THE IMPACT OF COVID-19 on Student Mental Health in Communities of Need
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EXECUTIVE SUMMARY

About the Survey
In October 2021, the American Academy of Pediatrics, the American Academy of Child and Adolescent Psychiatry, and the Children’s Hospital Association joined together to declare a National State of Emergency in Children’s Mental Health — a crisis exacerbated by the stress of the pandemic and inequities resulting from structural racism. The declaration cited soaring rates of depression, anxiety, trauma, loneliness, and suicidality.

These challenges are having a devastating effect on children and young people in their daily lives, including at school. To further understand the impact of children’s current mental health issues on learning, First Book, a national nonprofit organization focused on removing barriers to quality education for children living in poverty, surveyed its Network — educators who work at Title I eligible schools and programs in underserved communities. The purpose of this study was to understand the impact of the COVID-19 pandemic on student mental health, identify the challenges facing educators in supporting their students’ mental health, and determine what resources educators need to better support the children they serve. For the purposes of this survey, educators were asked to think of mental health broadly: focusing on the general mental and emotional health and well-being of students.

First Book Research & Insights conducted the survey between December 13, 2021, and January 21, 2022, in partnership with On Our Sleeves, a national movement to break stigmas around children’s mental health. This survey report reveals insights from 967 educators nationwide who support children in need ages 0-18.
Cumulative Impact on Mental Health

Because of the cumulative impact that children in poverty have faced from the pandemic, along with challenging life experiences and compounding stressors related to race and culture, 98 percent of educators feel that current mental health challenges experienced by students are a barrier to education. While 85 percent of educator respondents believe that supporting student mental health in their class/program is a high or emergency priority in relation to their other classroom or program priorities this year, only 20 percent of educators feel adequately prepared to support their students’ mental health. Educators are also concerned about their own personal mental health and want additional resources that can help them support students’ emotional and mental well-being, both in their classrooms and programs and at home.

Understanding the Current Challenges

The pandemic has had detrimental effects on children’s mental health, both in terms of adding new challenges and worsening existing ones. Educators estimate that more than half (53 percent) of the students they serve are struggling with their mental health. Seventy-two percent of educators say the pandemic has introduced new mental health challenges among students, and 65 percent say it has exacerbated existing mental health challenges.

While a trained mental health counselor is available at most schools/organizations, 36 percent of respondents work at schools/organizations that do not provide access to trained mental health counselors, and 60 percent work at schools/organizations that do not provide access to child psychologists. Additionally, 56 percent of respondents indicate that the schools/organizations where they work do not offer professional development for educators on how to support student mental health.

Race & Cultural Considerations

Children living in poverty often experience compounding stressors that can worsen their mental health. Educators responding to the survey ranked unstable or difficult home life (cited by 86 percent), hunger/food insecurity (cited by 74 percent) and isolation due to the COVID-19 pandemic (cited by 69 percent) as the top three life circumstances or experiences that contribute to children’s mental health challenges. In addition, educators recognize that students’ race and/or culture can influence their experience with mental health. Sixty-eight percent of respondents indicate that they take a child’s race and/or culture into consideration when supporting their mental well-being (e.g., observe family/cultural norms, design a culturally inclusive curriculum, and foster open and trusting relationships with their students). Furthermore, 79 percent of educators keep in mind how their own race and/or culture may impact the way they support struggling students.
Educator Priorities for Resources to Help Support Children’s Mental Wellness

Educators want resources that help them support their students’ mental health in ways that are effective and appropriate given their roles. This includes resources that enable educators to proactively strengthen students’ mental wellness within their class/program (e.g., materials to create safe spaces or calm down corners, activities, books, stress-relief toys, etc.) as well as resources to send home with families so mental health practices can be brought into homes. Specifically, 92 percent of educators want resources to promote the general mental health of all students; 89 percent want resources to promote positive mental health practices; 82 percent want books that support mental health; 80 percent want student activities that support mental health; and 78 percent want materials to create safe and positive learning environments.

An Educator’s Personal Mental Health

Based on educator comments provided as part of the survey, educators are concerned about their personal mental health, and express a need for more support and the time to prioritize their own mental wellness.

Open-ended feedback tells us that educators experience secondhand stress and compassion fatigue, knowing their students are struggling. Respondents also feel they have near impossible standards to meet after two years of home learning, and they feel little support from their leadership.

Full Report Details

The full report, outlined in the following pages, provides additional insights from educators regarding the emotional and mental health challenges facing their students.

This survey more deeply explores educator concerns regarding the mental health challenges facing their students, a concern that was identified by educators in previous First Book surveys. In a 2021 survey, The Voice of America’s Educators Teaching Children in Poverty: Educator Priorities for the American Rescue Plan K-12 Funding:

• 79 percent of educators ranked student mental health support resources in their top five priorities for funding.

• Only 14 percent of educators felt extremely/very prepared to support children who have experienced trauma over the past year.

• 68 percent of educators reported wanting books and conversation guides to help better equip them with the tools needed to support children experiencing trauma and grief.
First Book Research & Insights regularly gathers qualitative and quantitative data regarding the barriers to educational equity for children in need, by directly asking educators working with children growing up in historically challenged and underserved communities. This research drives First Book’s models, the resources it provides, and its partnerships. In addition, educator insights benefit the public, private, and social sectors, enabling input from educators to inform the design and refinement of programs, products, and strategies. This can increase resource effectiveness and adoption rates to better support both educators and children growing up in poverty, which disproportionately impacts children of color.

**Statement of Purpose**

The Child Mental Health in Low-Income Communities survey explored the prevalence of and contributing factors to a child’s mental wellness and how it impacts their education from the vantage point of the educators and leaders who serve them. The American Academy of Pediatrics recently declared the state of mental health among children and adolescents to be a national emergency. This growing crisis was exacerbated by the recent disruption caused by the COVID-19 pandemic and the inequities that result from structural racism, leaving children of color disproportionately affected. Educators are often on the front lines to identify and support children struggling with their mental health as they work directly with them every day. In some cases, educators can refer children to trained professionals for added support, but in other cases, this simply is not possible. For the purposes of this survey, First Book asked the respondents, who were all either formal or informal educators, think of mental health broadly — focusing on the general mental and emotional health and the well-being of students rather than specific diagnosable mental illnesses or disorders.

The goal of this study was to understand the impact of the COVID-19 pandemic on student mental health, identify the challenges facing educators in supporting their students’ mental health, and determine what resources educators need to better support the children they serve to be ready to learn and thrive, regardless of the presence or lack of mental health support resources available to them.

This study was conducted by First Book Research & Insights in partnership with On Our Sleeves. Participation in this survey was voluntary and responses remained anonymous.
The pandemic has had detrimental effects on children’s mental health, both in terms of adding new challenges and worsening existing ones. Currently, educators estimate that more than half of the students they serve are struggling with their mental health.

Educators almost unanimously agree that mental health challenges act as a barrier to children’s education and addressing student mental health is a high priority for them, but only 20% of educators feel adequately prepared to support their students’ mental health.

While a trained mental health counselor is available at most schools/organizations, mental health support for students beyond that is not readily available and professional development for educators on the topic is not widely offered.

Educators want resources that help them support their students’ mental health in ways that are effective and appropriate given their roles. Educators are not looking to replace trained mental health professionals but want to do whatever they can given their limited resources.

Students are experiencing compounding stressors in their life that can worsen their mental health. Living in unstable or difficult home environments, having minimal access to basic needs support, lack of routine, and increased fear due to the pandemic, systemic oppression, rural-specific disadvantages, and just growing up are all sources of increased stress for students that can lead to declining mental health.

Educators want resources to help them proactively strengthen students’ mental wellness within their class/program such as materials to create safe spaces/calm down corners, activities, books, stress-relief toys, etc. Additionally, educators want resources to send home.

Educators recognize that a student’s race/culture can influence their experience with mental health. The majority of educators agree that the BIPOC children they serve have needs and experiences that are unique to their race/culture, and they keep in mind how their own race/culture may impact the way they support their struggling students.

Educators’ mental health is also currently at risk. Open-ended feedback from respondents tells us that educators feel secondhand stress knowing their students are struggling, they have near impossible standards to meet after two years of home learning, and they feel little support from their leadership. They need more support in the classroom and the skills to prioritize their own mental wellness.
**CURRENT STATE OF NEED**

**Mental Health Support in Low-Income Classrooms**

**QUESTION:** How does your school, class, or program currently support children struggling with their mental health?

<table>
<thead>
<tr>
<th>Support Provided</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>My school/organization provides access to a trained mental health counselor</td>
<td>64%</td>
</tr>
<tr>
<td>My school/organization offers professional development training for educators on addressing child mental health</td>
<td>44%</td>
</tr>
<tr>
<td>My school/organization provides access to a child psychologist</td>
<td>40%</td>
</tr>
<tr>
<td>My school/organization hands out resources for families on child mental health</td>
<td>36%</td>
</tr>
<tr>
<td>My school/organization hands out resources for educators on child mental health</td>
<td>34%</td>
</tr>
<tr>
<td>My school/organization does not have a support system in place for educators and leaders who work with children facing mental health concerns</td>
<td>19%</td>
</tr>
<tr>
<td>My school/organization does not have a support system in place for students facing mental health concerns</td>
<td>15%</td>
</tr>
<tr>
<td>Other (please briefly describe)</td>
<td>12%</td>
</tr>
</tbody>
</table>

**TAKEAWAY:**

- Trained mental health counselors are available at most schools, but support from schools and organizations beyond that is less accessible.
- 60% do not provide access to child psychologists.
- 56% do not offer professional development on supporting student mental health.
- 36% do not provide access to trained mental health counselors.
Mental Health Support Compared to Other Student Priorities

QUESTION: Consider everything the children you serve need at this time to thrive academically and in life, from basic needs items to educational materials. How would you classify gaining access to mental health support in relation to the other types of support they need at this time?

![Graph showing priority levels for mental health support]

Mental Health Support Compared to Other Educator Priorities

QUESTION: Now consider your personal priorities when it comes to supporting the children you serve. How would you classify addressing the mental health of the children you serve in relation to other classroom/program priorities?

![Graph showing priority levels for educator priorities]

TAKEAWAY:

Most educators consider access to mental health support a high priority in students’ lives, and even more educators consider addressing student mental health challenges in their daily work a high priority.

- 80% of educators believe gaining access to mental health support is a high or emergency priority in relation to students’ overall needs at this time.
- 85% of educators believe addressing student mental health is a high or emergency priority in relation to their other classroom or program priorities this year.

CROSSTAB ANALYSIS: Educators in urban and suburban communities consider addressing mental health a stronger priority (83% high/emergency priority) vs. their rural counterparts (75% high/emergency priority).
Current State of Need: Competing Priorities

**What are some of the other student priorities you considered when answering the previous question?**

“Children need stability in order to have good mental health. Our students’ families struggle to provide basic needs — food, clothing, and shelter (and utilities) for their children — even with help from the school and community agencies. On top of that, many students and families are dealing with trauma in addition to the generational poverty. And that was BEFORE the pandemic.”

“Academic progress — catching up to a timeline of where students’ reading abilities need to be in order to access the curriculum demands at the next grade level, ALSO the learning demands of the social changes regarding race and gender rights that are so rapidly prevalent at this time.”

“Social skills. Our kids don’t know how to work together. Having 1.5 years off school has had a major impact on how to interact with others.”

“Dealing with separated/divorced parents. Dealing with incarcerated parents. Dealing with parents who are suffering from their own mental illness and who may not be caring for them adequately.”

“Health in general, every aspect of Health — physical, environmental, emotional, social, mental, spiritual, financial.”

“My priority to make sure they have a safe place to come and also be able to talk with someone more versed in Mental Health. It’s hard in our community to access mental health care as there are very few professionals who are not waitlisted.”
Current State of Need: Competing Priorities

**QUESTION:** What are some of the other personal priorities you considered when answering the previous question?

**“**

**EDUCATOR’S OWN MENTAL HEALTH**

“My own mental health and the fact that society in general doesn’t value mental health and the expectations that teachers are supposed to do it all without the respect and compensation we deserve.”

**EDUCATOR’S OWN PHYSICAL HEALTH**

“Being safe and healthy. Our building is not being cleaned properly, and that puts a lot of stress on me personally because I know that it isn’t safe or healthy.”

**AVOIDING BURNOUT**

“There are so many other priorities put on educators and each one is ‘more important’ than the next. A major priority that goes unnoticed is educator burn out. We’ve lost touch with how to take care of ourselves and practice our own self care.”

**PROFESSIONAL DEMANDS**

“The number one, emergency priority for me is closing the academic gaps that students have. 94% of my students are not reading on grade level and 100% of them are not on grade level for Math. I have put so much of my personal time into closing the gaps for my students.”

**WORK/LIFE BALANCE**

“My personal priorities for work are to ensure I have personal time outside of work.”

**COVID-19**

“After and during COVID-19, we all are having residual mental issues, so I try to address my own problems and try to set boundaries for myself.”
Students Struggling with Mental Health

**QUESTION:** Generally speaking, and based on your perception, approximately what percent of the children you serve struggle with their mental health?

![Pie chart showing 53% struggle with mental health](image)

**TAKEAWAY:**

On average, educators estimate that over half of the students they serve struggle with their mental health. 53% is the estimated percentage of students in a given class/program struggling with mental health.

**CROSSTAB ANALYSIS:** Older children reportedly struggle more than younger children. Educators serving middle and high school students estimate that 59% and 60% (respectively) of the students they serve struggle with mental health, while early childhood and elementary educators estimate 50% and 52% (respectively) of their students struggle.

Preparedness to Support Students’ Mental Health

**QUESTION:** How prepared do you feel to support the mental health of the students you serve?

![Pie chart showing preparedness levels](image)

**TAKEAWAY:**

While it’s clear educators consider students’ mental health a top priority in school and in life, very few feel adequately prepared to support their students’ mental wellness.

Only 20% of educators feel adequately prepared to support students’ mental health.
Impact of the Pandemic on Student Mental Health

**QUESTION:** To what extent has the COVID-19 pandemic impacted the mental health challenges of the children you serve?

![Bar chart showing responses to the question](chart1.png)

**TAKEAWAY:**

The pandemic has had detrimental effects on children’s mental health, both in terms of adding new challenges and worsening existing ones. 72% of educators say the pandemic has introduced new mental health challenges. 65% say the pandemic has exacerbated existing mental health challenges.

Mental Health Challenges as a Barrier to Education

**QUESTION:** To what extent do mental health challenges act as a barrier to the education of the children you serve?

![Chart showing responses to the question](chart2.png)

**TAKEAWAY:**

Educators almost unanimously agree that mental health challenges act as a barrier to children’s education. 98% of educators say mental health challenges are a barrier to students’ education.
IDENTIFYING MENTAL HEALTH CHALLENGES IN THE CLASSROOM

How Educators Learn a Child Is Struggling with Their Mental Health

QUESTION: How do you become aware that a student is or may be struggling with their mental health?

TAKEAWAY:
The most common way educators learn that a student is struggling with mental health is noticing a change in their behavior. 93% of educators notice a change in behavior. 81% notice a change in academic performance. 71% hear from a child directly.

“... The mental issues that arise in our class also affect teacher mental health, yet very little support is provided.”
How Educators Learn a Child Is Struggling with Their Mental Health

QUESTION: In your experience, what observed behaviors serve as indicators that a child may be struggling with their mental health in some way?

TAKEAWAY: Students’ mental health has a clear impact on their behavior in the classroom, most commonly leading to emotional breakdowns, angry/violent outbursts, and an inability to focus.

- 89% of educators notice emotional breakdowns when a student is struggling.
- 87% notice angry or violent outbursts when a student is struggling.
- 84% notice an inability to focus when a student is struggling.

Mental health and social and emotional support has always been talked a lot about in schools but has not been the priority. Until education begins to place a higher priority on students’ social emotional needs, their academics will continue to suffer.
Student Emotional Displays Resulting from Mental Health Issues

QUESTION: Do you notice an increase in any of the following emotional displays or feelings when a student is struggling with their mental health?

TAKEAWAY:

Children often show signs of frustration, anxiety, and a lack of motivation when they are struggling with their mental health. 87% of educators notice struggling students are more easily frustrated. 87% notice increased anxiety among struggling students. 81% notice a lack of motivation among struggling students.

The children are exhibiting higher levels of self-harm and suicidality than I have ever observed in my entire career.
CONTRIBUTING FACTORS TO MENTAL HEALTH CHALLENGES

Contributing Factors to Student Mental Health Issues

Based on what you know about the lives of the children you serve, which of the following life circumstances or experiences are contributing factors to the mental health challenges they face?

**QUESTION:**

- Unstable or difficult home life (86%)
- Hunger/food insecurity (74%)
- Isolation due to the pandemic (69%)
- Homelessness/housing insecurity (68%)
- Substance abuse in the family (66%)
- Death of a family member (64%)
- Fear resulting from COVID-19 (60%)
- The switch to online learning (60%)
- Incarcerated family members (58%)
- Bullying (56%)
- Foster care/living in transition (55%)

**TAKEAWAY:**

According to educators, the top three life circumstances or experiences that contribute to children’s mental health challenges are:

1. Unstable or difficult home life
2. Hunger/food insecurity
3. Isolation due to the COVID-19 pandemic

Open-ended feedback tells us that “unstable/difficult home life” most often means:

- Absent parents/caregivers due to working multiple jobs
- Incarcerated parents/family members
- Substance abuse in the home
- Students having to care for younger siblings
- Multigenerational homes where students are raised by their grandparents
Educator Statements About Mental Health & Race and Culture

**QUESTION:**

We’d like to explore how race and culture may impact the mental health challenges the kids you serve experience. We understand that this is a complex topic, and every child has a unique experience with mental health and connection to their racial identity and culture. This makes it difficult to generalize, but we ask that you do your best to consider your experiences with the group of children you serve as a whole when answering the following questions.

Please indicate the extent to which you agree or disagree with the following statements regarding the mental health of the BIPOC (Black, Indigenous, People of Color) students and children you serve.

- I am cognizant of how my own race/cultural identity may impact the way I support a student struggling with their mental health
- I take a child’s race/cultural identity into consideration when supporting their mental well-being
- The BIPOC children I serve have unique needs when it comes to maintaining their mental health
- The BIPOC children I serve experience mental health challenges unique to their race/cultural identity
- The BIPOC children I serve require unique levels of support to maintain their mental health
- Addressing mental health is viewed as a personal family matter among the BIPOC children and families I serve
- Mental health is considered a taboo topic among the families of the BIPOC children I serve
- Mental health challenges manifest differently among my BIPOC students than White students
- The BIPOC children I serve experience mental health challenges to a greater degree than their White peers

**TAKEAWAY:**

- **Most educators take race & culture into consideration in some capacity when supporting students’ mental health.**
- **79%** of educators try to be aware of how their own race/culture may impact the way they support struggling students.
- **68%** of educators take a child’s race/culture into consideration when supporting their mental well-being.
- **61%** say that the BIPOC children they serve have needs and experiences that are unique to their race/culture.
Race/Cultural Identity Considerations

**QUESTION:** You indicated that you take a child’s race/cultural identity into consideration when supporting their mental well-being. Can you provide an example of how you do this?

**OBSERVE FAMILY/CULTURAL NORMS**

“I consider what their family dynamics or cultural norms might be and how they might differ from mine. For example, growing up I was taught that making eye contact was a sign of respect, but in other cultures there are instances where eye contact with an adult is not respectful. I want to be mindful of these differences to make sure they do not become barriers between myself and my students.”

**DESIGN CULTURALLY INCLUSIVE CURRICULUM**

“I make an effort to show cultural diversity in the books we read, holidays we learn about, and people we discuss so everyone feels seen and celebrated. I also make an effort to discuss more than one side of holidays, celebrations, and events so students are not locked in to one cultural understanding.”

**OFFER DIVERSE BOOKS**

“I create a library setting in which they are represented. They can see themselves, and they are not only present in books in which the conflict centers on their race. I want to foster an environment that does not leave them wondering if they are an integral part of our community. And I include these books, authors, and illustrators in displays, lessons, and read-alouds throughout the year — not just during specific months.”

**FOSTER TRUSTING, OPEN RELATIONSHIPS WITH STUDENTS**

“I consider that they may not want to talk as much to me because I am a white woman who sees them once a week and may not have built up as much trust at a level to discuss mental health as opposed to their classroom teacher. The students have a lot of trust in me but having trust to talk about mental health is another level and I understand. I don’t push, I let them know I am there for them, offer suggestions, and always offer to get someone they would like to talk to.”

**CAREFULLY CHOOSE LANGUAGE**

“I ask more questions and often use different vocabulary when talking with a person from a different personal culture than my own. For example, many of my immigrant students don’t even have vocabulary for depression, anxiety, etc. So, we will talk about brain health and healthy thoughts instead.”

**UNDERSTAND IMPLICIT BIAS**

“I work to understand my implicit bias. I attempt to keep personal opinion and experience at a minimum. Whenever possible I try to involve/engage a coworker with a similar cultural or racial identity. I consciously represent differing cultures and races in my materials available to families. I recognize that representation matters.”
How do you know/what makes you believe that a child’s mental health challenges are related to or impacted by their race/cultural identity?

“A PERSON’S RACE/CULTURE SHAPES LIFE EXPERIENCE
““I am a white woman so I cannot begin to put myself in the thinking of a family who is BIPOC. My experiences with mental health challenges are not the same as someone who is BIPOC. Therefore, I do not believe that a child’s mental health challenges are completely related to their race/cultural identity, but I do believe that it does complicate their mental health challenges.”

“PERSONAL EXPERIENCE
“My own cultural insights, socioeconomic class upbringing, and life experiences play a role, when I am working with students from my same background. I know that access to things that others may take for granted, are not always the case for all people and many times this is caused by ethnicity and structural inequity.”

“PERSONAL OBSERVATION OF STUDENTS
“The conversations I hear between students of different races and cultural identities on a peer-to-peer level. I believe that they speak to me differently as I am an adult, but I hear how they address students of their own grade level.”

“CONVERSATIONS WITH STUDENTS
“I listen to my students as they discuss what’s been happening to them, their family, and their friends. When stories of racial injustice hit the news, we discuss it. Many times, they share generational stories of this type of treatment and their resulting frustrations.”

“NOTICEABLE INEQUITY
“It’s very difficult for children to get the mental health services they need when: 1) they don’t have access to medical care due to poverty (which is directly related to race), 2) their families don’t often have knowledge about mental health or acknowledge it in their community, 3) children of color are disproportionally disciplined instead of being offered alternatives.”

“CONVERSATIONS WITH FAMILIES
“In talking with families, I have learned that there are unique circumstances facing them that as a white person I am not faced with regularly. As a citizen, I have no fear of deportation for myself or my immediate family. These experiences that have been shared have directly impacted families I serve causing stress on the family and straining their access to resources in the community.”
Relevancy of Social Categories to Mental Health

**QUESTION:** How relevant are the following social categorizations to the mental health of the kids you serve?

- Income bracket: 65%
- Race/racial identity: 51%
- English language proficiency: 46%
- Living with disabilities: 41%
- Immigrant status/US citizenship: 36%
- Gender identity: 31%
- Sexual orientation: 30%
- Sex/Gender: 28%

**TAKEAWAY:**

Income bracket is the most relevant social categorization impacting children’s mental health. 65% of educators say class/income bracket is relevant to their students’ mental health. 51% say race/racial identity is relevant to their student’s mental health.

"We must all remember every age and every culture is different as well as income level. The pandemic is just one more added stress factor. The problem of diversity inequalities has been around for a long time and needs to change!"
## Interest in the Following Mental Health Support Resources

**QUESTION:** How interested are you in accessing support resources focused on the following mental health related content?

<table>
<thead>
<tr>
<th>Support Resource</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Promoting the general mental health/well-being of all students</td>
<td>92%</td>
</tr>
<tr>
<td>Promoting positive mental health practices</td>
<td>89%</td>
</tr>
<tr>
<td>Supporting individual children struggling with mental health</td>
<td>86%</td>
</tr>
<tr>
<td>Approaching mental health challenges related to poverty</td>
<td>86%</td>
</tr>
<tr>
<td>Approaching mental health challenges in a culturally sensitive way</td>
<td>83%</td>
</tr>
<tr>
<td>Encouraging families/caregivers to get involved in their child’s mental health/well-being</td>
<td>82%</td>
</tr>
<tr>
<td>Supporting children struggling with specific mental health conditions</td>
<td>81%</td>
</tr>
<tr>
<td>Approaching mental health challenges related to race, identity, and intersectionality</td>
<td>74%</td>
</tr>
<tr>
<td>Supporting child mental health when a language barrier exists</td>
<td>69%</td>
</tr>
</tbody>
</table>

**TAKEAWAY:** Educators show a slight preference for support resources that help them proactively promote positive mental health among students.

- 92% of educators want resources to promote the general mental health of all students.
- 89% want resources to promote positive mental health practices.
- 74% want resources to help them approach mental health challenges related to race, identity, and intersectionality.
Most Wanted Support Resources

**QUESTION:** What types of support resources are you most interested in accessing on the topic of child mental health?

<table>
<thead>
<tr>
<th>Resource</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Books</td>
<td>82%</td>
</tr>
<tr>
<td>Student activities and exercises</td>
<td>80%</td>
</tr>
<tr>
<td>Materials to create safe &amp; positive learning environments</td>
<td>78%</td>
</tr>
<tr>
<td>Educator tips &amp; tricks</td>
<td>67%</td>
</tr>
<tr>
<td>Professional development opportunities</td>
<td>62%</td>
</tr>
<tr>
<td>Funding/budget</td>
<td>56%</td>
</tr>
<tr>
<td>Digital learning resources</td>
<td>51%</td>
</tr>
<tr>
<td>Full lesson plans</td>
<td>47%</td>
</tr>
<tr>
<td>Other (please describe)</td>
<td>4%</td>
</tr>
<tr>
<td>Don’t know/can’t say</td>
<td>0%</td>
</tr>
</tbody>
</table>

**TAKEAWAY:**

The 3 types of resources educators are most interested in to help them support student mental health are:

1. Books (82%)
2. Student activities (80%)
3. Materials to create safe & positive learning environments (78%)

“We need more opportunities for teachers, admins, and the community to truly check in with teachers and meet the needs that they see in their classrooms.”
MENTAL HEALTH SUPPORT RESOURCES

Most Helpful Types of Books

**QUESTION:** What book themes would be most helpful in supporting the mental health of the kids you serve?

- Books to support social-emotional learning: 89%
- Books about mental health that represent characters & storylines from a variety of cultures: 85%
- Books featuring characters that struggle with specific mental health challenges: 79%
- Books with “feel-good” stories to promote joy (not about mental health specifically): 66%
- Books that come with accompanying lesson plans/discussion guides: 66%
- Books about mental health in general: 64%

**TAKEAWAY:**

Educators want books that support social and emotional learning and feature diverse characters, as well as characters struggling with specific mental health challenges.
Activity & Lesson Plan Goals

What mental health topics are you most interested in covering with activities & lesson plans?

<table>
<thead>
<tr>
<th>Topic</th>
<th>Interest Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Games and activities designed to relieve stress</td>
<td>83%</td>
</tr>
<tr>
<td>Promoting positive mental health practices in class/program (e.g., self-)</td>
<td>82%</td>
</tr>
<tr>
<td>Helping students manage a multitude of stressors in their life</td>
<td>79%</td>
</tr>
<tr>
<td>Helping students manage their general mental health</td>
<td>76%</td>
</tr>
<tr>
<td>Managing mental health related behaviors in class/program in a non-disciplinary way</td>
<td>68%</td>
</tr>
<tr>
<td>Celebrating diversity and cultural differences in class/program</td>
<td>66%</td>
</tr>
<tr>
<td>Identifying the difference between general behavioral issues and behavioral issues</td>
<td>61%</td>
</tr>
<tr>
<td>Music and art therapy</td>
<td>58%</td>
</tr>
<tr>
<td>Introducing mental health (e.g., what it is, how it’s relevant to children’s lives)</td>
<td>55%</td>
</tr>
<tr>
<td>Having conversations with families around child mental health</td>
<td>51%</td>
</tr>
<tr>
<td>Exploring the relationship between culture, intersectionality, and mental health</td>
<td>46%</td>
</tr>
<tr>
<td>Differentiated lesson plans on mental health</td>
<td>43%</td>
</tr>
</tbody>
</table>

TAKEAWAY:

Educators are most interested in activities and lessons that relieve stress and promote positive mental health practices for students.

“Students need help and resources more now than they ever have before and it is difficult to manage the increase in needs with an already overwhelming workload that accompanies a normal year. Educators need support for themselves as well as easy to implement supports for students.”


**Topics to Cover with Professional Development**

**Question:** What topic(s) would you most like to cover during a professional development opportunity on child mental health?

- **Managing general anxiety & stress** - 81%
- **Promoting positive mental health** - 78%
- **Supporting individual children struggling with their mental health** - 71%
- **Incorporating mental health education into existing curriculum/programming** - 63%
- **Exploring the interplay of culture, intersectionality, and mental health** - 53%
- **Overcoming mental health challenges** - 51%
- **Other (please describe)** - 2%

**Takeaway:**

Educators want professional development that teaches how to manage general anxiety and stress and promote positive mental health among students.
FINAL THOUGHTS

Educator Feedback

**QUESTION:** Is there anything else we should know about the mental health of the children you serve as we work to get educators the support they need in this space?

**RESOURCE SUGGESTIONS**

Educators need resources that help them address mental health in younger ages, teach kids to manage emotions, include tips to build calming safe spaces, and introduce mental health concepts at any age.

“I think that across the board, our kids need help recognizing and naming their emotions — having a working vocabulary to express themselves. And then they need to be able to self-regulate and/or ask for help from an adult if they need it. If we can lay these foundations in PK-1, they will have a much easier time in school.”

**NEED TOP-DOWN SUPPORT**

The real changes that need to happen start at the top. Schools need professionally trained counselors, they need to prioritize mental health support & education, and make that support equally accessible to all.

“I would like to see our schools have much greater support in school personnel (psychologists, counselors) who can catch kids when they are first beginning to struggle. I think we need a complete education reform in which mental health is a much greater priority over standardized test scores. We need politicians to hear from students, parents, and teachers first-hand. We need administrators to be more cognizant of the concerns families have regarding their individual children. We need school funds to be directed more towards mental health and less to curriculum. The repercussions (of not addressing student mental health) are far greater and much longer lasting than we will ever be able to measure.”
**Educators Need Their Own Mental Health Support**

Educator mental health is on the decline also. They need more support in the classroom and the room to prioritize their own mental wellness.

“I think it is also important to invest in resources that support teachers’ mental health. When taking on the struggles and stresses of our students, it’s so easy for teachers to become fatigued and overwhelmed; but many will continue to pour into their students without taking the time to see to their own mental well-being. We need more opportunities for teachers, admins and the community to truly check in with teachers and meet the needs that they see in their classrooms.”

**Supporting Whole Families**

Parents and caregivers need resources to learn about child mental health, access to government and community supports, parenting classes/guidance, and equal access to fair paying jobs.

“The drum I beat on a very regular basis is Americans need to realize that until parents are paid a living wage so they can take care of their family’s needs and save a little money every month, we will have escalating issues with abuse and depression and academic deficits to deal with, from generation to generation without end!”

**Unstable Home Lives**

Students deal with their parents’ own mental health challenges, incarcerated family members, and housing insecurity, on top of their own challenges.

“Parents need so much help in this area! It seems like many parents of the children who are struggling with mental health issues are often struggling themselves. They don’t know how to support their children when they don’t know how to support themselves. Parent education is so important when it comes to the area of children’s mental health.”

**Compounding Stressors**

Students experience multiple stressors in their life that can worsen their mental health. Lack of routine, systemic oppression, rural-specific disadvantages, historic trauma, and just growing up are all sources of increased stress which can lead to declining mental health.

“There are so many children suffering with depression and anxiety and all the aspects that come of this type of diagnosis, including suicide, aggressive spiraling anger, low self-esteem, worthlessness, etc. The great majority of our children come from traumatic households, prior to Covid, so now it seems to be multiplying their trauma.”
**SURVEY METHODOLOGY**

**SURVEY**
- Child & Minority Mental Health

**PARTNERS**
- First Book & On Our Sleeves

**SURVEY TYPE**
- Cross-sectional online questionnaire

**AUDIENCE SIZE:**
- 344,596

**SURVEYS STARTED:**
- 1,753

**COMPLETED RESPONSES:**
- 967

**RESPONSE RATE:**
- 1%

**SURVEY COMPLETION RATE:**
- 55%

Participants from this study were registered First Book members, who work in classrooms or programs in which at least 70 percent of the children served come from low-income families.

\[ N = 967 \text{ PARTICIPANTS} \]

The survey administration period opened on December 13, 2021, and closed on January 21, 2022.

The First Book team programmed this electronic survey in the QualtricsXM platform and distributed it via email.

This study was designed by First Book Research & Insights.
## Respondent Demographics

### Organization Type

<table>
<thead>
<tr>
<th>Organization Type</th>
<th>%</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>School</td>
<td>75%</td>
<td>729</td>
</tr>
<tr>
<td>Early childhood program</td>
<td>10%</td>
<td>96</td>
</tr>
<tr>
<td>Other</td>
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<td>45</td>
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<tr>
<td>Library</td>
<td>3%</td>
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<tr>
<td>Civic/community organization</td>
<td>2%</td>
<td>24</td>
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<tr>
<td>Out-of-school time program</td>
<td>2%</td>
<td>21</td>
</tr>
<tr>
<td>Health clinic or healthcare provider</td>
<td>2%</td>
<td>17</td>
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<tr>
<td>Faith-based organization</td>
<td>1%</td>
<td>8</td>
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<tr>
<td>Military family support program</td>
<td>0%</td>
<td>2</td>
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<tr>
<td>Museum</td>
<td>0%</td>
<td>0</td>
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<tr>
<td><strong>TOTAL</strong></td>
<td><strong>100%</strong></td>
<td><strong>967</strong></td>
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### Job Title

<table>
<thead>
<tr>
<th>Job Title</th>
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<tbody>
<tr>
<td>Teacher/Teacher Aide</td>
<td>55%</td>
<td>529</td>
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<tr>
<td>Other</td>
<td>12%</td>
<td>112</td>
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<tr>
<td>Librarian/Media Specialist</td>
<td>11%</td>
<td>109</td>
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<tr>
<td>Program Director/Administrator</td>
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<tr>
<td>Reading Specialist</td>
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<tr>
<td>Family Engagement Specialist</td>
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<tr>
<td>School Support Personnel</td>
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<tr>
<td>Principal/Vice Principal</td>
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<tr>
<td>Health-Care Provider</td>
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<tr>
<td>Volunteer</td>
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<tr>
<td>Child Care/Afterschool Provider</td>
<td>0%</td>
<td>3</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>100%</strong></td>
<td><strong>967</strong></td>
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The Impact of COVID-19 on Student Mental Health in Communities of Need

**GEOGRAPHIC SETTING**

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<tbody>
<tr>
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<tr>
<td>Suburban</td>
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<tr>
<td>Rural</td>
<td>27%</td>
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<tr>
<td>Indian Reservation/Tribal nation</td>
<td>1%</td>
<td>6</td>
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<tr>
<td>Military base</td>
<td>0%</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>100%</strong></td>
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**STATE**

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<td>California</td>
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<td>Texas</td>
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<td>New York</td>
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<td>Michigan</td>
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<td>Ohio</td>
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<td>Pennsylvania</td>
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<td>Indiana</td>
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<td>Alaska</td>
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<td>Montana</td>
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<td>Idaho</td>
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<td>Arkansas</td>
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</tr>
<tr>
<td>Hawaii</td>
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<tr>
<td>Rhode Island</td>
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<tr>
<td>Kentucky</td>
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</tr>
<tr>
<td>District of Columbia</td>
<td>3</td>
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<tr>
<td>New Hampshire</td>
<td>2</td>
</tr>
<tr>
<td>South Dakota</td>
<td>2</td>
</tr>
<tr>
<td>North Dakota</td>
<td>2</td>
</tr>
<tr>
<td>Vermont</td>
<td>1</td>
</tr>
<tr>
<td>Delaware</td>
<td>1</td>
</tr>
<tr>
<td>Puerto Rico</td>
<td>1</td>
</tr>
<tr>
<td>Wyoming</td>
<td>1</td>
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</tbody>
</table>

**TEACHING FOCUS**

<table>
<thead>
<tr>
<th>Focus</th>
<th>%</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students in general education classes</td>
<td>77%</td>
<td>740</td>
</tr>
<tr>
<td>Students with special needs</td>
<td>56%</td>
<td>538</td>
</tr>
<tr>
<td>English language learners</td>
<td>48%</td>
<td>467</td>
</tr>
<tr>
<td>Parent &amp; family engagement</td>
<td>26%</td>
<td>253</td>
</tr>
<tr>
<td>Students in need of tutoring &amp; homework help</td>
<td>23%</td>
<td>218</td>
</tr>
<tr>
<td>Gifted students</td>
<td>19%</td>
<td>181</td>
</tr>
<tr>
<td>Students in a mentoring program</td>
<td>8%</td>
<td>76</td>
</tr>
<tr>
<td>Other</td>
<td>6%</td>
<td>58</td>
</tr>
<tr>
<td>Students in alternative schools</td>
<td>6%</td>
<td>54</td>
</tr>
<tr>
<td>Homeschooled students</td>
<td>4%</td>
<td>34</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100%</strong></td>
<td><strong>967</strong></td>
</tr>
</tbody>
</table>
RESPONDENT RACE/ETHNICITY

- White: 69% (666)
- Black or African American: 18% (172)
- Hispanic, Latino/a/x, or of Spanish origin: 17% (164)
- Do not wish to answer: 7% (67)
- Asian: 5% (47)
- American Indian or Alaska Native: 4% (38)
- Middle Eastern or North African: 3% (27)
- Another race or ethnicity: 3% (26)
- Native Hawaiian or Pacific Islander: 1% (12)
- Unknown: 0% (3)

Total: 967

DEMOGRAPHICS OF CHILDREN SERVED

- Predominantly Hispanic, Latino/a/x, or of Spanish origin: 30% (292)
- Predominantly White: 21% (203)
- Predominantly Black or African American: 21% (199)
- Comprise a diverse population with no predominant ethnicity: 18% (177)
- Predominantly another race or ethnicity (please specify): 4% (34)
- I don’t know/prefer not to answer: 3% (28)
- Predominantly American Indian/Alaska Native: 2% (17)
- Predominantly Asian: 1% (10)
- Predominantly Middle Eastern or North African: 0% (4)
- Predominantly Native Hawaiian or Pacific Islander: 0% (3)

Total: 100% (967)

AGES OF KIDS SERVED

- Infant/toddler ages (ages 0-3): 16% (153)
- Preschool ages (ages 4-5): 39% (374)
- Elementary ages (age 6-10): 70% (679)
- Middle school ages (ages 11-14): 36% (345)
- High school ages (ages 15-18): 22% (209)

Total: 967
ABOUT FIRST BOOK

Building a Path Out of Poverty Through Educational Equity

First Book is a social enterprise, applying proven strategies of the private sector to fuel our work as a nonprofit with a growing ecosystem of models that work both individually and collectively to create impact on educational equity. We have aggregated the First Book Network, North America’s largest group of educators (more than 525,000 professionals) serving kids in need. The Network grows by thousands of new members each month.

How We Do It

Original Research Harnesses the Voice of Educators

We conduct original research that amplifies the voices of our Network members and identifies their needs. We then engage field experts to create tools and resources to address those needs. We curate culturally relevant educational resources that resonate with our membership and the diverse children they serve and leverage the power of aggregated buying to make these books and resources free or affordable through the First Book Marketplace, our award-winning eCommerce site.
Continuous Innovation to Elevate Impact
We drive constant innovation and collaborate with field-leading organizations to continue elevating our models and bringing the best insights and new practices to the field of education while generating sustainable revenue to continue our work. We form win-win relationships that benefit those we serve, as well as the publishers, suppliers, purposeful corporations, governments, and other key stakeholders committed to improving educational equity.

System-changing Models Addressing the Whole Child
Finally, we address the needs of the whole child, supporting their education, basic needs, and wellness — all of which are essential to educational equity. Through our sophisticated distribution system, we efficiently deliver help where it is needed. The First Book educator-centric integrated design, grounded in rapid-cycle feedback, and powered by innovation and entrepreneurial thinking, provides hope and promise to children living in poverty and the educators who serve them.

Our Model of Change

First Book Network
Comprises North America’s largest community of educators working on the frontlines with children in need at schools and programs across the U.S.

First Book Marketplace
Provides the First Book Network with 24-hour, year-round access to an award-winning repository of affordable and new books, educational resources, and basic necessities curated for kids in need ages 0-18.

First Book Research & Insights
Advances education and poverty research by generating original data that amplifies educators’ voices, drives First Book’s models, and informs content on the First Book Marketplace.

First Book Accelerator
Turns current research and evidence-based strategies from leading experts into actionable tools that are shared with our network — so educators don’t have to wait months or years to use innovative best practices in their classrooms and programs.

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FIRSTBOOK.ORG or follow the latest news on LinkedIn, Facebook, Twitter, and Instagram.