*"The Pressure of Unmet Needs"*

**Elementary School Social Workers Lived Experiences Caring for Students with Anxiety in the Wake of the COVID-19 Pandemic**

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## Child Anxiety in Maine

- Maine, New Hampshire and Vermont in the top 5 states for the highest rates of anxiety among children ages 6-11 since 2020
  (Children and Adolescent Health Measurement Initiative [CAHMI], 2019, 2021, 2022)

- Maine: the highest rate of child (ages 6-11) anxiety (18.6%), > 2x the national prevalence for this age group (9.0%) (CAHMI, 2022)

- In 2020 > 90% of Maine school mental health providers reported an increase in anxiety among the students they serve (Maine Department of Education [MDOE], 2021)

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## Background and Significance

- Anxiety is the most common and earliest mental health problem for children (Beesdo et al., 2010; Racine et al., 2021; Strawn et al., 2021).

- Risks: Poor academic performance, school drop-out, substance abuse disorders, suicide, later financial disadvantage (Ginsburg et al., 2019; Allen et al., 2020).

- Treatment is effective at early ages, but most children don't receive it (Ginsburg et al., 2018; Ginsburg et al., 2019; Keeton et al., 2018).

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**Maine: A state of high anxiety**

Prevalence of current anxiety problems
Children age 3-17 years
Maine vs. Nationwide
Currently has condition x Age groups, 3-17 years
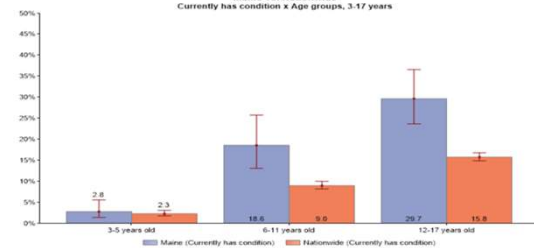
Data Source: National Survey of Children's Health, Health Resources and Services Administration, Maternal and Child Health Bureau. https://mchb.hrsa.gov/data/national-surveys
Citation: Child and Adolescent Health Measurement Initiative. 2022 National Survey of Children's Health (NSCH) data query. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). Retrieved [mm/dd/yy] from [www.childhealthdata.org].

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## Background and Significance

- American Academy of Pediatrics, American Academy of Child and Adolescent Psychiatry, & Children's Hospital Association declared a **national emergency in children and adolescent mental health** (American Academy of Pediatrics, 2021).

- Since the COVID-19 pandemic school mental health services have been "overwhelmed" with increasing caseloads, expectations, isolation and barriers to meet student needs (Watson et al., 2022, p. 902; Capp et al., 2021).

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## Study Aim and Methodology

**Study Aim:**

To explore elementary school social worker's first-hand experiences with and knowledge of caring for elementary students with anxiety in the wake of COVID-19.

**Qualitative** (phenomenological) **method:**

Looks for common meaning within the experiences of a group considering both what is experienced & the influencing contexts (Creswell & Poth 2018; Moustakas, 1994).

## Participants and Data Collection

**Data collection**

-20 semi-structured interviews using an interview guide

-Nov 2023 - April 2024

**Participants**

-10 licensed Maine elementary school SWs

-Rural, urban and suburban districts.

-80% with 10+ years of practice. (60% with 20 or more years of practice)

-80% > 200 students in their schools.

-90% serving general and special education.

## "It is big"

"It is bigger and more frequent and a barrier. It's preventing students from learning. It's preventing students from attending. It's preventing students from taking risks and having conversations that are hard. Preventing students from advocating for themselves... The majority of 504 plans now are anxiety related ... **We used to carry 4-6, 504 plans and as of today... we are at 39, 16 of them are anxiety."**

"It's happening more. Instead of 1 or 2 explosive kids in a grade level, **we have 1 or 2 explosive kids in a classroom."**

"We're getting a lot of calls from parents about kids who are screaming and crying and saying they don't want to come to school.. **Kids who refuse to get out of the car when they get to school... Lots more than previously.**"

## Findings

| | | |
|---|---|---|
| T1 | "Behavior is communication"<br><br>"It is big" | Sw's conceptualizations of the problem and presentation of student anxiety in the school setting. |
| T2 | "The pressure of unmet needs" | Sw's professional response to caring for students with anxiety. |
| T3 | "A humongous lack of resources" | Sw's perspectives of barriers to service provision and workforce needs. |

## T2: "The pressure of unmet needs"

"Being the only mental health provider in our school feels like a lot of **pressure**. There's a lot of unmet needs that I feel the pressure of."

"Each year gets harder. I thought during COVID that that was my hardest year. I've been at this school for 20+ years. Then the next year got harder and this year I mean... my **burnout** factor is pretty high this year. This year is probably the highest it's been in my 20+ years and I think it's because of the high, high needs of so many children. It's not just a few. It's severe behaviors in every classroom."

"Our resources are stretched so thin and then it makes it hard to do the parts that need to happen on a day-to-day basis because you're putting out all the fires that arise making it really tricky. If feels like the school needs to fix it all, but yet when we try, we don't do well enough... Sometimes I feel a little **helpless** and I have used that terminology a lot in the last week and a half."

"More feelings of **self-doubt** than ever before. Just overwhelmed, definitely **overwhelmed**. Very aware that there's this giant well of need and it is truly not possible to meet it all."

## T1: "Behavior is Communication"

SW's observations of student anxiety

| Verbal | Non-verbal |
|---|---|
| -"They're scared. They're worried about everything and anything." | -"Running out of the classroom" |
| | -"He went totally inward and didn't want to do stuff" |
| -"Lots more worries about how to navigate social situations" | -"Lots more crying. I do see a lot more of that" |
| | -"Just not able to sit and attend" |
| -"Cursing" | -"Clingy", hiding, frequent trips to the bathroom or nurse with somatic complaints |

## T3: "A humongous lack of resources!"

"The biggest barrier for these kids is finding **a community provider**. Someone that would be with them longer-term. I'm only with them a half an hour a week if all goes well, if they're not absent, if there isn't a snow day, if there isn't an assembly.. The lack of resources in the community is really a big deal."

"I just heard from a parent who's on a wait list, been on a **waitlist for about 9 months**. It's not looking like it's going to happen anytime soon."

"I had a parent call last week and their student, a first grader, had some really extreme, extreme unsafe behaviors and so they took them to the doctor and **the doctor referred them to the school.** It's like, that's not the way that's supposed to work. It's supposed to go the other way around."

## Implications

Maine elementary school social workers have become a crucial safety net, but have faced increased demands with diminishing resources. Gaps in community supports increased the complexity of treatment in the school environment.

To reduce risk of attrition and improve student mental health support SWs request:

**Professional support**

**Families resources**

-Caseload management
-Salary/budget
-Professional training
-Replacement of COVID funding

**-Community mental health**

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## Conclusion & ?'s

*These findings shed a spotlight on the vital role that elementary school social workers' have played post-pandemic and raise concerns about the long-term impact of severe anxiety on the students affected, the school climate and staff tasked with caring for them without remedial action to ensure that school is a comfortable place for everyone to work and learn!*

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