Back to school during the COVID-19 pandemic: Mitigating risks while promoting individual and community well-being
RENTRÉE SCOLAIRE DURANT LA PANDÉMIE : LIMITER LES RISQUES TOUT EN PROMOUVANT LE BIEN-ÊTRE INDIVIDUEL ET COMMUNAUTAIRE

Cindy Ngov, Diana Miconi, Garine Papazian-Zohrabian et Cécile Rousseau

Résumé de l'article
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BACK TO SCHOOL DURING THE COVID-19 PANDEMIC: MITIGATING RISKS WHILE PROMOTING INDIVIDUAL AND COMMUNITY WELL-BEING

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ABSTRACT. Unplanned school closures such as the ones brought on during the COVID-19 pandemic are a catalyst for many developmental consequences on the youth and their families. Although guidelines exist to mitigate viral transmission, school-based interventions that can help alleviate the other consequences of the current crisis have yet to be documented. For students, these include the exacerbation of mental health difficulties, widening educational and socioeconomic disparities, and intercommunity tensions. Literature on unplanned school closures can inform best practices for school re-entry. Acknowledging educational, societal, and mental health disparities is an essential part of supporting the transition. Psychological first aid interventions, capacity-building and a response-to-intervention approach can help mitigate the effects of the pandemic and are implementable even in low-resource classrooms.

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RÉSUMÉ. Les fermetures d’écoles liées à la pandémie de COVID-19 ont de nombreuses conséquences sur le développement des jeunes et sur leur bien-être familial. Bien qu’il existe des consignes en place afin de limiter la transmission virale à l’école, les interventions adressant les autres conséquences de la pandémie sont peu documentées. Pour les élèves, il s’agit notamment de questions de santé mentale, de disparités éducatives et socio-économiques et de tensions intercommunautaires. La littérature sur les fermetures d’écoles non planifiées pourrait nous aider à identifier les meilleures pratiques en matière de réintégration scolaire. Afin de soutenir la transition, il est essentiel de reconnaître les disparités éducatives, sociétales et de santé mentale. Les interventions de premiers secours psychologiques, le renforcement des capacités et une approche basée sur la réponse à l’intervention peuvent contribuer à atténuer les effets de la pandémie et peuvent être implantés même dans les classes à faibles ressources.

As an emergency measure to combat the COVID-19 pandemic, school closures have confined at home hundreds of millions of children and adolescents across the world. Moreover, they have been confined for a prolonged amount of time, with unprecedented and largely unknown consequences on the youth and their
families (Prime et al., 2020). In the absence of a perfect solution (Viner et al., 2020), social tensions multiply around what constitutes a reasonable plan for school re-entry that could balance risks of viral transmission with protecting children’s development and well-being.

The current scientific debate and general discourse around school re-openings has emphasized community transmission and ensuing effects on the economy, but has largely neglected the impact on children and youth mental health and intercommunity relationships. This is especially so when we consider that parents and teachers are not necessarily trained on how to handle crises and address difficult topics during these challenging and uncertain times. Moreover, schools by and large lack the resources to adequately support their students and educators, who may face personal and familial challenges. Indeed, trauma and other potentially long-lasting mental health issues make their way into the classroom following any distressing and routine-altering crises — and COVID-19 has been a defining event for the present generation. Although literature on school re-entry during pandemics is scant, such research is key to inform best practices for school personnel during the present crisis, this so as to mitigate potential negative consequences.

The pre-pandemic literature is rich with studies documenting the stressful effects of threats on the human psyche (Lebigot, 2009). Various impacts of adversity conditions on youth mental health are also well documented (Hodes et al., 2008). The present Note from the Field reflects and comments on available literature on the impact of epidemics and other traumatic events on children and adolescents to identify issues that need addressing upon school re-entry. We then make recommendations on best practices for teachers and educators.

**IMPACT OF THE PANDEMIC ON CHILDREN AND ADOLESCENTS: WHAT CHALLENGES FOR SCHOOLS?**

Mounting evidence is bringing to light some of the societal, familial, and individual-level consequences generated by the pandemic and related prolonged confinement and life-routine disruption. Although school closures may have a silver lining for some (e.g., increased family cohesion), evidence suggests that the negative impacts of the pandemic on the physical, educational, social, and psychological development of youth are concerning — accompanied by potential long-lasting consequences (Capurso et al., 2020). This section outlines some of those potential impacts and challenges.

At the societal level, the pandemic has exposed, as well as amplified, disparities among families as well as forms of oppression experienced by the most vulnerable families that weaken children’s ecosystems. Youth in low-income households are more likely to experience familial dysfunction, chronic illness, and food insecurity, leading to poorer mental health than their more affluent counterparts (Van Lancker & Parolin, 2020). Educational gaps are also widening as a consequence of difficulties in attending online courses during school closure,
especially for students in precarious housing situations (Van Lancker & Parolin, 2020). The same is true for students with learning disabilities and mental or behavioral health needs whose development is delayed because implementation of remote learning is a challenge and they cannot rely on school-based services (Masonbrink & Hurley, 2020). The COVID-19 pandemic has fueled stigmatization and social exclusion of minorities, manifested through the wave of anti-Asian hate incidents throughout the world and through the push for social justice as advocated by the Black Lives Matter movement. While stigma and discrimination have always been present in schools, the increased frequency of discriminatory behaviour during the pandemic has exposed minority and racialized youths to significant stress (Grapin et al., 2019). Schools need to address these social dynamics to restore a safe environment for all and prevent long-lasting developmental disparities in at-risk youth.

Within homes, economic and health-related concerns have heightened familial stress, contributing to a tense and anxious environment for many children and adolescents, in particular those who are at higher risk of experiencing domestic violence, abuse, and neglect, from which going to school may have partially shielded them (Masonbrink & Hurley, 2020). The stress and fears experienced by caregivers can be transmitted to children and may have long-term repercussions, especially if compounded by loss and grieving in the family (Capurso et al., 2020). The increase in daily stressors faced by caregivers also affects children through changes in relations within the family (Prime et al., 2020).

The idea of schools as infectious disease incubators is one of the most common worries when it comes to COVID-19. Although children are overall at lower risk of severe SARS-CoV-2 infection, the risks for students with pre-existing health conditions and the risks of transmitting the virus to others, including older vulnerable family members, are still unclear (Viner et al., 2020). This uncertainty is cause for concern for educators, school personnel, and families, and may cause great distress that can be passed on to children who rely on their caretaker’s emotional cues to process reality (Capurso et al., 2020). Schools, who have a privileged access to parents, may help reassure them and equip them with information or resources to better confront the challenges associated with parenting during the pandemic. In terms of other means that can be taken to support youth, a recent study conducted in Belgium (Baudoin et al., 2020) with home-confined teenage students has underlined the importance of teacher-student contacts in maintaining a certain level of motivation and involvement among youth. Social contact and bonding seem to be protective factors in the stressful environment created by the pandemic.

Even so, academic-related anxiety and decreased socialization may have dire consequences on children and adolescents’ mental and physical health (Prime et al., 2020). Early evidence shows that most children in areas affected by
prolonged confinement measures experienced high stress and while many will recover quickly, prolonged or untended stress may leave some with long-lasting consequences such as depression or post-traumatic stress disorder (Prime et al., 2020). School re-entry can bring some sense of normality to students of all ages through the possibility of establishing a new daily routine and supportive social network, however the difficulties brought on by the pandemic may still follow them into the classroom. What can teachers and educational leaders proactively do to offset or address such difficulties?

RECOMMENDATIONS UPON SCHOOL RE-ENTRY

The following section addresses some of the tools which can help teachers support students while they recover from the current global health crisis. In order to reach as many children and adolescents as possible and to ensure that the well-being of students in low-resource settings is protected, interventions should be cost-effective and easy to implement in classrooms. In addition, families and school teams need to be supported to foster the establishment of a safe environment.

Establishment of a new routine and effective communication

The ever-changing public health landscape has called for significant changes to the school routine, changes that have been repeated at each turn in response to each new public health measure. Early in the pandemic, guidelines advocating for the safe return of children to school pushed for hand hygiene, physical distancing, reduced interaction between children from different classes, and environmental cleaning procedures (Gray et al., 2020). Physical activity and other outdoor activities have also been widely mentioned; they can assist with physical distancing but also prove beneficial to long-term health and stress relief (Capurso et al., 2020). Although the creation of new COVID-19 school routines were necessary, the almost exclusive focus on physical health and the fact that (despite being routines), they have had a tendency to change all the time, often in a highly unpredictable manner, may have hindered and even undone the usually reassuring effect of routines. In short, such repeated ‘routine’ changes may lead to more confusion, anxiety, and lapses in protocol, not to mention higher risks of jeopardizing social and intercommunity relationships at school (Gray et al., 2020). New protocols and measures must be presented in a way that steers the focus away from fear or liability and more towards a sense of agency and resilience. Such information needs to be adapted to the students’ age while valuing the importance of social connections (Capurso et al., 2020). For example, simple and short songs can guide younger children through handwashing and cleaning procedures while encouraging discussions and digital literacy can nurture critical thinking among older children and teenagers.

Engaging health education and avoiding blame are essential to convey the importance of sanitary precautions yet presented as an opportunity to educate students about infectious diseases (Gray et al., 2020). It is important that the information be accurate and be delivered in a reassuring way. Given the
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uncertainty of the situation, educators should not provide students with a false sense of safety; instead, they can address ways to protect and help one another in a manner that is reassuring and empowering while trying to re-establish a sense of connection and normalcy. At the same time, they need to convey that we need to be prepared to temporarily go back to online schooling, if required.

Supporting resilience and well-being over academic achievement

Prioritizing students’ resilience and mental health is of the utmost importance. Without a sense of resilience, all aspects of students’ lives, including academic advancement, are hindered. Resilience is developed through the construction of a positive meaning of life and events despite lived adversity; it needs to be accompanied by social and emotional bonding (Cyrulnik, 2013). Therefore, prioritizing educational relations at school and proposing safe spaces as well as activities that allow for bonding and co-construction of meaning is essential. Adopting a slow and steady return to the classroom will further allow children and adolescents to familiarize themselves with the new environment and identify stable elements, which can help them feel safe in spite of the continuous changes in routine. For example, a teacher or other reassuring school figure can lead a discussion circle for students to share their experiences (Papazian-Zohrabian et al., 2019). This may help them process the crisis, rebuild their social and developmental networks, and become emotionally available to invest in learning (Capurso et al., 2020). This may also allow disadvantaged students to make use of school-based services and resources and start the recovery process without the added pressure of immediately catching up to their peers, thus helping to reduce the risk of long-lasting social and educational disparities (Masonbrink & Hurley, 2020).

The ability of schools to implement mental health support interventions is often limited by the lack of resources and sometimes of staff expertise. While referral and triage programs have been successfully implemented following disasters and unexpected school closures, they are mostly anchored in pre-existing initiatives and close collaboration with networks of mental health professionals. At school, children tend to rely first on their teachers for emotional support. Teachers should be aware of signs of psychopathological issues including difficulty concentrating, irritability, and restlessness among students (Capurso et al., 2020). Persistent changes in behavior warrant evaluating with the student’s family whether to seek professional psychological help. In the absence of professional training, interventions based on Psychological First Aid (PFA) principles have been proven to be flexible, cost-effective, and accessible options that can reach a large number of students (de Freitas Girardi et al., 2020). PFA is well established in the context of environmental disasters and other traumatic exposures and is known to mitigate emotional distress and appease mental health consequences (de Freitas Girardi et al., 2020). It caters to the immediate needs of children and adolescents in situations of psychosocial instability in a resilience-oriented way through care, support, and the creation of a safe space. Activities based
on PFA principles that encourage creative expression and symbolic play (e.g., drawing, acting) provide students with alternative narrative modes to explore, make sense of and express their feelings and experiences, and allow teachers to lend a familiar, non-judgemental ear (de Freitas Girardi et al., 2020).

**Promoting inclusiveness in youth**

The pandemic is likely to further expose minority youths to racial discrimination in schools, leading to psychological and emotional distress. Schools need to acknowledge the pervasiveness of this phenomenon and work collectively to protect children and families from stigma and discrimination related to COVID-19. Prejudice-reduction interventions can have positive impacts in multiple areas of development (Gratin et al., 2019). For example, consciousness-raising interventions designed to teach students about concepts such as bias and privilege can be valuable to affirm the identities of minority students and promote worthwhile skills such as critical thinking, empathy, and perspective-taking (Gratin et al., 2019). Such interventions can be adapted to include information on prejudice and stigma related to infectious diseases and the COVID-19 pandemic. One such intervention could, for instance, consist of sharing the experiences of community members with regards to prejudice during the pandemic and defining concepts including microaggressions. This can be done through any medium, whether it be in the form of a video, a text, or a guided discussion surrounding the experiences of the classroom or of guests (see Rousseau et al., 2020, for an example).

**Supporting families and school teams**

Transparency and effective communication must extend to the parents to help children prepare for new routines and to address some of the worries stemming from uncertainty. Handling parents’ frustration and discontent can become quite difficult when no zero-risk guarantee can be provided. Communicating in a sensitive and reassuring manner with parents and children is a challenging task and educators, who also experience personal anxieties related to the pandemic while at school, need to be supported in their role. Most teachers are not trained to support children and families during times of uncertainty and fear, nor to distinguish normative reactions of distress in youth from clinical issues needing a specialized intervention. As with any school-based intervention, capacity-building is an essential first step to implementation; teachers and school leaders need to be provided with material and be trained not only on the topics of health education and PFA but also, according to the specific intergroup dynamics in their school, on prejudice, structural racism, and the impact that their own identities and biases have on the provision of a safe school environment (Gratin et al., 2019). In order to assume this large mandate which may bring school staff out of their comfort zone, a holding and supportive working environment needs to be promoted by institutions and government, with a recognition of the unique contribution of the school personnel (Papazian-Zohrabian & Mamprin, 2020).
The possibility to rely on training and on the support of an effective network of school psychologists and specialized mental health services is important to mitigate the impact of the pandemic not just on the students but on school staff.

CONCLUSION

Although rigorous empirical evaluations of classroom-based interventions during the pandemic are needed, effective communication and PFA interventions represent cost-effective and promising intervention strategies in classroom settings during the present emergency interim context. Given that the pandemic is still evolving and research is ongoing, schools need to keep an eye out for new evidence and be ready to adapt to new recommendations. Finding ways to live with the present and ongoing uncertainty, with its accompanying risks, is of crucial importance for the well-being of children and adolescents. Teachers and educators have a challenging task and a great responsibility, and should be trained, supported, and protected in their new roles to better support and communicate with children and families. Tackling important issues such as prejudice reduction will require enabling educators and school personnel through capacity building. When more help is needed, bridges can be built between schools and networks of mental health services in a response to intervention model. The table below presents a few examples of resources that may accompany schools through this journey. The resources (activities and frameworks) proposed are in line with the principles presented in this article.

<p>| TABLE 1, Activities and frameworks for schools in the context of the pandemic |
|-------------------------------------------------|-------------------------------------------------|-------------------------------------------------|</p>
<table>
<thead>
<tr>
<th>Resource</th>
<th>Description</th>
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<tr>
<td>Empowering Children Through School Re-Entry Activities After the COVID-19 Pandemic</td>
<td>(Tables 2 and 3) Series of activities that can be conducted with preschool children (table 2) or primary and middle school children (table 3) in line with PFA and health education principles.</td>
<td><a href="https://continuityineducation.org/article/10.5334/cie.17/">https://continuityineducation.org/article/10.5334/cie.17/</a></td>
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**REFERENCES**


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