

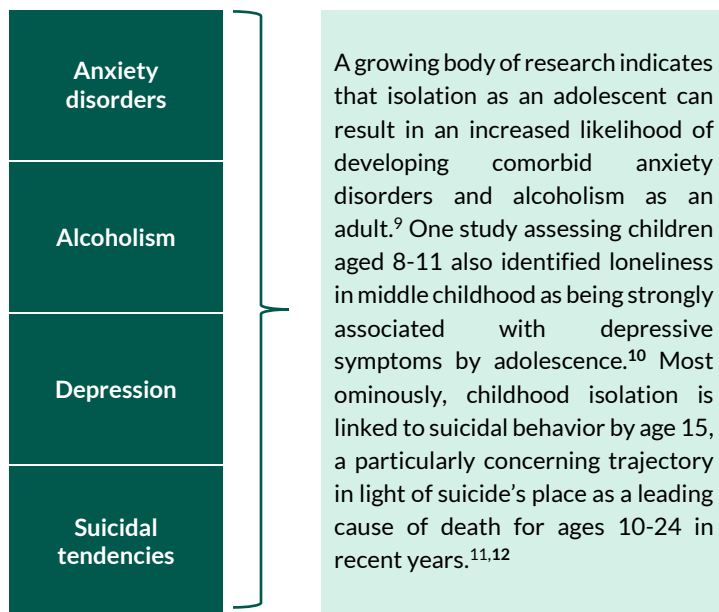
Introduction

The outbreak of COVID-19 created a ‘new normal’ of social distancing and quarantine for families across the country.¹ School closures, too, are now standard, with at least 124,000 U.S. public and private school closures affecting 55.1 million students.² As a result of these measures, students are experiencing an extended period of social isolation that may have profound long-term impacts. Specifically, the mental and physical toll of prolonged periods without satisfying relationships or human contact is linked to the development of cardiovascular problems, mental health problems, and other psychological harms in people of all ages.^{3,4} Understanding the effects and symptoms of social isolation in school-age children can provide districts with the tools to identify students at greatest risk and implement appropriate supports to mitigate the impact of the current crisis, both now and upon the return to school.

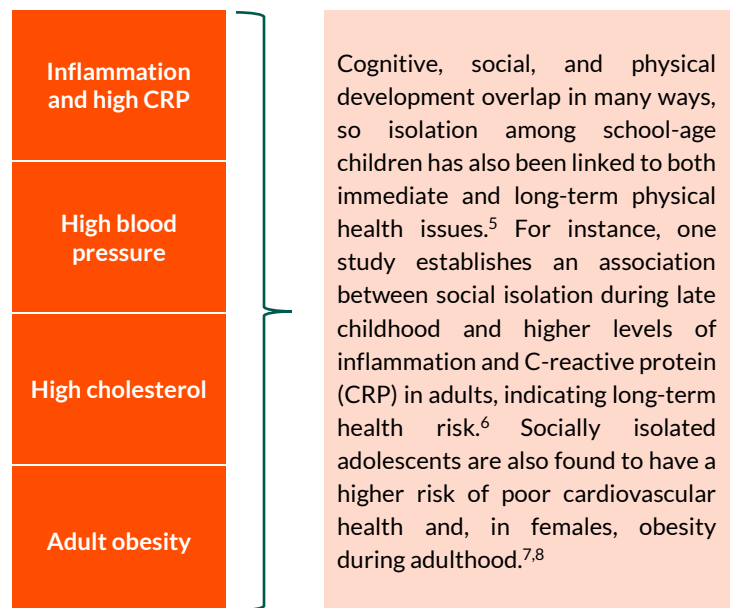
Immediate and Long-Term Impacts

Social isolation in young people can lead to immediate negative mental health outcomes with potentially severe consequences later in life.

Long-term Mental Health Risks



Long-term Physical Health Risks



Quarantines and Student Health

In addition to the broader effects of social isolation, several long-term issues have been specifically attributed to a quarantine setting during previous outbreaks, including SARS and H1N1. One research study shows that post-traumatic stress scores can be four times higher in quarantined children than in their non-quarantined peers, and the same study demonstrated that 30 percent of quarantined children met the criteria for post-traumatic stress disorder (PTSD) based on parental reports.¹³

Additionally, a recent report highlighting the impact of coronavirus in European and Chinese schools emphasizes the vulnerability of students with pre-existing mental health or special education needs during quarantine: 83 percent of surveyed British students with mental health needs reported that the pandemic worsened their conditions, most likely the result of a decrease in social interaction and discontinuation of peer support groups and in-person services. School routines and resources also provide coping mechanisms and life anchors for some students, and the suspension of both

during quarantine as well as during readjustment upon school reopening can result in negative student outcomes. Following the peak of the COVID-19 outbreak, Chinese experts noted that students with disabilities, such as autism, are particularly reliant on routines, and the loss of socialization and therapy resources can stall progress in their development of essential skills.¹⁴

Critically, the quarantine experience varies from student to student, and its effects will often be disproportional. One recent study assesses the impact of unplanned school closure on children’s social contact, suggesting that activities and social contact decrease but often without ceasing altogether.¹⁵ For students who identify ways to continue meaningful interactions with their peers, the impact of the quarantine may be minimal.

Social Isolation Risk Indicators

The variability of COVID-19’s impact on students means that schools must be able to identify and understand student risk indicators in order to provide appropriate supports. The table below identifies the physical and emotional signs of social isolation about which school staff should be aware.

Symptom	Description
Anxiety and depression	Just as early loneliness can lead to anxiety in later life, loneliness is also associated with present feelings of sadness and anxiety. ¹⁶
Low self-esteem	Just as strong peer relations correlate positively with self-worth, many isolated students suffer from low self-esteem. ¹⁷
Lack of sleep	Experts link loneliness with sleep disturbances and trouble falling asleep. ¹⁸
Poor perceived physical health	Isolation among adolescents increases the risk of fair or poor self-rated health and is also associated with an increased number of doctor visits. ¹⁹
Somatic symptoms	Loneliness in children and adolescents is strongly associated with stomachaches and headaches. ²⁰
Substance use and abuse	Adolescent substance use (alcohol, cigarettes, illicit drugs, etc.) positively correlates with social isolation, perhaps due to the perceived need to self-medicate or the desire for social acceptance. ²¹
Suicidal tendencies	Suicidal ideation can be closely tied to social isolation, especially in adolescence. ²²

Source: Beyond Differences²³

Supports During School Closures

Social isolation resulting from quarantines necessitates the use of digital resources and other avenues of remote assistance. The following are possible supports schools and school districts can offer to students and families to mitigate the adverse effects of social isolation during quarantine:

Academic Accommodations

Cancelling exams and easing compliance standards can be critical to ensuring that mental and physical health does not come at the expense of academic outcomes.²⁵

Consistent Classroom Routines

Consistency provides comfort during crisis. A marked emphasis on routine and regulation in online curricula can begin to mitigate the impact of disruption.²⁴

Parent Resources

It is critical to provide parents not only with an understanding of academic plans during school closures but also with the knowledge they need to recognize isolation risk indicators in their children.

District-Wide Initiatives

Cyberbullying is expected to increase during COVID-related quarantines.²⁶ With the shift to distance learning, districts should consider awareness initiatives addressing timely social risks. Emphasizing inclusiveness can be accompanied by prominent placement of resources such as support lines.

Connecting and Outreach

Opportunities to interact with teachers semi-regularly and to obtain trained psychological counseling during a time of social distancing are particularly helpful for students during quarantine.²⁷ Proactive school to student contact can be a very valuable tool.²⁸

Mental Health Supports Upon Reopening

Over the past decade, school districts have increasingly recognized the importance of addressing post-disaster mental health in crisis recovery plans.²⁹ Ahead of reopening, districts should consider how these plans might be adapted and implemented in the current, unprecedented context, as well as determine what resources can be provided. School districts should consider offering the supports below to teachers, administrators, and students prior to, during, and after reopening:

Mental Health Training

Ensure that teachers are trained and understand how to talk to students affected by social isolation before the date of return. Recent studies suggest that American educators have rarely received mental health training up to this point.³⁰ A study exploring teacher perspectives on mental health preparedness suggested that more knowledge and support systems are needed for faculty to develop competencies.³¹

Centralized Programs

Some school districts have recently opted to roll out formal mental health programs that feature screening tools, surveys, and needs assessments. Such programs can aid in identifying students who may require services in the wake of social isolation and coronavirus.³² Other districts have formed partnerships with third-party or community mental health providers to serve as free resources to students and families.^{33,34}

Resource Mobilization

Revisiting crisis response policies regarding topics such as suicidal ideation and intervention will be important at a juncture as critical as post-COVID reopening. School counselors, along with triage and leadership teams, are ideally placed to take the fore on such issues.^{35,36} Providing teachers with a standardized toolkit of reference materials and resources can further boost preparedness.

Social-Emotional Supports Upon Reopening

The impact of social isolation will also demand a renewed emphasis on socialization and climate on the school and classroom levels. Connectedness and belonging, in contrast to social isolation, are essential for academic success and mental health. Accordingly, community-building opportunities and social-emotional learning must be reprioritized and recontextualized for a post-quarantine reality.³⁷ Counselors should also be leveraged to provide individualized attention, support lines, and context-specific strategies.³⁸

The literature provides an extensive array of tools to stimulate social-emotional learning and school connectedness. Some strategies to mitigate the impact of social isolation on the social-emotional well-being of students include:

Small Groups

Small group settings have long been observed to aid in learning and social well-being, making them a valuable tool when dealing with students of all ages.^{39,40} One example of this is often called 'lunch bunch', where small groups of often differently-abled students are assembled to eat with teachers or counselors.⁴¹

Reflection

Targeted social practices have been demonstrated to facilitate mutual respect, peer collaboration, and positive relationships. One common example of this is 'Class Meetings', which are usually weekly meetings during which students and teachers discuss classroom and playground issues in a supportive context.⁴²

Social Engagement

Some experts suggest that organizing (potentially student-driven) initiatives such as lunchtime mix-ups, where students are encouraged to make new friends during lunch periods, are beneficial due to their alleviation of major stress points.⁴³

Peer Initiatives and Interventions

Peer-mediated intervention has been established as a useful tool for increasing social interaction and academic performance in students with autism and other needs.⁴⁴ Properly implemented, it could play a wider role in addressing social isolation.

Endnotes

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