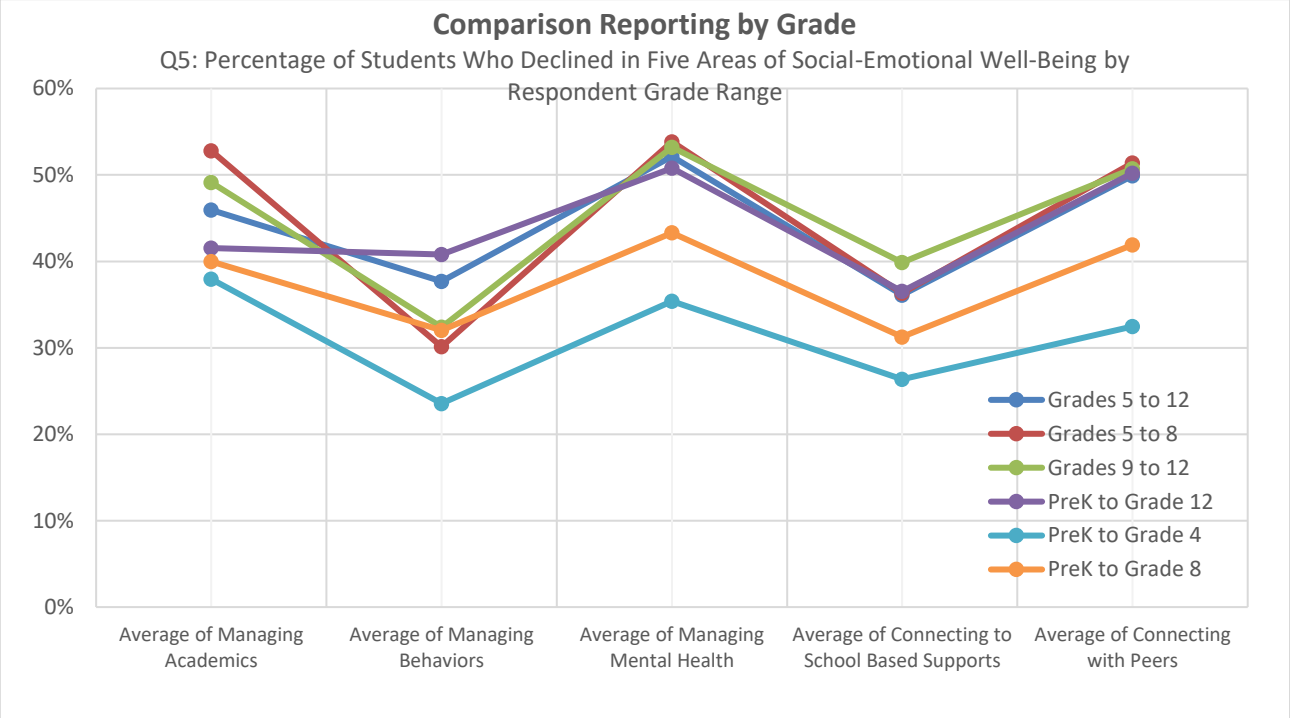
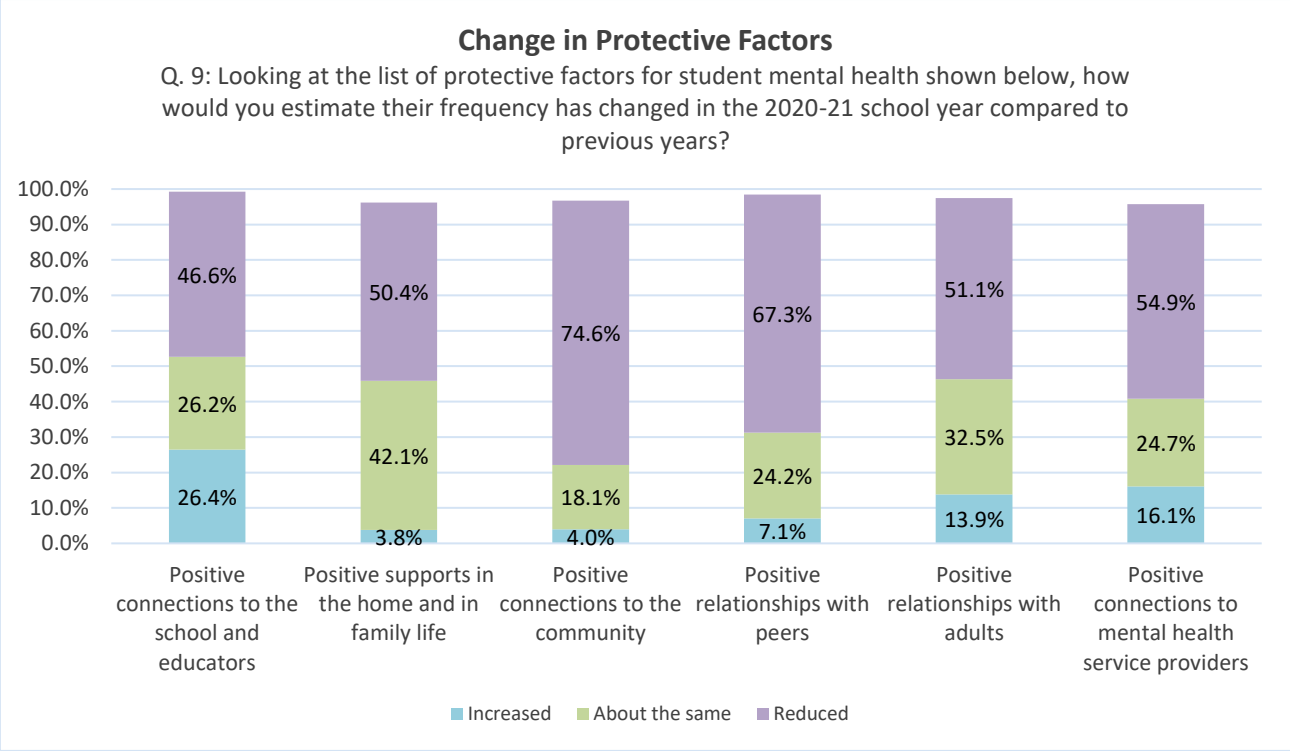


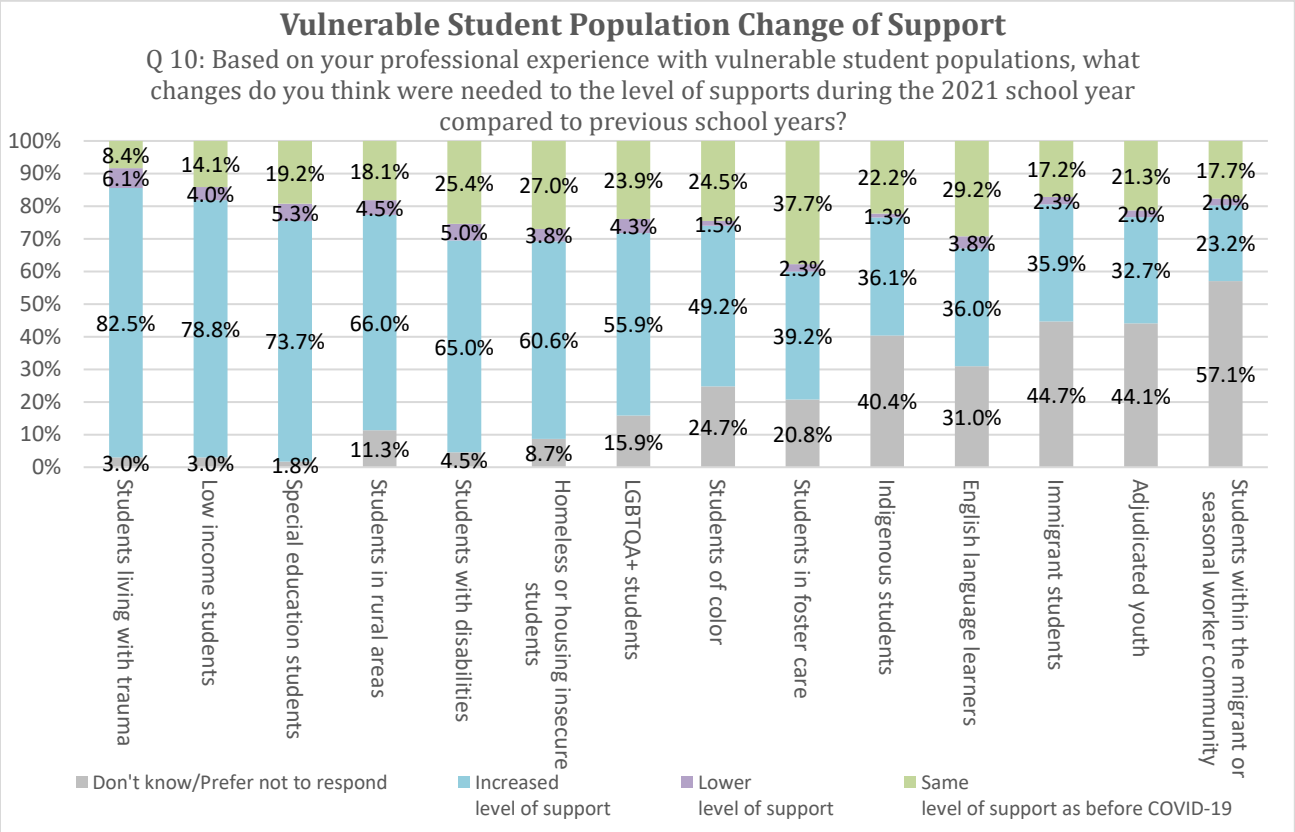
Table 8. shows that respondents reported decreases in all protective factor areas with 74.6% reporting a decrease in "positive connections to the community" and a 67.3% decrease in "positive relationships with peers". While the measure of "about the same" was also consistently reported (averaging 28% across the categories), there was a standout 25.4% of respondents who reported increases in "positive connections with school or educators".

Table 8.



COVID-19 has had a disproportionate impact on vulnerable populations[6]. Table 9. shows respondents indicated need for support with significant majorities identifying a need for increased support for students who are: "living with trauma" (82.5%), "low-income" (78.8%) and special education (73.7%). More than half of respondents indicated an increased need for support for students who are: "in rural areas", "with disabilities", "homeless or housing insecure" and "LGBTQA+ students" While the average percent of respondents reporting a need for lower level of support was only 3.4% across the categories, there was a high level of respondents who indicated that they "don't know/prefer not to respond", averaging more than 36% across the following categories of students: "of color", "in foster care", "indigenous", "English language learners", "immigrant", "adjudicated youth" and "within the migrant or seasonal worker community".

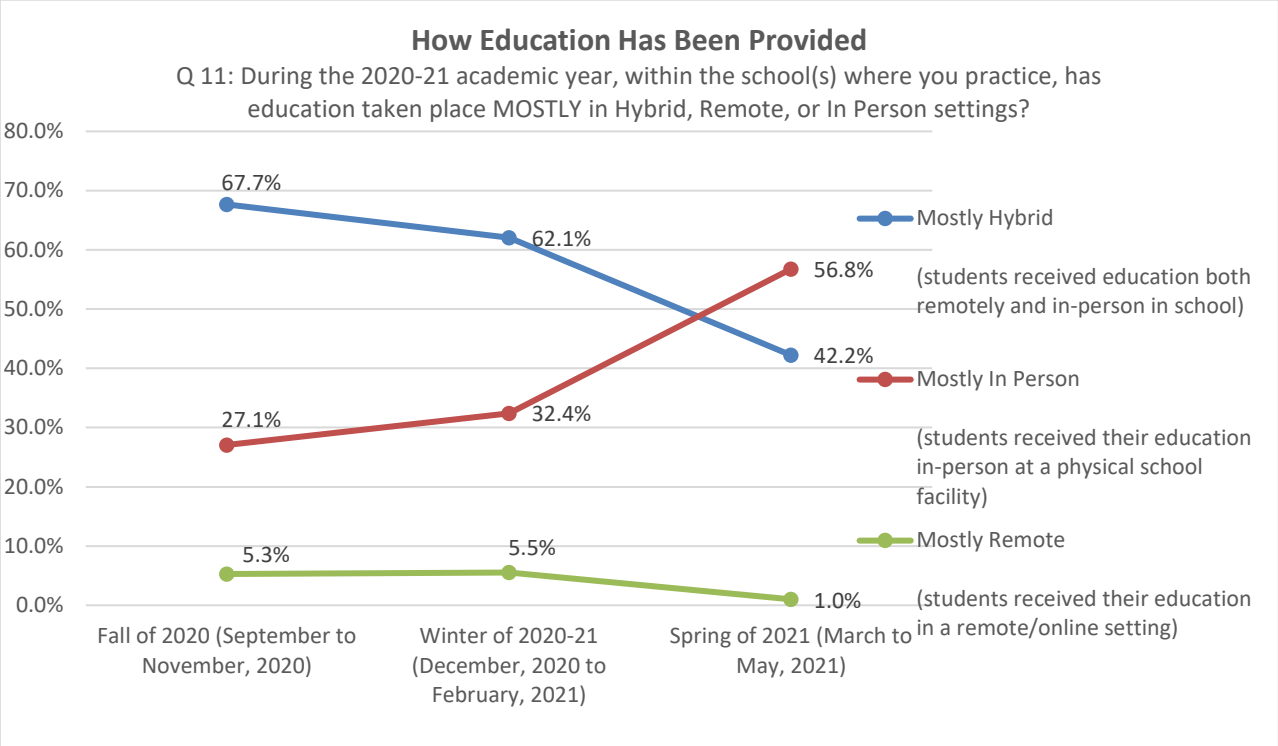
Table 9.



Large scale disasters, such as the COVID-19 pandemic, impact community structures and systems which can increase negative effects for individuals. Changes in how academics are provided during the pandemic as well as the impact on consistency of short-term closures due to COVID-19 outbreaks in schools could have an impact on student mental health[7].

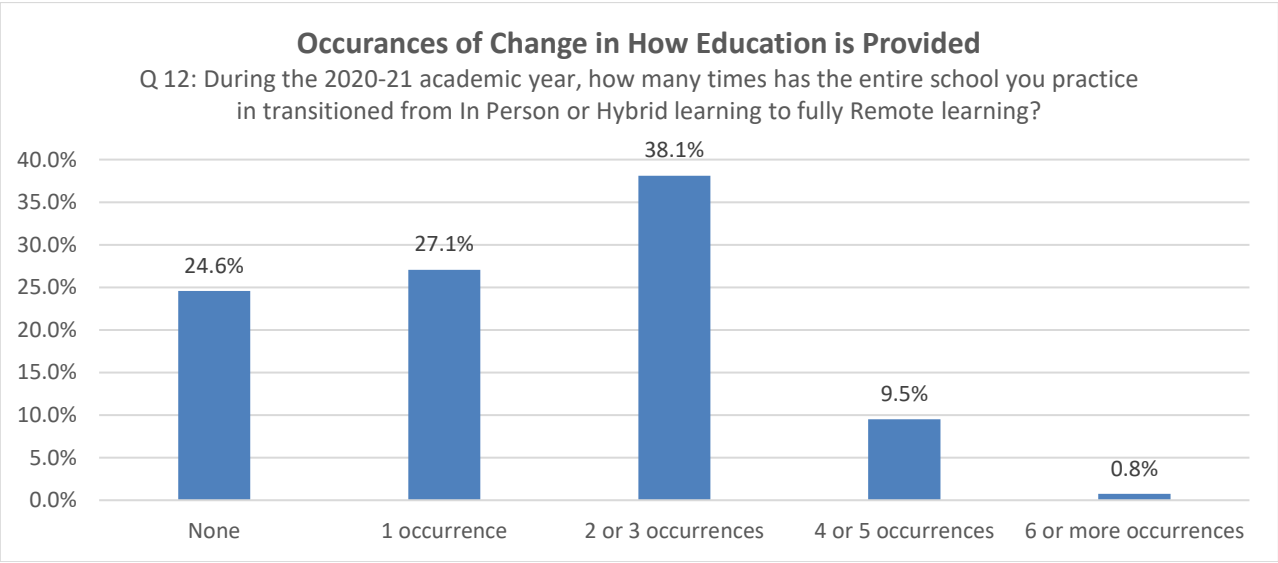
Maine schools have been able to provide more consistent and ongoing education when compared with other states. Table 10. shows the percentage of respondents reporting if their school/s had provided education primarily "in-person", "hybrid" or "remote" settings over 3 month, Fall/Winter/Spring time periods. While 67.7% reported that in the Fall of 2020, their schools were primarily "remote" instruction, by the spring of 2021"in person" learning increased to 56% with "hybrid" reporting 42%. Primarily "remote" learning was not reported above 6% across the time period and represented 1% of respondents reporting for Spring 2021.

Table 10.



Consistency in education is an important part of students being successful in schools. Table 11. shows that while 25% of respondents report no incidence of transitioning to providing only remote education over the 2020-21 school year, COVID-19 outbreaks may have impacted consistent instruction for Maine students. With 75% reporting some disruption and nearly 49% reporting 2 or 3 occurrences or more.

Table 11.



Conclusions/ Discussion:

Overall, findings from the survey are aligned with expectations based on existing disaster research. While Maine has experienced a 3-year decline in youth suicide for the first time in a decade[8] , the percentage of youth reporting anxiety and depression has increased since 2017[9]. Respondents reported increases in mental health related indicators such as anxiety and depression. Increases in substance use, suicidal ideation, and significant increases of barriers at home and to education were also noted. Anxiety and depression increases were reported consistently across the grade levels with higher reports of substance use in the upper grades. Seeking mental health support, and food and housing insecurity were reported more frequently in primary grades. The survey design **only** allowed respondents to indicate if there have been changes, not the severity of those changes.

When contrasting the increase of negative mental health indicators with reports of decreased protective factors, the data highlights how large-scale disasters impact multiple system levels and may impact multiple student support networks. These are foundational, protective, and "natural supports" that bolster youth when there is challenge in other areas. Over half of respondents indicated reductions in positive supports in the family and with adults or mental health providers. More than 2/3 reported reductions in positive connections with peers and with the community. The support systems available to students have been impacted by the pandemic. As a result, students may have fewer available resources.

Multi-level impact is further illustrated by respondents indicating changes in student routines and habits. In areas of managing academics and behaviors, mental health, or connecting with positive school or peer supports, respondents indicated that just over half of their students are either maintaining or have improved in these areas compared with pre-COVID years. While this is a positive indicator of resilience for half of Maine students, it also means that nearly half of respondent's students have declined in these same areas. While the survey was not designed to gauge severity of the decrease, having many students at once, who are struggling in these areas, may highlight existing vulnerabilities in the education and mental health support infrastructure.

Research has established that consistency for youth is an important contributing factor to building resilience. Short-term disruptions are double edged, as there is a change both going into, and coming out of each one. Providing known and consistent instruction, even when less than ideal, allows students and staff to neuro-regulate, improving an overall sense of safety and increasing engagement.

The COVID-19 pandemic has had a significant impact on students and their families, with a disproportionate impact experienced by Maine's most vulnerable populations. Respondents indicated a need for increased services with over 60% of respondents indicating a need for more supports for students living with trauma, from low-income households, receiving special education services, living in rural areas, or are currently experiencing housing instability. Across the categories, only 3.4% of respondents indicated a need for fewer supports and 1/4 reported the same level of support. There were twice as many respondents indicating "don't know/prefer not to say" associated with students who identify as LGBTQ, of color, or in foster care than from the first six categories. This response rate increased with as many as four to ten times the number of respondents indicating they "don't know/prefer not to say" associated with indigenous or immigrant students, English learners, adjudicated youth, or students who are members of the migrant work community.

Although there are multi-level impacts from large-scale disasters, these changes can also allow for positive effects and evidence of resilience. The survey was constructed to allow respondents to indicate changes in behaviors, supports, and systems related to students and their mental health that could include status decrease or maintenance, but also areas of increase or improvement. Respondents noted that nearly half of their students had declined in areas of managing academics, behaviors, and mental health. They also indicated that there was a smaller group of students who had *improved* in those same categories with 17% showing improvement in managing behaviors and 16% connecting more to school supports. Respondents averaged 12% of their students having improved in one of the categories. This indicates that there are some students who are benefiting from some of the changes made during the pandemic. The survey data confirms that not all students have been successful in the traditional academic model and there may be lessons learned that may be applied into the future.

Recommendations:

Existing research has established that there are best practices for supporting student mental health during and following large scale disasters. The pandemic has impacted individuals, communities, and systems. As a result, a multifaceted approach is needed to address the many needs of Maine's students. The Department's recommendations within this report are focused on the education system.

While adverse experiences may have profound impacts on students, learning environments and conditions may be designed in ways that can help students overcome these challenges and thrive. Knowing that social, emotional, identity, cognitive, and academic development are all interconnected, improving academic outcomes for students requires nurturing each of these areas of development in ways that are asset-oriented and personalized to meet students. Meeting the social and emotional needs of students must be foundational to efforts to improve academic outcomes for students. Such learning can be developed through explicit instruction in social, emotional, and cognitive skills (including intrapersonal and interpersonal skills, conflict resolution, and decision-making) and integrating social and emotional skills, habits, and mindsets within classroom lessons and activities.

A systems approach to meeting social, emotional, and mental health needs must be responsive to the trauma experienced during the pandemic and grounded in equity. A collective effort to help all students feel seen and valued is essential. It is also important for educators and school staff to recognize that social and emotional competencies can be expressed differently across cultures.

- Create a framework for meeting students' social, emotional, and academic needs
    - Explicitly teach critical social, emotional, and academic skills
    - Incorporate SEL programs like Maine's free PreK-12, SEL4ME
    - Establish building-level wellness teams to address the SEL needs of both students and staff
    - Implement restorative approaches and use circles or "mindful moments" that provide students with space to self-regulate emotions
    - Establish morning or closing meetings, or other rituals within each school day
- Build strong and trusting relationships among students, families, and educators
    - DOE Family Engagement and Cultural Responsiveness Resources
- Establish safe, positive, and stable school environments
    - Implement policies that highlight mental health awareness and support
    - Employ school based Restorative Approaches to address behavior, interaction, and discipline
    - Ensure that policies and practice protect student equity
        - DOE Diversity, Equity and Inclusion resources
    - Create a systemwide culture of safety and positive engagement
        - Maine School Safety Centers Comprehensive Threat Assessment Model
        - DOE Roadmap for Trauma Informed School Communities
    - Engage with Comprehensive School Counselor and School Health programs to provide support
- Ensure academic content engages students in relational based, authentic learning that incorporates SEL and trauma informed approaches
    - Actively engage students in meaningful and culturally and linguistically relevant learning experiences rooted in high academic expectations for all students
    - Provide supportive and specific feedback to encourage skill growth across all domains
    - Provide opportunities for student voice to be represented in classroom or school decision-

making.

- Maximize school based mental health supports
    - Provide access to support from guidance counselors, psychologists, and trusted staff members
        - Hire qualified and experiences clinicians to train staff and directly support student mental health
        - Engage school counselors and social workers to employ individual and group sessions to target support to students
    - Share educational resources with staff and students that provide a better sense of what mental health means
    - Intentionally work to reduce negative stigma that is associate with mental health
        - Talk about mental health and allow students the opportunity to speak openly about life, school, and the future
    - Access gatekeeper trainings and other best practice approaches to reduce youth suicide risk
    - Let students know they are not alone and that others are going through similar situations and provide them the time needed to heal
- Launch and/or bolster a Multi-Tier System of Supports (MTSS) framework

[1] U.S. Department of Education, Office of Planning, Evaluation and Policy Development, *ED COVID-19 Handbook, Volume 2: Roadmap to Reopening Safely and Meeting All Students' Needs* Washington, DC, 2021.

[2] Morganstein, J. C., West, J. C., Huff, L. A., Flynn, B. W., Fullerton, C. S., Benedek, D. M., & Ursano, R. J. (2016). Psychosocial responses to disaster and exposures: Distress reactions, health risk behavior, and mental disorders. In J. Shigemura & R.K. Chhem (Eds.), Mental health and social issues following a nuclear accident: The case of Fukushima (pp. 99-117). Springer Japan.

[3] Bonanno, G. A., Brewin, C. R., Kaniasty, K., & La Greca, A. M. (2010). Weighing the costs of disaster: Consequences, risks, and resilience in individuals, families, and communities. Psychological Science in the Public Interest, 11, 1-49. doi:10.1177/1529100610387086

[4] UNESCO *Education: From Disruption to Recovery*, 2021 https://en.unesco.org/covid19/educationresponse/

[5] Noris F, Freidman F, Watson P, *60000 disaster victims speak: Part I and II. An empirical review of the empirical literature, 1981–2001* February 2002 Psychiatry Interpersonal & Biological Processes 65(3):207-39

[6] Miller K. *Maine has Nations Worst COVID19 Racial Disparity* June 2020 https://www.pressherald.com/2020/06/21/maine-has-nations-worst-covid-19-racial-disparity/

[7] Wong A, Ming D, Maslow G, and Gifford E, *Mitigating the Impacts of the COVID-19 Pandemic Response on At-Risk Children* American Academy of PediatricsJuly 2020, 146 (1) e20200973

[8] Death certificate data, Maine CDC, Data, Research and Vital Statistics Program

[9] Maine Integrated Youth Health Survey Data 2019