

**A STUDY ON STUDENTS' MENTAL HEALTH DURING THE COVID-19
PANDEMIC THROUGH THE PERSPECTIVE OF MENTAL HEALTH
PROFESSIONALS**

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SIGNATURE PAGE

THESIS

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This research is also dedicated to all the young people who battle mental illness every day. Your voices do not go unheard. You are not alone, no matter how much your mind tries to tell you otherwise.

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ABSTRACT

The thesis focuses on students' mental health during the COVID-19 pandemic and zooms in on how distance learning is impacting students. The thesis first provides a background of mental health with previous studies surrounding the effects of loneliness, anxiety and depression. Next, the thesis presents various literature contributing to the topic of mental health and adolescent mental health during COVID-19. In reading the literature presented, the data reveals that majority of students are facing mental health challenges during COVID-19 and distance learning. The research that was conducted included interviewing mental health professionals and secondary educators that asked open-ended questions to provide opportunity for elaboration and thorough responses. In the presentation of the conducted research, the data collected also reveals that students are struggling with depression, anxiety, and lack of socialization. The lack of socialization seems to be the root of the cause, adding to the literature because the data presents new findings that previous studies had not yet discussed. Other implications include the data also connecting with the literature because previous studies of adolescent mental health during the COVID-19 era show that students are struggling to express their thoughts and emotion, which is revealed in the research conducted. As mentioned above, students are experiencing depression, anxiety, and feelings of loneliness, which indicate another implication; these findings from the literature also connect with the results from the research.

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CHAPTER 1: INTRODUCTION

Mental health is an important psychological factor that contributes to our overall health maintenance. According to the World Health Organization, mental health is defined as, “a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community” (Brugha, 2015, p. 187). Although this is how the WHO defines mental health, it can also be seen as psychological well-being. Psychological well-being also includes the “ability to maintain a sense of autonomy, self-acceptance, personal growth, purpose in life and self-esteem” which are the personal aspects that can affect one’s mental health (Brugha, 2015, p. 187).

It is important to note that the term “mental well-being” can create an assumption that someone with mental well-being is without mental disorder. However, this is not true because there is evidence that both states can coexist in one person, which leads into the two conceptualized approaches in mental health: the hedonic and eudaimonic (Brugha, 2015, p. 188). The hedonic approach surrounds happiness or life satisfaction, (once we have what we want, we always want more) while the eudaimonic surrounds optimal psychological and social functions (Brugha, 2015, p. 188). Because mental health has such depth, next I will present mental health as a general study, and then focus on students’/adolescent mental health, and finally demonstrate how students’ mental health present in today’s pandemic era.

Background

Previous Research on Mental Health

Mental illness, in the US, leads to approximately 40,000 deaths, 182,000 to use of drugs and alcohol, and internationally, about 800,000 people (aged between 15-44) commit suicide each year (Prince et al, 2007, p. 860). If mental health is not addressed as a priority, then substance abuse and suicide will continue to prevail. There is evidence that mental illness has a negative effect on other health conditions as well. For example, there are “strong prospective associations between depression, anxiety, and coronary heart disease,” as well as non-fatal and fatal strokes (Prince et al, 2007, p. 862). Therefore, prevention needs to be implemented to a wide range of individuals, not just those who are more susceptible, or are already suffering from mental illness (Brugha, 2015). Other factors are important in regard to mental well-being. Brugha (2015) mentions in his article that adverse life events, social functioning and relationship quality, work, community activities, leisure, and “associations involving the structure and composition of social relationships” are important to our mental health and its well-being (p. 189). Relationship quality and other activities that promote positive emotions decrease poor mental health and act as an aid to combat against stress, depression, loneliness, and suicide (Li et al, 2020; Bono et al., 2013; Ong et al., 2006; Chang et al., 2015; Kleiman et al., 2014; Santos et al., 2013). Without these essentials, our mental well-being will not be as “well” as when these measures are in place.

Johann Hari, author of *Lost Connections*, wrote a book about causes of depression and anxiety. Hari first talks about jobs and how this can cause people to shut down. Hari interviewed several people. After some research, he found that the explanation that

causes depression or anxiety within working people is because the work they are doing is monotonous, “soul-destroying” and has no real value to their lives (Hari, 2018, p. 69).

Disempowerment, or having little to no control over our lives, studies show, is one of the main causes of poor mental and emotional health.

Hari then moves on to the negative effects of loneliness, another negative state of mental health. In the 1970s, John Cacioppo conducted a study on 100 strangers at University of Chicago, where he had these strangers live out their everyday lives but under one condition; they had to wear a cardiovascular system to track their heart rate, some tubes, and a beeper (Cacioppo, 2010 as cited by Hari, 2018). On the first day, the beeper would beep nine times a day, and when it did beep, the subjects were to write down two things: how lonely or connected they felt, and their heart rate at that moment. The second day was the same routine as the first, however, this time they also had to spit in the tubes that were given. Cacioppo was conducting this research to see how stressful it is to be lonely. He discovered that when a person is stressed, their heart rate increases, and their saliva is filled with cortisol, which was measured when the subjects spit in the tubes (Hari, 2018, p. 74). What this experiment showed, was that feeling lonely, “caused your cortisol levels to absolutely soar- as much as some of the most disturbing things that can ever happen to [someone]” (Cacioppo, 2010 as cited by Hari, 2018, p. 74). Even experiencing acute loneliness, this experiment found, showed the same amount of stress levels as if “experiencing a physical attack” (Cacioppo, 2010 as cited by Hari, 2018, p. 74). The effect of an increase in cortisol is due to an increased feeling of loneliness (Hari, 2018; Doane & Adam, 2010; Drake et al, 2016).

To touch back on the study of depression and anxiety causing physical decline mentioned earlier, Hari mentions other scientists who conducted more studies on this matter. Professor Sheldon Cohen was one who conducted an experiment where he took a group of people, all varying in their social lives and connections, and (with their permission) deliberately exposed them to the cold virus (Hari, 2018). Cohen was sought to answer, which group would get sicker- the isolated group, or the connected group? The results showed that the isolated group were three times more likely to catch the cold than people who had several close connections with others (Hari, 2018). Hari mentions another scientist named Lisa Berkman, who followed isolated and connected people over a time period of nine years and found that the isolated people were two to three times more likely to die during that period of study- when people are alone, cancer, heart disease, and respiratory problems became more fatal (Hari, 2018).

Cacioppo went on to discover whether depression and anxiety were causing loneliness, or if loneliness was the first domino causing depression and anxiety. He conducted another experiment. First, he had Group A and Group B take a personality test. Next, people in Group A were hypnotized to remember a time when they felt most connected with others, and Group B were hypnotized to remember a time when they felt really lonely. Then, they were both to take the personality test again. The results showed that those who were “triggered to feel lonely” became more depressed, while the opposite group became “radically less depressed” (Hari, 2018, p. 76). This experiment showed that loneliness preceded depressive symptoms (Hari, 2018). Anxiety also partners with these depressive feelings because of the “strong impulse” to reconnect with others (Hari, 2018, p. 78). Anxiety can cause suspicions of social contact and at the same time, cause fear of

making contact with strangers despite the impulse to reconnect. Feeling anxious and fearful of others is a subconscious effect where people begin to believe that nobody is looking out for them, hence the fear that is present. (Hari, 2018). Hari (2018) explains in order to reverse this effect on those with depression and anxiety, there needs to be a shared value or “something” between people that is meaningful for both or all of those involved (p. 83). There must be a sense of “mutual aid and protection,” a sharing of something that matters (Hari, 2018, p. 83).

Lastly, Hari states in his book that a disconnection from a secure future causes the suicide rates to increase. It is emphasized that a “positive” future “protects” our well-being because with a secure future, the pain that might be felt seems temporary, however, when that security is taken away, then the pain no longer feels temporary but a feeling that could last permanently (Hari, 2018, p. 138). Temporarily feeling unsure about the future transitioning to feeling permanently unsure was proven through a series of interviews, and specialized questions which asked teenagers with depression about the future. These teens with depression were unsure about the future and could not imagine it for the hypothetical person the researcher was asking them about.

Previous Research on Homeschooling

Following the background in mental health, I’m going to discuss some background of homeschooling in regard to grades and academic success in the United States because researching students’ mental health during the COVID-19 era with school at home could have a relation to their grades.

Although there have been case studies on academic achievement with those who are homeschooled versus in public school, the results are inconclusive due to several

limitations and inconsistencies. For example, the sample of participants who represent their homeschooling cannot be representatives for the entire homeschool population due to the varying laws and requirements of each state, and narrowing even further, of each school district (Carlson, 2019). Therefore, to try and compare these two schooling approaches causes for limits. However, there is one case that revealed both homeschool and public-school groups' SAT scores were predictive of college grade point average and first-year retention, which resulted in public schooling showing a better predictor for college grade point average than homeschooled students (Carlson, 2019). Therefore, this study eliminated the suggestion that homeschooled students performed better than those attending traditional school (Carlson, 2019). Although there are relatively positive results in homeschooling, it is important to note that homeschool parents decide to homeschool not because they feel public schooling has insufficient teaching, but because they believe they have the personal resources necessary for effective teaching, and they are capable of educating their children well in ways consistent with their priorities (Green & Hoover-Dempsey, 2007). With this in mind, not everyone has access to these same resources that those who are able to homeschool do. The combination of these academic inequities and potential mental health risks are what raises concerns with the nationwide school shut down in 2020.

The Pandemic: COVID-19

Starting in December 2019, there was a rapid world-wide spread of the virus called COVID-19. By March 19, 2020, a state of emergency was called in which the United States enforced a national lockdown that included businesses, personal care services, and schools. Education moved to distance learning where students did their

schoolwork from home. With the new school year approaching, questions were raised with what the best back to school plan was for the upcoming school year 2020-2021. As of August 5, 2020, the nation exerted 5,234,800 confirmed cases of COVID-19, which, as of July 25, 2020, approximately 576 of those cases were children confirmed with COVID-19 whether they were mild cases or had to be taken into ICU (Kim, Whitaker, O'Halloran, et al, 2020, p. 1081). Based on these numbers, Governor Newsom ordered on July 17, 2020, that schools will only be allowed to reopen if their county comes off the County Monitoring List for fourteen consecutive days. Other state officials across the nation have also proposed similar orders.

Problem Statement

With these closures in order, there have been concerns about students' mental health due to having to stay home. Part of this concern is that they will not have their daily routines to lean on since "school routines are important coping mechanisms for young people with mental health issues" (Lee, 2020, p. 421). Oosterhoff et al. (2020) conducted a study which took a national (U.S.) online survey of 683 students during the first two weeks of lockdown that resulted in these adolescents indicating greater feelings of anxiety, depression, and feeling like a burden. Once realizing these impactful effects on adolescents, there has been a growing concern whether there should be a reopening of schools because students' mental health is beginning to take a downfall.

Due to the protocols of the pandemic, students around the world have shown a decrease in their mental health. YoungMinds, a mental health charity, conducted a survey in the United Kingdom made up of adolescents and young adults (up to age 25) which produced results of "83% [of participants] said the pandemic had made their conditions

worse [and] 26% were unable to access mental health support” (Lee, 2020, p. 421). It appears that adolescents and students are affected on a global scale with similar symptoms. According to Barari et al. (2020), the average level of anxiety in Italy’s population is high, and none of their respondents were completely without anxiety. The younger group resulted in experiencing extreme boredom and family conflict (Barari et al. 2020). This boredom, perceived immobility, and anxiety will soon begin to weigh heavily due to the lack of freedom, stimulation, fresh air, and physical exercise (Barari et al, 2020).

Rationale

This study is going to analyze whether there is a relationship between the stay-at-home order for school and students’ mental health and if there are any potential threats for their stability through the perspectives of mental health professions. Addressing students’ mental health is important because according to Guerra et al (2019), “poor mental health is also associated with increased health risk behaviors and lower educational achievement” (p. 328). Mental health disorders affect students’ success in the classroom, and if not addressed, then the drop-out rate will continue to increase from the rising rate of 38.1% (Guerra et al, 2019, p. 328). This percentage represents the total of students identifying with emotional disturbances who drop out.

There is also a lack of access to the necessary mental health services students need. Approximately 75-80% of students do not receive the necessary services due to socioeconomic status, cultural beliefs, and family structure characteristics (Guerra et al, 2019). Research shows that schools across the nation do not have consistent credible health educators on their campuses. While some campuses require their health educators

to be licensed, other districts do not require this. The inconsistencies continue because some campus environments encourage mental health support while others do not (Guerra et al, 2019). Teachers and administrators are already lacking in mental health support while schools are open, so the accessibility for students become even less if schools are shut down and replaced with distance and at home learning (Schepis et al, 2020). There are also debates on the long-term mental health effects as well. Research shows that if there is a feeling of intense pain or negative mental health for a long period of time, the brain will begin to assume that this is the state to be in in order to survive (Hari, 2018). This means that the brain can lose the synapses that “relate” to the things that provide joy and happiness and create stronger relations to those feelings of fear and despair (Hari, 2018, p. 147). Even if the initial causes of the pain passes, anyone can still experience a “fixed state of depression or anxiety” because the brain has adapted to do so (Hari, 2018, p. 147). Students have the potential for these risks to occur to them.

Research Question

The research question I had was, “from the perspective of mental health professionals and educators, what are the effects of COVID-19 on students’ mental health with staying home for school?”

Description of Study

The study that I conducted will involve a series of interviews with professionals who work directly with students on a daily basis as well as students’ mental health.

Definition of Terms

Mental Health- “A level of psychological well-being, or an absence of mental disorder; a state of well-being in which the individual realizes his or her own abilities,

can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community; the condition of being sound mentally and emotionally that is characterized by the absence of mental illness and by adequate adjustment especially as reflected in feeling comfortable about oneself, positive feelings about others, and the ability to meet the demands of daily life” (WHO, Merriam-Webster).

Assumptions

It can be assumed that this change in students’ lives have impacted them due to the lockdown. Students face impacts on their lives on a daily basis that are outside of any adults’ control. With the knowledge that students face different impacts every day, there was an assumption that there was an impact from changing from in-person classes, to online classes from home. Another assumption was that the participants in this study have a close relationship with the students which gives them the capability to respond to my interview questions.

Limitations

There are a few limitations to this study. The first limitation was drawing from a small sample, which include four counselors, two teachers, and one adolescent therapist. The second limitation was the incapability of making broad generalizations. This study was limited due to only drawing from professionals from two sites in California, therefore broad generalizations are not possible due to the potential of varying answers from other areas that are not studied in this research. Another limitation was the inability to interview students directly, therefore, causing this study to not have full accessibility to students' emotions or thoughts since I am interviewing the professionals for their insight.

Significance of the Study

The significance of the study is that this research asked questions that have yet to be clearly answered. The COVID-19 lockdowns were a huge change in everyone's lives, therefore, focusing on students' mental health can raise awareness of the impact that the lockdowns might have had on them. This study concentrated on how students' mental health was affected during the COVID-19 pandemic and can raise awareness because there could be a relationship between their mental health and switching from attending in-person classes to online classes.

CHAPTER 2: REVIEW OF LITERATURE

This chapter covers research of students' mental health during the COVID-19 pandemic and how the lockdowns and online learning are affecting them. For better understanding of the virus, this chapter also reviews the virus progression and how it perpetuates. I take Hari's research that was previously mentioned in Chapter 1 and exploit these points deeper by covering several mental health case studies conducted during the lockdown. There is a concern for students' mental health during this nationwide lockdown, therefore, this chapter unveils the effects that the lockdown could be having on their mental health.

The Virus Progression

In order to understand the lockdown orders, we first must understand how the virus progresses within its host. After approximately five days, the host will begin to show symptoms such as a fever or cough (Lauer et al 2019, as cited in Berenson, 2020). Following this, the host can either recover fairly quickly, or become sicker and thus needing hospitalization (Lauer et al 2019, as cited in Berenson, 2020). If the host is still unable to recover, then they will need intubation, which then can sometimes lead to death. COVID-19 is a respiratory virus, therefore, it is "transmitted" through droplets of saliva and phlegm that has been contaminated with the virus that are airborne; the droplets stay in the air long enough to transmit contamination (Galbadage et al, 2020; Berenson, 2020). So, practicing social distancing will reduce the amount of people coming in contact with these airborne droplets.

According to research, the virus is hardly as dangerous to younger people versus those aged above 70. Younger adults, teenagers, and children, according to studies, are at

low risk from COVID-19. Examples of this effect are world-wide; Italy had a total of seventeen deaths aged under 30; the UK had four deaths under the age of 15; lastly, New York reported only fourteen deaths under the age of 20, and one-hundred and two deaths under the age of 30 (Palmieri et al, 2020; Office for National Statistics, 2020; NY State Department of Health as cited by Berenson, 2020). Dr. Robert Redfield, the director of the Centers for Disease Control, talked about how “the risk of death [from COVID-19] in children under 18 are 1 in 1 million” on July 14, 2020 (2020).

Continuing the discussion on COVID-19 and its effect on children, adolescents and young adults, there is one posing threat that was brought to the surface. According to public health authorities, there are rare post-infection inflammatory and immune syndromes that cause heart damage or could kill children (Unudurthi et al, 2020; Eriksson et al, 2004; Berenson, 2020). Although this is a deterring fact regarding children and COVID-19, it is not unusual to see this type of threat arise because COVID-19 is a type of virus infection (Eriksson et al, 2004).

The Centers for Disease Control Manuals

Presenting information on the CDC’s epidemic manuals explains why the pandemic produced worldwide lockdowns for spread prevention. The CDC and WHO provided an epidemic planning manual in 2017 with guidelines and recommendations on what to do if there were a respiratory virus outbreak. In this manual, there was no mention of widespread workplace closings and schools shutting down were only supposed to be temporary measures during “severe, very severe, or extreme pandemics” (CDC, 2017). Severe, very severe, or extremely severe, are pandemic categories in which people are dying by the millions, such as during the Spanish flu era. COVID-19 is not

killing at the same rate as the Spanish flu- with it only reaching the hundreds of thousands of deaths.

Before the manual came out in 2017, the CDC also produced an epidemic/pandemic index in 2007. In this index, the categories are listed 1-5; Category 1 is a normal seasonal flu with up to 90,000 deaths, while Category 5 represents the high end of the spectrum, listing about 1.8 million deaths, i.e., the Spanish Flu (CDC, 2007 as cited by Berenson, 2020). According to the CDC's 2007 Pandemic Severity Index, COVID-19 should be listed as Category 2 epidemic. Category 2 is defined as approximately 90,000 to 450,000 deaths. For both categories 2 and 3, the CDC claims that the government should only consider school closures of less than four weeks, and moderate alterations to minimize contact among adults (CDC, 2007 as cited by Berenson, 2020). The 2017 CDC manual superseded the CDC 2007 Pandemic Severity Index with a very similar outline.

Students' Mental Health and COVID-19

After unveiling COVID-19 lockdowns and the purpose behind them as a whole, this section focuses on studies that specifically target students and the state of their mental health during this time period. There are several studies that have taken place over the time span of when COVID-19 lockdowns began until recent that repeatedly show the same results; there has been a heavy increase in depression, anxiety, fear, stress, feeling like a burden, and insomnia within adolescents since schools and businesses closed. With these mental illnesses on the rise in teens and children alike, there also raises the chances of more adolescent suicide (Sher, 2020).

According to the U.S. Centers for Disease Control and Prevention, between October 2020 and April 2021, emergency visits due to mental health crisis for adolescents aged between 5-11 years old increased approximately 24% compared to the same time period the year before. Adolescents aged 12-17 years old, the mental health crisis increased by about 31% (CDC 2021 as cited by Sparks, 2021). This effect will likely be felt for many years to come, according to experts (Sparks, 2021).

The rise of mental illness during the COVID-19 pandemic is not abnormal when studying the patterns of what causes them and how they may lead to suicide. Devitt (2020) references Durkeim's four types of suicide: too much social integration (altruistic), not enough social integration (egotistic), too much regulation of society (fatalistic), and insufficient control of society (anomic). These four types of suicides correlate with what Hari, the author of *Lost Connections* as previously mentioned in Chapter 1, discusses in regard to feeling a lack of control in our lives. Hari (2018) explains that feeling out of control of our lives is one of the leading causes for poor mental and emotional health. In China, 1210 participants were surveyed which resulted in 53.8% of them rated the mental and emotional impact of the pandemic as moderate or severe, 16.5% reported moderate to severe depressive symptoms, and 28.8% reported moderate to severe anxiety symptoms (Sher, 2020). Kaiser Family Foundation conducted a similar study in the United States where they also found congruous results as China; 45% of participants claimed that they have been experiencing negative mental health due to worry and stress from the pandemic (Sher, 2020). Sher (2020) explained that the most impacted age group is the younger people aged 21-40. Although this study mainly

focused on the general population's mental health, the results were similar when focusing on adolescents' mental health.

Saurabh and Ranjan (2020) conducted a study with 121 children, aged between nine and eighteen years old, where both the child and parent were interviewed questions about their compliance with quarantine and the psychological effects of quarantine. Approximately 85% of the participants were male. This interview measured and assessed adolescents' understanding of quarantine behaviors and the psychological impacts of quarantine (Saurabh & Ranjan, 2020). The results showed several outcomes: 92.56% did not go out to socialize, and 65.26% of children found it most difficult to not go out and socialize with friends or family (Saurabh & Ranjan, 2020). The second part of Saurabh and Ranjan's (2020) interview involved the psychological side of quarantine with the most common results being: worry (68.59%), helplessness (66.11%), fear (61.98%), nervousness (60.33%) and loneliness (48.76%). The results showed that adolescents were also facing "anxiety related insomnia" due to isolation (Saurabh & Ranjan, 2020, p. 533). Saurabh and Ranjan's research with these youth reveal that disempowering children from what they can do and adding more to what they cannot do such as going outside or going to school during the pandemic increased more negative emotions than positive. Socialization is an important part of children's well-being based on this study's reports. As Hari (2018) describes this, disempowerment is "at the heart of poor health- physical, mental, and emotional" (p. 69).

Loneliness

Hari (2018) discusses the negative effect of loneliness through John Cacioppo's study on one hundred strangers at the University of Chicago in the 1970s. As referenced in Chapter 1, these strangers lived out their everyday lives with a cardiovascular tracker, tubes and a beeper. Every time the beeper alerted them, they were to spit in the tube, and write how lonely or connected they felt. Based on the cortisol levels measured from the saliva, the results showed that being "deeply lonely seemed to cause as much stress as being punched by a stranger" (Cacioppo & Patrick, 2008 as cited by Hari, 2018, p. 74). One study that connects to Hari's discussion on loneliness is one that was performed in China where social capital and stress were measured simultaneously with those who were isolated during the COVID-19 pandemic. What was found was that anxiety and stress coincided with compromised sleep, so, those who were in isolation faced very high levels of stress, anxiety and insomnia (Sher, 2020). Following this study about isolation causing anxiety, studies have also shown that isolation is also behavior that is associated with depression and loneliness (Sher, 2020). Like Devitt, Sher (2020) also references Durkheim's studies in regard to these behaviors of isolation and depression leading to suicidal thoughts and actions. In a study performed by Rogers et al (2021), adolescents expressed feeling "in a funk," where not having a daily routine and unable to see others made life difficult and "led to feelings of lethargy and sadness" (p. 48). This psychological exposition is found across all cultures and populations, for example, a Quebec Health Survey revealed that living alone and having "no friends" were both related to suicidal behaviors and attempts (Sher, 2020, p. 709). Living in isolation leads to depression, anxiety, and potentially suicidal ideation.

With this in mind, it is incredibly important to view adolescent isolation as a need for close and abundant attention because according to Lisa Damour, an adolescent psychologist, teenagers and children alike are in a “developmental space” where they very much need regular contact with their classmates, teachers, coaches, and advisors to grow relationships outside the home (Kamenetz, 2020). Kamenetz (2020) references a 17-year-old student currently attending school in a hybrid model and how he explains first-hand that “teenagers are [facing] the effect of isolation, staying at home... Everyone feels isolated...” Kamenetz’s article stresses the importance of growing adolescents being outside of the house and making connections with others rather than just with those from within their household. Hari’s discussion on the physical toll and psychological impact loneliness and isolation puts on people could have a connection to the consultation Lisa Damour expresses for teenagers; nobody at any age should be alone or isolated because of the intense amount of stress that one suffers through feeling lonely or disconnected from others. Looking at Damour and Kamenetz's articles, the COVID-19 pandemic has the possibility of increasing the number of mental health disorders. As Fegert et. al. (2020) explains, “it will contribute to the onset of new stress-related disorders” in many children and adolescents with pre-existing vulnerabilities (p. 6).

Physical Effects of Mental Illness and Isolation

Movement and getting out of the house are not only key aspects to our mental health, but to our physical health as well. Scientist Lisa Berkman discloses that those individuals who remain in isolation are 2-3 times more likely to get cancer, heart disease, and other respiratory problems which could potentially become terminal (Pinker, 2015 as cited by Hari, 2018). Without frequent movement, there becomes a systemic

inflammation, impaired immunity, lack of energy and brain oxygen supply which could overall increase vulnerability for COVID-19 and other health issues such as those referenced above (Bourassa et. al., 2020; Santabarbara et. al., 2020). As recent studies show, the COVID-19 virus nor the lockdown is an exception from this fact. Bourassa et. al. (2020) administered a study which measured GPS-derived movement in 2,858 counties in the U.S. from March 1, 2020 to April 7, 2020. The goal of this study was to analyze whether there was an increase or decrease in movement since the lockdowns began and how this correlated with people's health.

They discovered that there was a decrease in movement since the lockdowns began, which also raised attention to obesity and inactivity; counties that showed a decrease in movement also showed an increase in these unhealthy behaviors which Bourassa et. al. (2020) also raised the same worry as Hari concerning lung disease, diabetes, cardiovascular disease, and now in addition, COVID-19. Bourassa et. al. (2020) explains that those counties with these unhealthy habits will likely see an increased number of "hospitalizations due to COVID-19 compared to counties with healthier behaviors" (p. 12). The studies that Hari researched in 2018 with isolation connecting to physical detriment could suggest a relationship with the current COVID-19 isolation studies, however, based on limited research, it is not possible to claim whether there is an existing connection or not.

Loneliness and its Connection to Depression

Hari (2018) discusses Cacioppo's research on discovering which symptoms came first, loneliness or depression. After conducting an experiment with two groups of young adults; asking one group to remember when they felt most connected and asking the other

to remember when they felt really lonely. The connected group showed more positive emotions after their session, whereas the lonely group showed more depressive signs (Cacioppo, 2010 as cited by Hari, 2018). However, focusing the study of mental health on adolescents, several studies produced inconsistent results. For example, one study found no evidence for a relationship between loneliness and depressive symptoms, however, the study was very limited due to the small time frame (Vanhalst, 2012; Weeks et al. 1980). A one year-long study was conducted on high school students' mental health in which results showed that depressive symptoms occur prior to feeling loneliness and not vice versa (Vanhalst, 2012; Lasgaard et al. 2011). Another study researching college students' mental health revealed unclear results. The results indicated that feelings of loneliness were a consistent precedent to depressive symptoms, however, the results also showed the opposite where depressive symptoms occurred before feelings of loneliness, but this result was less constant than the latter (Vanhalst et al. 2010). Vanhalst et al. (2012) conducted a study on adolescents' mental health where they took depressive symptoms and feelings of loneliness in relation to personality traits. Vanhalst et al.'s (2012) research indicates a possible relationship between different personality traits and depression and loneliness in adolescents.

The results showed that those adolescents with extroverted personalities exuded more feelings of loneliness, whereas those with neurotic personalities exuded more depressive symptoms (Vanhalst et al., 2012). Openness and being more agreeable showed more cases of loneliness but not depression, whereas being conscientious showed more cases of depression than feelings of loneliness (Vanhalst et al., 2012). The results also showed that female adolescents resulted in higher numbers of depressive symptoms and

feelings of loneliness, with more depressive symptoms than loneliness, than the male participants. However, being a limited study, confirming the relationship between personality traits and depression and loneliness is too broad of a generalization because analyzing whether depressive symptoms or feelings of loneliness precede one another revealed that they influence one another bidirectionally based on this study (Vanhalst et al., 2012). Vanhalst et al.'s (2012) study reports that despite this bidirectional influence, feelings of loneliness preceding depressive symptoms were more consistent than depressive symptoms preceding loneliness. Therefore, deciphering feelings of loneliness and depressive symptoms show a possible connection to one another with evidence pointing that loneliness can precede depression, however, the results are not always constant, and show the reverse can also occur.

Rogers's et al. (2021) study done during the pandemic also contributes to loneliness and depression because their results exposed that adolescents feeling as though their family (outside of their own home) and friends are unavailable, causes a perpetuation of negative perception on their relationships and thus, triggering depression, loneliness and anxiety. The lockdown may have exacerbated adolescents' relationship needs, which could suggest the declining mental health that we see in this study's results (Rogers et al., 2021). The stress generation theory of depression and other research shows that "adolescents with depression perceive their social relationships to be more negative, which in turn, exacerbates their depression" (Hammen, 2006 as cited by Rogers et al., 2021, p. 51).

Magson et al. (2020) performed a study on 248 adolescents where they measured depression levels prior to the pandemic and during the pandemic. The results showed that

those adolescents facing distress due to the COVID-19 pandemic did cause for significant increases in both anxiety and depressive symptoms, and significant decrease in life satisfaction (Magson et al., 2020). Noting those adolescents facing higher distress was important to point out because those adolescents who are facing low levels of COVID-19 distress reported that their depressive and anxiety symptoms were not as high versus those already facing distress (Magson et al., 2020)

A study revealed that having two or more support systems for students also shows relation to higher self-esteem and well-being, and lower depressive symptoms (Call & Mortimer, 2001). In addition, Cavanaugh and Buehler's (2016) study reported that parental support provided a protection from loneliness and social anxiety. For example, if a child is feeling sad or lonely from not seeing their friends or other relatives, because children and guardians reside in the same home, usually those guardians are able to see their child's daily behaviors and emotions and provide immediate support (Cavanaugh & Buehler, 2016). Cavanaugh and Buehler's (2016) study is an interesting insight prior to COVID-19 lockdowns and pandemic-related loneliness in adolescents because they present data that multiple support systems improve students' mental health, with emphasis on parental support being the "protector" from loneliness.

Feelings of togetherness could potentially help alleviate this disconnect students are facing during the COVID-19 lockdowns. According to Procentese et al. (2020), belonging to a community and sustaining social relationships supports students with feelings of "safety, affirmation, and mattering" (p. 3). Procentese et al. (2020) conducted a study on 1,124 Italian university students to see the impact on students' mental health if students felt a part of an academic community and sense of responsibility. The authors

defined "sense of responsibility" as "help each other in carrying out university activities" (Procentese et al., 2020, p. 5). They gathered their data through questionnaires. The results showed that students who felt "responsible for the academic community of belonging" were not overwhelmed by confusion, loneliness, and loss due to the COVID-19 pandemic (Procentese et al., 2020, p. 8). The authors suggest implementing policies or strategies to help students feel a sense of belonging to their community.

Procentese et al.'s (2020) study produced similar results as Gijzen et al.'s study pertaining to loneliness and sense of feeling together. Gijzen et al.'s (2020) study was conducted in the Netherlands in June 2020 (approximately three months into the pandemic). The participants ranged from 18 years old to 95 years old. The results showed that although many of the younger participants (18-29) felt emotional loneliness, their social loneliness appeared to stay the same as before the pandemic hit. The authors explain that despite the social distancing, as long as those connections people have with one another still feel meaningful, then they may not be as impacted with loneliness or alterations in their mental health (Gijzen et al., 2020). This sense of togetherness appears to be an important piece when dealing with loneliness and mental health.

Despite the possibility of having strong support systems in place at home, students are facing mental health problems during the COVID-19 pandemic lockdown. In Saurabh and Ranjan's (2020) study, as mentioned before, the biggest challenge for adolescents was not being able to socialize with others. Approximately 68% of quarantined children exhibited some type of psychological distress, reporting "emotional disturbance, depression, stress, low mood, irritability, insomnia, posttraumatic stress symptoms, anger, and emotional exhaustion" (Saurabh & Ranjan, 2020, p. 535). Another

study performed by Rogers et al., (2021) also showed that adolescents expressed the most challenging piece in the lockdowns is less in-person interaction. In this study, the online interactions are not enough to feel connection or emotional support (Rogers et al., 2021). Adolescents in Rogers et al. (2021) study also expressed the frustration to not get out of the house, which included socializing or activities that are important to them, such as sports or school dances.

In Rogers et al.'s (2021) study, the qualitative data even showed that students are facing an increase in family conflict due to spending too much time together during the COVID-19 lockdown. Although these results are not consistent for all participants because some stated that they are enjoying more time spent with family and are also enjoying more time for themselves (Rogers et al., 2021). These are extremely high rates and should raise concern for our students because the study that Hari presents is prevalent to the severe isolation adolescents are facing during the COVID-19 lockdowns. Students in isolation are showing signs of depression, anxiety, and other negative mental health issues. If these conditions continue to perpetuate, this increases the susceptibility of leading to suicidal behavior (Sher, 2020).

Anxiety

Adolescents have the potential to feeling high levels of anxiety during the COVID-19 lockdowns. A study conducted by Smirini et al. (2020), over half of the participants scored high levels of anxiety during the pandemic. The questionnaire that students answered asked them questions about their feelings based on how they felt during that week only. The researchers discuss how the new acquisition of contagion, social and interpersonal relationships, hobbies, education and new behaviors are cause for

fears because the future has become uncertain and confusing (Smirini et al., 2020).

Smirini et al. (2020) also mentions that students self-rated themselves as "less willing to verbally share their own emotions with others, and they showed difficulty explaining emotions" (p. 6).

Another study, performed by Hoyt et al. (2020), showed similar results where young adults aged 18-22 are facing high levels of stress, with a spike in stress during April 2020. Hoyt et al. (2020) used a qualitative approach which exposed younger folks are showing educational, economic, and environmental stress that are affecting students' mental health. Rogers et al. (2021) also shows through a quantitative study that based on the results, depressive and anxiety symptoms significantly increased from October 2019 to April 2020. Loneliness was also another feeling that increased during this time. Analyzing the anxiety aspect of Rogers's et al. (2021) study, if students perceived negative change as the lockdown continued, while facing conflicts with friends, students' anxiety levels were very high. Rogers et al. (2021) points out the importance of differentiating perceived relationships versus actual relationships; if adolescents perceive or feel that their family or friendship dynamics are declining, then their anxiety, depression and loneliness will increase.

The JED Foundation performed a national survey to measure students' and parents' mental health during the COVID-19 pandemic. The national survey was taken by 2,000 parents and 900 teenagers in the fall of 2020. The report showed that the fears and anxieties were about how long the pandemic will last and if the student or their family will become ill from COVID-19 (Sparks, 2021). This was higher than the stresses

surrounding academics or pursuing college (Sparks, 2021). Magson et al. (2020) performed a study that correlates with the survey's results.

Magson et al. (2020) performed a longitudinal study on 248 adolescents to measure anxiety or depressive behaviors on a long-term scale during the pandemic. The authors measured symptoms prior to the pandemic, to two months into the pandemic. The results show that adolescents are not as stressed about the COVID-19 virus itself, but the stress of the inability to see their friends with the second stressor being the possibility of a loved one becoming ill or dying from COVID-19, and the third stressor was the inability to participate in extra-curriculars (Magson et al., 2020). The longitudinal study also revealed that from the first time they measured adolescents' anxiety levels to the second time, their anxiety significantly increased from Time 1 to Time 2 (Magson et al., 2020). It is important to note that the results also revealed increased depressive symptoms and decreased life satisfaction. Magson et al. (2020) discusses that their study shows that living with restrictions during the COVID-19 pandemic are related to the cause of increased emotional distress and decreased life satisfaction.

According to experts, students may face difficulty with paying attention in class and retaining information due to adolescents' response to trauma. According to Robin Gurwitch, a psychologist, professor at Duke University Medical Center, and specialist in childhood trauma, stress reactions make it challenging for children to learn because they tend to respond in a manner that can appear as attention deficit hyperactivity disorder (Prothero, 2021). Not only this, but anxiety or stress may appear in students sleeping too much or too little, according to David Bond, a director of behavioral health at Blue Shield California (Prothero, 2021). In a research survey conducted by Edweek Research Center

in January and February 2021, results found that high schoolers are getting lower grades, facing distraction due to anxiety, trouble sleeping, or issues with their memory (Prothero, 2021). Students also expressed feeling isolated from their classmates and friends (Prothero, 2021). Experts are most concerned for those in an already stressful environment due to the new conditions placing an even heavier weight on their circumstances. These stressful environments include food insecurity, neighborhood violence or domestic or child abuse (Prothero, 2021).

Because not all students are facing these negative mental health behaviors, it is important to point out other factors that could possibly play a positive role in students' mental health. Cavanaugh and Buehler (2016) collected data on adolescents from thirteen middle schools to analyze the relationship between social anxiety and support from four tiers: teacher support, peer support, interparental support, and parental support. Having support from all tiers showed consistent positive results in relation to feeling togetherness and belonging, companionship and comfort (Cavanaugh & Buehler, 2016).

Suicide

In the United States, studies show that over 90% of suicide victims suffer from a psychiatric disorder and depression accounts for 60% of suicide deaths (Sher, 2020). Therefore, if students are lonely in isolation, this increases depression, anxiety or other psychological distresses, which then, increases suicidal thoughts and actions (Hari, 2018; Sher, 2020). Suicide in adolescents is exceedingly important to analyze during this time because it is the second leading cause of death among 10-24-year-olds according to the CDC (2020). Reported by World Population Review, the nation's total number of adolescent deaths in the U.S. is 47,126, which equals approximately 63% of adolescents

committed suicide during the year 2020. The CDC also reported that firearm suicides increased 51% for 15-24-year-olds and 214% for 10-14-year-olds (Kamenetz, 2020). In comparison to adolescent COVID-19 deaths, the American Academy of Pediatrics reported there were approximately 191 child deaths from COVID-19 within the United States, which equals about .01%. Based on the presented data, adolescent suicide deaths in 2020 are higher than those children who have died from the virus. This is largely due to children and adolescents feeling uncertainty of what is to come for the future.

Hari (2018) explains that if we cannot see a secure or positive future, then suicide rates are increased. Disconnecting from the future and feeling this despair for a long period of time, breaks the synapses of what caused us joy and reprograms the brain to think it must survive in these negative emotions, which creates the feelings to feel permanent (Hari, 2018). Living in the COVID-19 lockdown relates to Hari's research. The CDC surveyed Americans on their mental health at the end of June 2020, and those aged 18-24 had "seriously considered" suicide in the past thirty days (Kamenetz, 2020). Experts also say teen suicides are increasing because they are cut off from peers and feel their futures are uncertain (Kamenetz, 2020). During this pandemic, increasing suicide due to uncertainty is found internationally across all ages; a 19-year-old waitress passed away in England after a suicide attempt "because of fears of the 'mental health impact' of isolation;" a 36-year-old man in Bangladesh killed himself because he had cold and fever symptoms thinking it was the virus; a 49-year-old head of the Emergency Department in New York committed suicide after she witnessed COVID-19 patients suffer or die; and a man in Illinois who believed he and his girlfriend had COVID-19 shot her and then shot himself after (Sher, 2020, p. 708). The couple tested negative for the virus. The fear of

uncertainty and an unsecure future affects any age and culture, it is a human instinct. Uncertainty is associated with depression and anxiety, which as we've disclosed, is very closely related to suicide no matter how old a person is.

Based on the literature analyzed in this chapter, I expect to find some impact on students from the COVID-19 lockdowns and online learning. In interviewing mental health professionals as well as those who work with students on an everyday basis, I believe they will provide insight on students' mental health during the pandemic and will be able to elaborate on their answers because they work closely with the students.

To conclude this chapter, overall COVID-19 is very contagious and spreads very easily. Lockdowns were put in place to help lessen the spread and to prevent more cases or deaths from happening. With these lockdowns in place, that included schools to be shut down. Although it is proven that human contact is reduced with these lockdowns in place, studies show that mental health issues arise and are especially concerned with adolescents because they are isolated from their peers. Multiple case studies suggest that these lockdowns may be deleterious in terms of students' mental health and their well-being. Connecting previous research on depression, suicide and other mental illnesses to present case studies prove that students are suffering during this time and this needs extra attention and solutions quickly.

CHAPTER 3: RESEARCH METHODOLOGY

This study was on students' mental health during the COVID-19 pandemic and what the potential effects are for these students. COVID-19 is raising mental health issues in children, and I wish to understand what these issues are, and be able to address methods in which to better serve students through the eyes of professionals. This is mainly a qualitatively collected study because I used interview data for my analysis and findings.

Rationale

I conducted this study because Governor Newsom enforced a consecutive order on March 19, 2020 that the state of California be locked down and caused all of our schools and non-essential businesses to close. Lockdown, defined by the state order, requires "all individuals living in the State of California to stay home or at their place of residence except as needed to maintain continuity of operations of the federal critical infrastructure of sectors." In other words, only leaving when necessary. For high school students in California, this meant transferring from in-person learning, to staying at home and attending classes online via Zoom, Google Meets, or other video chat programs. It is important to note that private schools were able to remain open for the duration of this time. Focusing on an educational standpoint, I wanted to research the relation between students who stayed at home for school and the state of their mental health through the perspective of counselors, teachers, and therapist who work with students directly. The professionals I interviewed are those who work for a high school that had been shut down for 12 months. The therapist had always worked with students who attended school in a homeschool setting. The goal was to discover the effects of the pandemic on students'

mental health and shed light on what the professionals saw in the change of staying home for school versus going to campus. Objectively, I wanted to research students' mental health when they are forced to stay home for their academics whether their mental state showed positive or negative results from the lockdown order. The research question I had was, "from the perspective of mental health professionals and educators, what were the effects of COVID-19 on students' mental health with staying home for school?"

Data Collection

First, I conducted an intensive study utilizing the school library's data bases and online research by reading articles, books, etc. This included learning about mental health in general, suicide rates, causes of negative mental health, and studies already conducted that discuss students' mental health and the nationwide lockdown. I read about adolescents and their mental health before and during the pandemic. I also researched if there are causes that can make these issues worse.

Second, I interviewed an adolescent therapist and further discussed mental health within her job. I interviewed her with open-ended questions regarding students' mental health during the COVID-19 lockdown.

Third, I interviewed two teachers and four counselors if they had noticed any difference between students' mental health with staying home versus learning on campus. These interviews have been collected as a qualitative design because open-ended discussion allowed opportunity for elaboration on their experiences which provided greater insight on students' mental health during the COVID-19 lockdown. I wanted to see if there are certain patterns that can be recognized or not.

Because the interviews took place over Zoom, the interviewee and I were located in our own homes. The interviewee had the option whether they wished to be audio or video recorded. The characteristics of the subject group were staff members of public schools. Despite the target study being students' mental health, I conducted my study through the perspective of professionals to understand their professional point of view on the topic. There will also be a lot of secondary sources utilized from library data bases.

Recruiting Participants

For recruiting participants, I have personal connections with a therapist that I can interview, as well as high school counselors and teachers from the three high schools from the same school district. I am familiar with the counselors at the chosen high school location because this was the high school I attended, so the counselors on this campus used to be my own counselors. The adolescent psychologist I interviewed is the mother to one of my personal friends. I did not work for, nor was I in charge of any of these participants. This research was based on professions surrounding mental health; therefore, the recruitment sample was based on those who specifically worked with this field.

Confidentiality

I did not use their exact names in the analysis and instead used pseudonyms that replaced their names, so they remained confidential. Personal identifiable information was not collected or used because questions surrounded their knowledge on adolescent mental health and their professions. This was not identifiable in any way. The raw data was kept protected on a hard drive on a password protected computer.

Data Analysis

The questions for the therapist and counselors were first comparing students' behavior between the COVID-19 pandemic and non-COVID times. Next, there were questions surrounding students' feelings for the last ten months and if there had been any interruptions in their daily life because of these feelings. These questions were written in open-ended format so there can be elaborate responses that can be used to analyze and potentially uncover common answers and themes. These open-ended questions also allowed there to be deeper explaining and conversation surrounding the topic of students' mental health which simultaneously brought a deeper analysis for the study. The remaining questions were on a five-point scale and in terms of approximate percentages (of students) to be able to chart and track the data regarding students' feelings, their behavior in the last ten months, and their schoolwork. These questions not only allowed for data to be tracked but also provided opportunity for the participant to share open-ended answers.

The questions for the teachers began in a similar fashion where the first questions were open-ended to create opportunities for the participants to share more about their experiences and again, potentially discover similar responses that can be analyzed. The rest of the questions were on a five-point scale that asked about students' schoolwork, interest in their daily activities in class, and if they had expressed any extraneous stress. The five-point scale questions allowed for open-ended answers and data that can be charted or tracked.

Summary

By analyzing the data from my research, I hope to discover a connection to students' feelings and behaviors to the COVID-19 pandemic lockdowns. Based on the literature review, there was a repeating pattern that shows students' mental health was on a downward spiral. Through interviewing and conducting my own study that dived into this phenomenon, I hope to answer how professionals view students' mental health in regard to the effects of COVID-19, such as the lockdown and distance learning.

CHAPTER 4: RESEARCH FINDINGS

The content of this chapter consists of describing each theme in the data collected from the interviews and how these themes answer the research questions. In this chapter, I present what themes emerged from my interviews and why what they said is relevant to the research.

Analysis

After conducting several interviews with mental health professionals and professionals who work with students on a daily basis, the data collected were analyzed through thematic analysis with an inductive approach. The qualitative study revolves around my research question: from the perspective of mental health professionals and educators, what are the effects of COVID-19 on students' mental health with staying home for school? Therefore, studying the data and acknowledging the themes that stand out guides the research to authentic results. Previous research on this topic is limited due to the recentness of the COVID-19 pandemic, which is why the qualitative data is thematically analyzed with the answers creating the themes. The data analyzed were the answers provided by two teachers and four counselors from the same high school site located in Southern California, and an adolescent therapist at a different location in Southern California. After examining previous studies from secondary resources which researched students' mental health during the COVID-19 pandemic, findings show that majority of students seem to be struggling with their mental health during this time, however, it appears to be situational with some students coping well. The discovery of most students struggling with the exception of a few as found in secondary sources, also appears true in the themes found from the data collected from the professionals.

Results

Interviewing professionals who work with students' mental health and with students' education provided insight on students' experiences with distance learning and the lockdown during the COVID-19 pandemic. The study asked fourteen open-ended questions for the interviewees to provide full elaboration on what they thought was important and relevant. Based on the responses from the participants, there were four themes that appeared:

1. Depressive Symptoms
2. Anxiety
3. Disinterest
4. Social Connection

Next, we will present the data in the order of the themes listed above. I present the themes in the order that are deemed most significant due to the repetition in several different discussions and questions. The themes presented found many similarities amongst the four counselors, the adolescent therapist, and two teachers, and yet some differences were presented due to the different job affiliations. The four counselors at the high school site work for a public school whereas in contrast, the adolescent therapist works with students who already experience mental health issues and who have also been homeschooled online before the COVID-19 pandemic lockdown. The differences that arose were minor but still important to include to provide a totality of the data collected. This process can be labeled as "triangulation data" to arrive at cross-cutting themes because I analyze multiple perspectives which leads to a grander understanding of students' mental health during this time. In addition, multiple perspectives allow for

increased insights that enrich the understanding of what the effects of COVID-19 are on students' mental health.

Depressive Symptoms

In interviewing mental health professionals, depressive symptoms came up as a repetitive theme. According to the counselors, approximately 80-95% of students they work with are facing depressive symptoms. Depressive symptoms include low energy, not sleeping or sleeping too much, losing interest, intense sadness, etc. Counselor A made an important note that most students have at least one of these symptoms or have faced these symptoms at some point during the lockdown. Counselor B agreed and also emphasized that while most are facing these struggles, some are really thriving in these conditions. Counselor A added that students could also be putting all their focus on academics while everything else around them could be falling apart and vice versa; students could be falling behind in school but taking care of those around them. In looking at the information presented above from the stance of the research question, it would appear that there could be a relationship present between school lockdowns and students' mental health, however, it also appears that each situation could be different depending on the individual. The responses provided were rich with information, but also varying because everything seems to be situational. Although it seems at this school site that the majority of the student population are now facing depressive symptoms, there are also some students who are doing excellent in these new conditions. Despite there being some positive effects and majority negative effects, there is still some level of impact on students' mental health due to the school lockdowns.

Continuing the interview, the counselors discussed how they are unable to intervene to stop any perpetuation of negative mental health behavior because students are not communicating with them the issues they might be having. Counselor B emphasized this point that they know this is an overarching issue, but they just are unaware of it because students are not reaching out when they normally would. The lack of communication causes a continuation of sadness and depression because the counselors do not know what the students are going through and therefore, unable to provide the counseling students might need. Counselor B explained how attending school in-person allows for more flow of conversation because their office is a safe space for them to have a discussion. With everything online, students do not express what they are feeling as much as they used to when they would just walk into their office and have a conversation. With lack of communication happening, some students continue feeling particularly low. It is important to note that not all students are feeling this way, and it appears to depend on the individual and what they prefer personally.

Counselor C discussed the difference between grief, depressive episodes, and depressive disorder, and concluded that there is a mix of everything this school year being virtual. Counselor D agreed and that almost all the students are at different stages of grief whether they are grieving “the loss of their senior year or their sports season... the grief is at such a large scale...” (Counselor D). Counselor D also mentions to be cautious about labeling because some students could be facing typical teenage lows, but they agree that the depressive symptoms and feeling low have definitely increased.

Counselor C explains:

...two weeks is the minimum; two weeks is all [that is] required for a diagnosis of Major Depressive Disorder. So now [it has] gone from an episode to a disorder, and there has to be something other than grief and loss... grief and loss is a separate category as you can have severe depressive symptoms for longer than two weeks and it not be a diagnosable MDD; That would be depressive episodes [that are] reoccurring. For depressive episodes [along with] grief and loss, I'd say we have certainly a lot of those. We've had more of those this year than any other year and we've had our years where we've had some losses, but nothing like this, this is off the charts.

Counselor C and Counselor D's responses produced similar responses from A and B which gives insight that despite a few students thriving or going through everyday lows, majority of the students are struggling with different levels of grief, loss, sadness, and depression at various times through-out the year. The counselors providing similar responses answers the research question, what are the effects of COVID-19 on students' mental health with staying home for school versus being on campus for their education, because they tie in not only depressive symptoms occurring with students at home, but students are additionally dealing with grief, showing the impact students are facing during a pandemic with a deadly disease. Dealing with grief is a different angle in the era of COVID-19 and students' mental health because they are impacted academically with the loss of in-person schooling and all the activities that come with this, and the possibility that they have lost family members or friends due to the virus. Based on the counselors' responses, the effects on students' mental health during the COVID-19 lockdowns appear that depressive symptoms and grief are intertwined and are creating an

impact on students from the loss of in-person school to potentially losing (or have lost) family members.

Interviewing the same open-ended questions with Therapist M gave another perspective with similar results. Although the counselors' answers and the therapist's answers were slightly different due to the different groups of students they work with, their answers produced similar results because there is still an increase of depressive symptoms present. Therapist M mainly works with those who already face mental health issues and are enrolled in homeschooling online. They discuss that feeling low energy, losing interest, and other depressive symptoms have increased approximately 30% in the IEP students because the social interaction is gone. Social interaction pertains to socializing with friends and family particularly outside of the home. It is striking to see that there is an increase in depressive symptoms because their clients are already accustomed to online schooling, but with the social interaction piece taken away, the 30% increase shows that there is still some impact on students' mental health during the lockdown.

In interviewing the two teachers, they both produced different answers in regard to student behavior in the "classroom." Teacher A is an Advanced Placement and Honors teacher who usually teaches the upperclassmen, whereas Teacher D is a college prep teacher, who the majority of their classes are freshman with the exception of one junior class. Teacher A is not facing any decrease in student behavior pertaining to attendance or grades. In comparison, Teacher D is facing a significant decrease in grades shifting downward, more tardies, no cameras on, and Teacher D exclaims that there is a huge divide amongst students because half their students will be engaged while the other half

leaves all their work blank and never participate. The student behavior in the classroom appears to support the counselors' and therapist's answers because some students are unaffected by the lockdown conditions which could be in Teacher A's classes, whereas other students, such as possibly in teacher D's classes, are facing complete loss of energy, loss of interest, etc. The neutrality of teacher A's answers also reveals the impact of the pandemic on students' mental health because although Teacher A's classes appear to still be succeeding academically, having no effect is still an effect because their impact is neutral. The teachers' input suggests connections between their experiences with the counselors' responses. It is important to note that the data does not deliberately say these teachers' students are facing depressive behaviors, their academic behavior simply portrays a few of the symptoms that the counselors and therapist mention.

In rating students' mental health as a whole, with the scale of 1 needing immediate help and 5 feeling content, the counselors and therapist rated their students between 2 and 3. Counselor C made the point that if we are looking at the student body as a whole, then there are some outliers that are excelling in these conditions, so to place a number, it would have to be somewhere in the middle. Counselor D followed up with the comment that none of the counselors have had "immediate crisis situations" where students are suicidal and typically go to them during in-person schooling, which causes them to worry because they do not know who students are turning to when they are thinking these thoughts.

With the lack of knowing the degree of crisis situations due to the absence, there becomes questions whether students are actually just doing well, or if the lack of communication is the problem and students are really struggling mentally. There cannot

be any generalizations made because the counselors do not know what is happening since the students do not tell them what is happening. However, the students that do discuss with the counselors, show that their mental health is indeed declining. Therapist M also explained the same thing where their homeschooled students' mental health is at a definite 2 where they are unhappy because they no longer have that agency to go out and socialize after they get done with their schoolwork. The two different perspectives seem to be similar where it appears that most students are carrying depressive symptoms, even those who were already placed in an online setting for school. This could suggest that the inability to socialize rather than the shift to online learning is affecting students' mental health.

Analyzing both the counselors' and therapist's perspectives sheds light on the impact that the COVID-19 lockdowns are having on students' mental health because it appears that students are less apt for communication with the counselors, and if they are in communication, students express feeling depressive symptoms. Therapist M portrayed a similar answer where students' mental health is overall, not feeling completely content. The impact that the pandemic lockdowns have on students' mental health appears to be affecting most of them negatively, with a small percentage neutrally affected. The data collected shows that the lack of communication hampers the mental health professionals' ability to hear the students and intervene when necessary. This is causing an impact on the mental health professionals' knowledge of any negative feelings that the students might be having. If they do have students reaching out to them, it appears that most students are facing some level of depression or grief affecting their mental wellness.

Anxiety

Feelings of anxiety was a relevant theme that appeared because all the participants discussed heavily on this topic. Counselor D gave a lot of information about anxiety, depression, and how the two behaviors are linked to one another:

Anxiety has probably increased and [because] I know that anxiety is usually a forerunner to depression, you get so much anxiety for so long, eventually you lose hope and then you become depressed. Depressive symptoms are much easier to notice. A key component to anxiety is always avoidance, so if you're scared of something, you're going to want to avoid it and I think [it is] easier right now for them to avoid being noticed, to avoid having to deal with whatever fears they might be going through.... 'I'm in class I gotta speak up now I've gotta perform,' it's no longer 'I can't fake my way through this'...it's really just what you turn in [and] what you test, there's not a lot of personality involved so I think the anxiety piece of it has really increased, not just with what's going on in society, but just how they're having to deal with what they're left to deal with and how they can deal with it. So, I think avoidance is a big part of it, and unless you're keyed into that, I don't think that we see it.

The information Counselor D elaborated on provides an image of what anxiety can look like, such as avoidance, and how they see anxiety playing a role in students' mental health. Students seem to be avoiding their assignments and any email that they receive, personal or school notifications. According to Counselor D, there is anxiety present because it is possible that students feel anxiety at first, avoiding everything they need to take care of, and then feel depressed which are the symptoms that the counselors

are picking up on the most because these symptoms are more apparent and easier to spot. Counselor D has an interesting approach because this could possibly mean that there are anxiety symptoms present, they just are not noticeable until they become depressive symptoms. Although anxiety leading to depression is not always the relationship that takes place in every student struggling with mental health issues, these symptoms are much harder for the counselors to notice, especially in an online setting.

Although the counselors agreed that there were more depressed and sad symptoms than anxiety, anxiety was still one of the behaviors that was high on their radar. According to the counselors and the therapist, students just feel overwhelmed with the number of tasks and emails they have to deal with on a daily basis. When asking approximately what percentage of students feel anxious or on edge, all counselors agreed at 100%. They discussed that students have felt anxious or on edge at least once during the lockdown and that it varies daily. Counselor B discussed that the lockdown impact on students' mental health depends on every individual's situation; There are some students who are not facing heavy anxiety (or just not communicating anxiety to Counselor B) but more depressive symptoms, therefore, behaviors seem to be situational. Situational as defined as depending on each student as an individual and how they are individually affected whether this online setting is triggering due to their life at home, facing loss, or any other situation that could affect an individual. This is an interesting and important point because the high increases in anxiety is not an overarching fact amongst every student, it just appears that most students are facing some level of anxiety. The other counselors answered with a different perspective where their students might not be

anxious about daily school pressures from being on campus, but they feel anxious about new things that are brought on from the lockdown:

...what is my future going to be like? When am I going to go back to school? What is it going to be like when I go back to school? Am I [going to] have friends? I think that anxiety is real, but I also think the anxiety that has been brought on because of this pandemic of like needing to wash your hands, needing to be safe, am I going to get sick, am I going to bring COVID at home and expose my family and my grandparents... I think that anxiety is the type of anxiety we're seeing. Kids still have anxiety. I think kids are still struggling and stressed and being overwhelmed.

Therapist M explains how their students face high anxiety already, but they are showing approximately a 30% increase in anxiety due to the COVID-19 lockdowns. Therapist M brings in a valuable perspective because their clients are those who have been enrolled in online homeschool prior to the COVID-19 lockdown and their students are still impacted by the lockdowns. The therapist's students are impacted due to the inability to take a break from being in the house or socialize on any level which is what is causing their anxiety levels to be higher than what they usually face. What makes this perspective valuable to this research and answering the research questions is that Therapist M comes from a different occupation than the counselors and teachers, which therefore, gives deeper insight to how many different groups of students' anxieties are impacted during the pandemic. It is important to note that this does not cover all of the students who have been homeschooled, but it does suggest that the COVID-19 lockdown is creating an impact on students' anxiety levels with different groups of students. Feeling

anxious is a natural response when our lives are so dramatically disrupted, and not a negative state of mental health when felt periodically. However, when anxiety begins to effect students' behavior and physical health, that is when there could be indication of mental health problems.

The two teachers provided similar answers as the mental health professionals when asked about students' anxiety and stress levels. Teacher A explained that students are experiencing strong feelings anxiety and stress due to the fear of the unknown with COVID-19 and the impact it currently has, and could potentially have, on their life and their families' lives. In addition, Teacher A discloses that students being around family members all the time could potentially bring in more anxiety and stress depending on the situation. There are also some students who might have caught COVID-19 themselves or losing family members due to the virus which also adds an amount of stress. Similar to Teacher A, Teacher D explains that they are seeing an increase in anxiety, however, they do not know entirely this information because many of their students do not share how they are feeling. Teacher D described their older students feeling a 4 out of 5 with anxiety, where 5 represents "feeling very strongly" because they express these feelings with Teacher D. Whereas their younger students are less expressive and therefore, can only provide their scale with a 2 out of 5 because Teacher D does not know how they are feeling. However, Teacher D did express that anxiety levels are definitely increased on some level. In regard to the effect on students' mental health, based on the teachers' answers, it can be suggested that the COVID-19 lockdowns and staying home for school is causing an impact on students' anxiety levels and that there can be a relationship between anxiety levels and the lockdown. However, due to the limited collection of data,

this statement does not necessarily apply to all students staying home for school during the COVID-19 lockdown.

Disinterest

Disinterest in school came up as a repeating theme across all participants during each interview. Participants expressed strongly that students are definitely disinterested and there is a sense of detachment from their academics and anything to do with school. Because everything is online, according to the interviewees' responses, there is nothing keeping them excited about school due to canceled activities, sports, etc. As mentioned before, although this large percentage of dislike towards online learning applies to the majority of students, after discussion with each interviewee, it is important to note that there are still some students who have interest in school due to online learning.

Teacher A discusses how a vast majority of students strongly dislike distance learning, but a small percentage do prefer this format of education. Teacher A explains that the small percentage of students who prefer online learning is due to the freedom and autonomy they have because they can stay home and/or they do not have to get ready for school in person. However, Teacher A does express that an overwhelming majority of students are showing disinterest toward school and school activities because most students are stuck at home all day and that life is becoming repetitive and mundane, so students are stuck in the monotony of quarantine life. Although Teacher A's students still participate, they would rather be in the classroom than learning online. In addition, Teacher A brought up an interesting point that in a non-COVID year, their school site has a highly involved and active Associated Student Body that puts on a lot of student events that rallies school spirit and brings the school together, however, with everything online,

that special environment is gone so students lose those activities they look forward to when they are on campus.

Teacher D also expressed that almost all of their students are experiencing strong disinterest in distance learning, although Teacher D's classes are slightly different. Teacher A's classes miss the social aspects of high school, thus less interest in schooling, while Teacher D describes differently. According to Teacher D's experience, approximately 70-80% of their students are feeling detached from others, activities, and their surroundings. Teacher D relayed that many of their students are really disengaged online, whereas in a non-COVID school year, the feedback from students was different and they were at least getting started on their work. Comparing in-person class to distance learning, there is a high percentage of students who turn in nothing or leave their assignments blank, and about 5 out of 15 students will turn in their work late. Although Teacher D did discuss briefly that some students do like the idea of distance learning and prefer it, however, he did mention that it is a small group that prefer this format of learning.

From the teachers' perspective of distance learning and students' mental health, there seems to be a perpetuating decrease in interest for school and school activities. The COVID-19 lockdown and distance learning appear to be causing monotony, repetition, and growing disinterest in students for school and learning. From the perspective of professionals who work with students on a daily basis, we can see how distance learning could be in relation to creating an impact on students where they have grown a disinterest towards school and detachment to their surroundings.

According to the counselors, their responses seem to parallel the teachers' responses because they also express that most students are facing growing disinterest in school. The counselors responded very strongly that students are very disinterested in distance learning, even if they are doing fine. Counselor A explains in great detail how students were unable to make the choice whether they wanted distance learning or not, they were unable to have any say in the matter which Counselor A describes a possibility why students are feeling disinterest:

... for most of us [distance learning is] not the choice that we made and we were thrust into [distance learning] without any say and these kids have had, like [Counselor C] was saying, they left school without any say about what, and when you take that giant piece of control away from them without giving them a chance to process it or know what's going on, I think they're very disinterested...they're not given a platform to say what they hate about it or why they hate it, not that we can change it, but I think they're very disinterested for the most part.

Counselor A's input on students' lack of choice when being forced to be a part of distance learning appears to reveal students' growing disinterest in school. Students' disinterest in school shows the possible relationship between the COVID-19 lockdown and students' mental health because based on the counselors' responses, students began this growing disinterest once distance learning began. To answer the research questions, students' mental health is being affected during the lockdown because distance learning seems to be developing disinterest within students. Counselor A brings in the perspective that students' inability to choose or have a voice on this matter could be triggering their

disinterest, possibly creating a snowballing effect into the new online format for education.

All of the counselors agreed that all of the students are also experiencing a general feeling of detachment not just with school, but detachment from others, activities, and their surroundings. To define "all students," these are the students that the counselors are able to communicate with and gained this information from. It is important to keep in mind however, that each counselor is in charge of a group based on students' last names, which between the four of them, make up the entire student body. Therefore, they speak with many students, despite not all of them being in strong communication, and the counselors all agreed that 100% of the students are feeling this disinterest and detachment since the lockdown and distance learning began. Counselor A discussed how this feeling of disinterest or detachment changes throughout the different stages of the lockdown, for example, during month three of the lockdown emotions were still subtle, whereas in month eleven, behaviors are completely different than in month three. Counselor A's response adds to the lockdown's effect on students' mental health because we are able to see how students' disinterest or detachment have fluctuated throughout the lockdown where students have felt this at some point during the COVID-19 era.

Therapist M provided a different angle of disinterest in students because their clients have been in online homeschool prior to the lockdown. Therapist M expressed that their clients are expressing neither disinterest or detachment, however, their formatting is different than the teachers' and counselors' site; their schooling is done in their own time and schedule, whereas the other interviewees' school site has students in online classes for four and a half hours. Although their students are not facing a huge amount of

disinterest or detachment, students are not feeling they are doing meaningful work because the work they are doing is always the same every day. Therapist M emphasized the importance of formatting online schooling in such a way that students can stay interested in school, preventing the growing disinterest the counselors' and teachers' students are experiencing.

Therapist M brings in a new perspective that is different compared to the counselors and teachers because they bring in the importance of formatting for distance learning. Formatting online school to mimic Therapist M's clients' structure of online school might help diminish this trend of disinterest because based on their answers, their clients are not experiencing the same disinterest in school as those students at the counselors' and teachers' site. In regard to students' mental health and the effects of the COVID-19 lockdown, it appears that Therapist M's clients are not having a tough time with keeping interest in their schooling, therefore, having an organized online format that does not require hours of screen time for students could benefit those students who are losing interest because it would help them have choice and organize their own schedule so they will not feel so detached from their academics.

Social Connection

In interviewing the participants, reconnection was a recurring meta-theme that presented itself in asking the open-ended questions due to the connection between detachment and feeling the need for reconnection with others outside the home. Reconnection was not as prevalent when interviewing the teachers due to the inaccessibility to this kind of information, however, it was very important when in discussion with the counselors and therapist. The interviewees emphasized that students

are expressing that want for reconnection and socialization with others. According to the interviewees' responses, during the lockdown, there is less interaction with others, therefore, the students staying at home for their education with no agency to see their friends or classmates, and no agency to have a say in this matter, is creating the strong pull for reconnection.

When asked on a scale of 1-5, 1 being not at all, and 5 being very strongly, do students feel the need or want with reconnection with others, all counselors and therapist agreed with 5's:

...even those antisocial kids I think are even missing out... I think that when we think of kids socializing, we think of conversations back and forth, but I think that there's some kids that their way of socializing is just sitting in a group at lunchtime and they're all talking and they're just sitting there whether they're playing on their phone, but they still feel that connection [because] they're sitting with people.

Counselor B continues to discuss how students are missing out on those class connections where you have those normal banter conversations with their classmates or those friends students make in class. Counselor D agrees with this statement where those introverted students are not experiencing this energy and that students are realizing the value in being around other people, even if they are part of the experience from a distance. Counselor B and Counselor D's response shows the impact that the COVID-19 lockdown is having on students' mental health because students feel the strong need to reconnect and be with others again, even if students are introverted and are not the center of attention. The strong pull for reconnection could potentially have a relation with the

feelings of disinterest or detachment because according to the counselors' responses, students feel the need for reconnection with others and their friends because of the disinterest they are feeling with being at home all the time, however, a generalization is not possible due to the limited amount of data collected.

Summary

Overall, the data collected seems to suggest that students are in fact facing an impact from the COVID-19 lockdowns and attending school online. Although there cannot be an overarching statement that applies to all students, it seems that whether positive or negative, students are impacted by the lockdowns academically, emotionally, and mentally. While some students are excelling under these conditions, based on the responses from the professionals, the majority of the students are struggling with depressive symptoms, anxiety, disinterest, and need for social connection.

CHAPTER 5: DISCUSSION

The contents of this chapter will present the research implications, how the data connects to the literature review, and the ancillary discoveries. Lastly, this chapter will present the research's limitations and suggest what further research should be done.

Implications

Interviewing mental health professionals and those who work with students' education on a daily basis sheds new light on the data collected in the literature review. The literature review presents data collected from multiple different studies and indicates that online or distanced learning has an impact on students' mental health. Based on the research that was presented in Chapter 4, it seems that the online learning itself is not the sole reason for the downward spiral in most students, but the fact that online learning and the lockdown takes away the social interaction piece that comes with traditional in-person schooling is what seems have the biggest impact on students' mental health.

The data collected adds to the research because the loss of social interaction is an additional reason that students' mental health is impacted, which has yet to be discussed further in other studies. As explained in the literature review, during the COVID-19 lockdowns, students have been feeling depressive symptoms, anxiety, and loneliness, which studies show, effect their mental wellness. The research answered the question; What are the effects of COVID-19 on students' mental health with staying home for school versus being on campus for their education? The data collected suggests that the online learning itself that is not causing the negative impact on students' mental health, but the deficit of socialization that is integrated in in-person schooling. Not only is the discovery of social interaction an addition to the research, but the fact that COVID-19 is a

brand-new virus that caused an entirely new crisis that society was not prepared for. This impact effected society on a global scale and caused an impact on several different levels. The research conducted focused on students' mental health during the COVID-19 pandemic and is worth noting because it deepens the knowledge on mental health, and the impact that the lockdown is having on young people. This research also exposed the lack of tools that young people have in order to deal with crisis. It appears that students have been facing a decline in their mental health due to the socialization piece in their lives being taken away with the switch to online learning. Also, there seems to be a need to include mental health teachings in students' learning so that students are better prepared to take on major crisis throughout their lives.

The literature review appears to connect with some of the research conducted. For example, the literature review references Rogers et al.'s (2021) study where results showed that the deficiency of adolescents' relationships outside of the home are triggering depression, loneliness, and anxiety. Based on the answers provided by the counselors, depression and anxiety are "off the charts" due to the switch from in-person classes to online, which is in connection with the underlying meta-theme of students' want and need for social reconnection. The therapist also contributed to the discussion of depression and anxiety because the socializing that their clients normally participate in after their homeschooling, is gone. This missing social interaction is the same for both homeschooled students and public-school students. Rogers et al.'s (2021) study connects with the research conducted because Rogers et al. (2021) reports that due to the insufficiency of socialization, students are feeling lonely, depressive symptoms, and anxiety. This suggests a relationship between Rogers et al and the mental health

professionals' feedback. The data suggests that students are missing the social aspects of high school, and therefore, are growing depressive symptoms and anxiety because the online learning environment prevents socialization.

Another example that the research seems to support from the literature review is the high anxiety levels students are facing. In Smirini et al.'s (2020) study done during the COVID-19 pandemic, students rated themselves as "less willing to verbally share their own emotions with others, and they showed difficulty explaining emotions" (p. 6). Based on the counselors' answers, students are also much less apt to sharing their emotions or feelings since the transfer to online learning. Counselor B discusses how students are not reaching out like they normally would in person, and therefore, is causing the counselors to be unaware of exactly what students are going through. The research adds to Smirini et al.'s (2020) research because Smirini et al. (2020) explains how in their questionnaire that students self-reported that they were less willing to verbally share their emotions with others, which mirrors the data that was reported in Chapter 4. The students' self-report could suggest a connection to what the counselors are experiencing that could be worth noting, however, a broad speculation is not possible in a limited study such as this one.

There are several studies mentioned throughout the literature review that discuss depression, anxiety, and loneliness due to the COVID-19 lockdown and the transfer from in-person schooling to online learning. The interviews with mental health professionals and teachers showed that students are showing a disinterest in schooling in addition to depressive symptoms, anxiety, and a need for reconnection. Specifically, the interview with the therapist whose clients are those who have been homeschooled prior to the lockdown and face mental health issues already, in conjunction with the other

interviewees' answers, suggests that the deprivation of the social aspects for both homeschooled and public-school students might be the root of the mental health crisis most students are facing during the COVID-19 era. Because students are feeling dissociated from their friends and family or other school activities due to the online learning setting, they are facing a disinterest in their schooling and increasing symptoms of depression and anxiety. The research conducted is a limited study, however. The data presented shows interesting results because it indicates that there was an impact on students' mental health due to the COVID-19 crisis and online learning. After deeply analyzing the results, the study reveals a deeper cause for the negative mental health status of many students, which is the missing social interaction in their lives.

Ancillary Discoveries

Based on the research, the first primary conclusion is that students faced an impact with the COVID-19 lockdown and switching from in-person learning to online learning. The research question asked, "from the perspective of mental health professionals and educators, what are the effects of COVID-19 on students' mental health with staying home for school?" The literature review contains insight into some cases on mental health during COVID-19, so to add to the literature, the data collected and described in Chapter 4 provides a deeper insight on exactly what could be a potential cause to students' negative mental health; lack of socialization. Interviewing counselors, therapist, and teachers, I was able to collect data on their experience during the pandemic and gain some insight on what students are going through.

Through the open-ended interview questions, the interviewees were given opportunity to elaborate in detail their experience and what they have witnessed while

working with students virtually. Through their responses and the literature review, there is potentially a relationship with the lockdowns and the impact on students' mental health. The literature review expands further knowledge on adolescents' mental health and mental health as a whole during the COVID-19 pandemic through conducted studies. These studies revealed that majority of students are feeling depressive symptoms, high levels of anxiety, and loneliness.

One study recognized some students are feeling more of a sense of togetherness with their families, however, there was very minimal data on this remark. The minimal data could be because I interviewed the mental health professionals rather than the students themselves. Nonetheless, these studies shed light on the heavy impact that the COVID-19 crisis had on adolescents' mental health, some in which provide self-reported reasons why adolescents are feeling these emotions and symptoms. Some of these reasons included the unavailability of friends and family, the stress of a loved one becoming ill or dying from COVID-19, and the loss of extra curriculars that are important to them, such as sports (Magson et al., 2020; Smirini et al., 2020; Rogers et al., 2021; Magson et al., 2020). The research relates to the studies in the literature review because the mental health professionals all agreed that students have faced some level of depression and grief at some point during the lockdown, as well as new triggers of anxiety. The teachers also discussed that students are facing high levels of anxiety.

The stated reasons for these feelings from the literature review studies seem to match the reasons discussed by the interviewees. The interviewees discuss that students are facing anxiety, grief and depression due to loss of loved ones from COVID-19, the loss of their school year and all the activities that come with in-person schooling, and no

social interaction with those outside their home. These listed reasons are similar to the literature reasoning above. However, based on the data collected, it appears that the online learning is not the root of the mental health impact; it is a factor of the impact. The root of the impact on students' mental health is the elimination of social interaction. Due to the socially hampered environment that the online learning and COVID-19 lockdown creates, students' mental health is impacted due to this social inhibition, not the online learning itself. The therapist elaborated that their clients are missing out on the socialization after they are done with their homeschooling, the main cause in which their clients are facing even more mental health challenges. With the interviewees responses and the research collected, there can potentially be a deeper relationship between the mental health of those who have been on online schooling versus those who began online due to the pandemic for future research.

The second conclusion is that not all students are negatively impacted by the pandemic and the transfer to an online learning environment. The research conducted and presented in Chapter 4 seems to align with the literature, however, the findings suggest that not every student is facing mental health challenges in these new conditions. This portion of the research adds to the literature. According to Rogers et al. (2021), some of the adolescent participants stated that they are enjoying having more family time as well as time for themselves. This correlates with what the interviewees all mentioned in their interviews. One of the counselors talked about how although most are facing struggles during this time, some students are thriving in these conditions. The other mental health professionals supported this statement and explained that there are those who are an exception to the mental health challenges that others are enduring. One of the teachers'

responses explained that their students are not facing any difficulty or showing any difference in their academics, emphasizing the neutral impact that the lockdown had on some students. The second teacher explained that although most do not show favoritism to online learning, some really do prefer this format. Therefore, although the research shows that majority of students are facing some level of mental health challenges, this is not the case for all students. For further research, it would be interesting to see the mental health differences between those students who are enrolled in Honors and Advanced Placement classes versus those in College Prep classes during COVID-19 because Teacher A and Teacher D's experiences are different as far as students' behavior and level of participation in school.

The third conclusion is that students need to be taught about mental health resources that could potentially help them in any crisis. Young people need tools to be able to deal with crisis, which is just as important as their academic performance because as seen in the research, students are lacking the ability to cope and deal with the challenges that are brought on by the COVID-19 pandemic. Based on the research as a whole, majority of students are enduring this new environment and social hindering rather poorly despite there being some groups of students experiencing neutral or positive effects. Students need to know that there are counselors, therapists, or other forms of resources available to them to talk about how they feel, their thoughts, and why they are feeling this way. Not only this, but possibly incorporating a mental health segment into the classroom as a mandatory unit to teach, would be beneficial for students not just during the COVID-19 pandemic, but for future use as well.

Limitations

There are several limitations to this research. One of the major limitations is the lack of accessibility that the counselors have to students' feelings and what they are going through. Since being online, students' communication with the counselors have been significantly less than during a regular school year. The lack of communication has affected the interaction with the counselors, and therefore, the counselors' ability to detect mental health issues is hampered. The inability to detect mental health issues creates a limitation in this study because the counselors are unable to provide a full elaboration on exactly what students are going through and how they are feeling. Although the research gave interesting results because the lack of communication shows how the crisis is impacting the students by not wanting to share how they feel in this new setting, there could have been a fuller picture if counselors had more accessibility to students' input.

Another limitation is that this research mainly took place at one site in Southern California, with the one therapist from a different site. Two locations in Southern California is not enough evidence to create sweeping generalizations about students' mental health during the COVID-19 era, although it can provide some insights as to what could be happening on a larger scale. Collecting data from only two sites in one area in Southern California is a huge limitation to the research because the data can only represent this area at these two specific locations. The data cannot represent students' mental health on a larger scale such as the city, state, country, or international level.

The last limitation is that the research is one step behind in the sense that I am not collecting data from the adolescents themselves, but I am asking for the mental health professionals and educators' perspective on the status of students' mental health. This

causes a limitation because as already described in the first limitation, the participants are limited in their knowledge due to lack of communication. Although the participants have great knowledge in their profession working with students on a daily basis, the COVID-19 circumstances have created communication blocks that hinder intervention and accessibility to students. Even in a non-COVID year, interviewing professionals about students' mental health is a limitation because students are not able to report for themselves exactly how they are feeling, data is only being collected through the professionals' point of view.

Recommendations for Future Research

Recommendations for future research would include collecting data from the students directly so that the research can elaborate more on what the counselors do not know. For example, in this research, the counselors discussed avoidance being a trait of anxiety and how this is hard to recognize until anxiety becomes depression. This is part of the limitation that the counselors are experiencing, and therefore, part of a limitation to the research. Collecting data straight from the students themselves would fill in those gaps of what the counselors are unaware of and can add to the literature on adolescents' mental health. Researching further would provide additional data regarding students' mental health and the switch to online learning during COVID-19. Lastly, further researching different coping strategies would be an interesting area to dive deeper into during COVID-19 or any crisis because each individual would provide different inputs as what is considered their "escape," such as exercise, drawing, etc.

Conclusion

In conclusion, students' mental health appears to have been impacted by the COVID-19 lockdown and the switch from in-person school to online learning. Although not every student faced negative effects, the fluctuation still represents the totality of the impact. Diving into the research further exposed the causation for the degrading mental health; students' lack of social interaction that comes with a regular school year seems to be the foundation for the mental health struggles, not the online learning itself. The online setting is a factor of the social interaction inhibition, but not the sole cause. Overall, there needs to be greater implementation of mental health teachings so students know they are not alone, they are supported, and that they have access to more resources than they realize that can help them overcome any adversity.

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APPENDIX A

Interview Questions for Counselors/ Psychologist

Do you see a difference from being face to face with your patient or over zoom? Do you see any risks with meeting with your patients over zoom vs face-to-face?

During the past 10 months, what percent of students have had problems with work or daily life due to physical health, specifically losing interest, low energy, and not sleeping enough/sleeping too much?

During the past 10 months, has there been a pattern of reoccurring problems with students' work or daily life due to any emotional problems, such as feeling depressed, sad or anxious?

During the past 10 months, have the students felt particularly low or down for more than two weeks in a row?

On a scale of 1-5, 1= needing immediate help and 5= feeling content, how would you rate the students' mental health as a whole during this time frame?

On a scale of 1-5, 1 being not true at all, and 5 being true nearly all the time, do students tend to cope well with the stress of being at home for school?

On a scale of 1-5, 1 being not true at all, and 5 being true nearly all the time, are students expressing more feelings of sadness and/or anxiety?

On a scale of 1-5, 1 being not true at all, and 5 being true nearly all the time, do students express more disinterest in distance learning?

Since COVID-19 lockdowns began, approximately what percentage of students have felt nervous, anxious, or on edge?

Since COVID-19 lockdowns began, approximately what percentage of students have felt detached from others, activities, or their surroundings?

Since the COVID-19 lockdowns began, do students feel a more sense of togetherness? In other words, do they feel closer to their family, their environment, etc.? If so, approximately what percentage would you say feel this way?

On a scale of 1-5, 1 being not at all and 5 being very strongly, do students feel as though they are doing meaningful work? For example, their schoolwork or everyday tasks?

On a scale of 1-5, 1 being not at all and 5 being very strongly, do students feel the need or want for reconnection with others?

On a scale of 1-5, 1 being not at all and 5 being very strongly, do students feel the future is hopeful or secure?

APPENDIX B

Interview Questions for Teachers

In the last 10 months, have you seen a change in the way students complete their work or a shift in their grades?

In the last 10 months, have you seen a change in students' attendance?

Since COVID-19 lockdowns began, approximately what percentage of students have felt detached from others, activities, or their surroundings?

The following questions are in regard to the start of the COVID-19 lockdowns

On a scale of 1-5, 1 being not at all and 5 being very strongly, do students feel as though they are doing meaningful work? For example, their schoolwork or everyday tasks?

On a scale of 1-5, 1 being not at all and 5 being very strongly, do you feel students have increased or decreased interest in school or daily activities?

On a scale of 1-5, 1 being not at all and 5 being very strongly, are students expressing more anxiety and stress?

On a scale of 1-5, 1 being not at all and 5 being very strongly, are students expressing feelings of togetherness with their family or others?

On a scale of 1-5, 1 being not at all, and 5 being very strongly, do students express interest or favoritism towards distance learning?

In a non-COVID year, on the same scale of 1-5 as mentioned previously, did students feel as though they were doing meaningful work? How?

In a non-COVID year, on the same scale of 1-5 as mentioned previously, did students have an increased or decreased interest in school or daily activities?

In a non-COVID year, on the same scale of 1-5 as mentioned previously, do students seem interested in the learning material? For example, participation, asking questions, etc.?