

PSYCHO-EMOTIONAL HEALTH OF STUDENTS DURING THE COVID-19 PANDEMIC. THE ROLE OF THE SCHOOL IN IDENTIFYING STUDENTS AT RISK

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Abstract

Since the identification and recognition of the disease by the WHO, the public health emergency represented by COVID-19 has escalated and threatened the well-being of societies globally. Schools, which play a key role in the individual and collective well-being of students, face unprecedented challenges in the context of the global COVID-19 pandemic. The pandemic itself caused a great deal of concern, stress and pain, factors that can cause psycho-emotional health problems for anyone and can cause acute symptoms in people with pre-existing mental health problems. This emergency context has forced the relocation of hours in online format to support students' educational needs, adding stressful situations and additional challenges. An established method for identifying students who may have anxiety or depression is the systematic screening of the school population. It is important for the school to have an action plan once students are identified as at risk of emotional distress, in order to connect them to effective support services. Teachers, along with school psychologists and physicians, should devote time to promote mental health, reduce students' worries, and alleviate depression and anxiety. It is recommended that schools develop and promote online intervention packages to support students in managing stress, anxiety and depression related to home quarantine and the academic requirements of online education. Increased attention should be paid to students with pre-existing mental health disorders.

Key words: **psycho-emotional health, students, school, COVID-19**

Introduction

Since the identification and recognition of the disease by the WHO [1], the public health emergency represented by COVID-19 pandemic has escalated and globally threatened the well-being of societies. In addition to the impact on physical health, there is evidence of the current direct and indirect negative psychological impact and multiple social effects of the COVID-19 pandemic and of the future negative impact on the individuals' mental health [2].

According to a UNESCO report [3], more than 1.6 billion students have had their schools temporarily closed due to the COVID-19 pandemic, representing more than 91% of all students enrolled, leading to a worldwide rapid transition to distance learning, which has the potential to endanger the well-being of students. Recent studies have shown that isolation at home and the educational process in the online format affect the physical and mental health of young people [4]. Post-traumatic stress disorder, anger, fear, sadness, nervousness, and emotional disturbances have been described among students [5, 6] and a recent study in China [7] indicated that more than half of high school students suffered from depression, and almost a third of them suffered from anxiety symptoms.

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The role of the school in promoting the psycho-emotional wellbeing of students

Schools have a key role in connecting the personality development in children and young people with individual and collective wellbeing which, on the long run, will shape the values and attitudes of the society they live in. Teachers play an important role in providing learning experiences and opportunities that develop and shape the character and wellbeing of children and young people.

The need to promote the children's wellbeing is widely accepted as a moral imperative, and as a pragmatic imperative, equally worthy of prioritization. Failure to protect and promote the wellbeing of children is associated with an increased risk in a wide range of aspects later in life, ranging from impaired cognitive development to poor school performance, low skills and expectations, reduced productivity and earnings, higher unemployment rates and increased dependence on social security, increased prevalence of antisocial behavior and involvement in crime, a higher likelihood of drug use and alcohol abuse, higher levels of births among adolescents and rising costs of health care, and an increased incidence of mental illnesses [8, 9].

The need for social connection is fundamental for individuals. The school provides structure and routine to the students' lives. Starting with the routine of waking up at a certain time, going to school and coming home at certain hours gives a sense of normality. For most students, school means not only academic training, but also social interaction. Through their interactions with colleagues, teachers and other school staff young people learn to interact with outer family personalities. In the courtyard, hallways and classrooms of their school, young people are exposed to a variety of cultural patterns, perspectives and ways of life that may be different from their own.

School in the context of the COVID-19 pandemic

During the COVID-19 pandemic, schools are facing unprecedented challenges. The pandemic forced online relocations to support students' educational needs. The pandemic itself has caused a lot of worry, stress and pain, factors that can cause

psycho-emotional health problems for anyone and acute symptoms in people with pre-existing mental health problems. For children and adolescents with mental health problems, school closure meant a restriction in access to resources usually available through the school. School routine is important for young people with mental health problems. When schools are closed, students lose an anchor in their lives and their symptoms may relapse [10].

Teachers can notice and signal the existence of psycho-emotional health problems among students, but in the context of school closures and the online learning process, where teachers do not meet personally with students and when they meet they cannot read their masked faces, some of the typical indicators that teachers may use to identify students facing different difficulties may not be available. As a result, teachers may face uncertainties about students' psycho-emotional state, and identifying students who may need additional support becomes difficult - especially for anxiety and depression symptoms, which can often go undetected even in more favorable circumstances.

One of the most stressful aspects of the current situation is uncertainty. It is not known who was or will be infected, who could be a carrier spreading the virus to others without even knowing, when and how schools will reopen or what will be the long-term effects of this pandemic. Dealing with so many uncertainties increases anxiety. A certain amount of fear and worry is a normal reaction to this abnormal situation, but if a person's anxiety has an intensity that disrupts the person's ability to focus on activities, interferes with the ability to sleep at night or causes difficulties in engaging in the activities they have to perform, it is necessary to turn to professional help.

Universal screening for identifying students at risk

A validated method for identifying students who may have anxiety or depression is the systematic screening of the school population. For elementary school students, screening involves completing short questionnaires about students' emotions and behaviors in the classroom. For the middle and high school levels, screening is primarily based on questioning students about the frequency or severity of any

emotional concerns. Teachers may also be asked to nominate students who appear to be overly anxious or sad. Students can complete questionnaires using the classic method of paper and pencil surveys or, more suitable for the online training phases, online questionnaires. School mental health professionals (e.g. school psychologists, school physicians) can use the anxiety or depression questionnaires scores to identify students at risk. Sometimes these students can be asked to complete the questionnaire again a few weeks later to determine if their mental health challenges are persistent.

In the screening process, teachers are those who know best the general behavior of their students, because they have the highest daily contact with them. As a result, they can detect subtle changes in children's mood, habits and daily practices.

Subsequently, the school psychologist may administer evaluation scales. One recommended scale is the WHO-5 questionnaire (The WHO-5 Well-Being Index), a short questionnaire consisting of 5 simple and non-invasive questions, targeting the subjective well-being of respondents. The scale has adequate validity, both as a screening tool for depression and as an outcome measure in clinical trials and has been successfully applied as a generic scale for well-being in a wide range of fields of study. A systematic review of the use of this scale [11] concluded that WHO-5 is an extremely useful tool that can be applied both in the clinical practice (e.g. to detect depression) and in research studies to assess well-being over time, or to compare well-being between groups.

The Personal Wellbeing Index scale (PWI) can also be used to assess individual well-being. This scale contains 7 satisfaction items, each corresponding to a field of life: standard of living, health, personal achievements, interpersonal relationships, personal safety, community connections and the sense of security regarding the future. These seven elements, which make up the PWI, represent the first level of deconstruction of the global question „How satisfied are you with your life as a whole?„

The Personal Wellbeing Index-for-Students scale (PWI-SC) is a version of the Personal Wellbeing Index-Adult (PWI-A; IWG 2006) [12], which has been reformulated for use in high school students, but retains the essence of the adult version. Unlike the adult

scale, which includes questions about „satisfaction“, the PWI-SC elements require respondents to indicate their level of „happiness“ for each area. The adjective „happy“ is supported by the fact that it is easier for school-age children to understand it [13]. Domains also use a simplified wording. For example, „How satisfied are you with the security of the future?“ Is replaced by „How happy are you with what you expect to happen in the future in your life?“ The PWI-SC domains are the same as in the adult scale and include the standard of living, health, life achievements, relationships, safety, community connections and the sense of security regarding the future. Each field is theoretically incorporated to represent the first level of deconstruction of the global question, „How happy are you with your life as a whole?“. Preliminary work of authors in a previous study has shown that this tool for assessing the well-being of students is a valid tool. According to Cummins' studies [14], the subjective level of well-being can be used as an indicator of homeostatic defeat and the risk of depression.

Prior to the COVID-19 pandemic, it was estimated that 15-20% of students could be identified at risk for depression [15]. This percentage will certainly be higher in the present days, given the potential and multiple psycho-emotional challenges in the context of the COVID-19 pandemic.

School-level mental health professionals can provide direct support to students who are potentially at risk for emotional problems, thus contributing to the implementation of systematic screening. National education law no. 1/2011, updated and published in the Romanian Official Journal [16], stipulates that “Preschoolers, pre-university and university students from state and private schools authorized/accredited benefit from free medical, psychological and speech therapy assistance, in medical, psychological and speech therapy offices in schools or in state medical units”. The law stipulates that a school psychologist is assigned a number of 800 students. Starting with the school year 2021-2022, a new paragraph (paragraph 11) entered into force, which stipulates that a post of school psychologist is assigned a minimum number of 600 students, respectively a minimum of 300 preschoolers within educational units with legal personality. However, Romania is facing an acute crisis of school psychologists, especially in rural areas,

although the number of students who need specialized support is increasing.

Another pressing problem is represented by the fact that in Romania, according to the data provided by the Ministry of Health [17], there are 15,497 educational units and only 2,878 school medical offices. Thus, only 18.6% of schools have a medical office. During the COVID-19 pandemic, school medical staff performed epidemiological triage to identify students with symptoms, assisted teachers and support staff in implementing prevention strategies, tracking contacts, implementing testing strategies at the school level and supported, together with the school psychologist, students, families and school staff involved in managing the stress and anxiety generated by the pandemic context.

Screening is part of the prevention and support process. What happens after identification?

It is important for the school to have an action plan to connect young people to effective support services once students are identified as at risk of emotional distress. Ideally, this would involve individual or group counseling in schools as part of a multi-level support system [18]. Alternatively, students could be referred to medical facilities that treat young people with mental health disorders.

Given the many mental health challenges that students may face during the pandemic, it is important that educators: (a) help identify students at risk through systematic screening; (b) advocate for universal screening of the school population during and after the online learning phases; (c) raise awareness of the importance of mental health screening, together with fellow teachers, school administrators and parents.

Conclusions

Depression and anxiety are serious mental health problems that contribute to psychosocial and academic dysfunctions. The COVID-19 pandemic has added new components and dimensions of stress among students as a result of social isolation, new demands imposed by the online learning, which added to the fear of infection and the potential loss of a loved one. In these circumstances, the integration of

psychosocial and mental health intervention should be considered as an integral part of the online education programs.

An important role in keeping schools safe and conducting the instructional-educational processes in optimal conditions is played by the medical staff in schools and psychological offices, that can identify subjects at risk of psycho-emotional disorders, depression, anxiety and promote stress adjustment methods and, overall, a good mental health.

Teachers, along with school psychologists and physicians, should devote time to promote mental health, reducing students' worries, and alleviate depression and anxiety. It is recommended to develop and promote school based online intervention packages to support students in managing stress, anxiety and depression related to home quarantine and the academic requirements of online education. Increased attention should be paid to students with pre-existing mental health disorders.

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