Mental Health Impact of the COVID-19 Pandemic on Teachers and Parents of K-12 Students

Monitoring School COVID-19 Prevention Strategies Project: Triangulated Report
To make informed decisions, public health, schools, and elected officials need more timely, actionable, and school-specific data to help successfully prevent the spread of COVID-19 in K-12 settings and to make sure schools can reopen, and stay open, safely.

The CDC Foundation, in partnership with Deloitte and technical assistance from the Centers for Disease Control and Prevention (CDC), launched the Monitoring School COVID-19 Prevention Strategies project to collect data on the impact of COVID-19 on the social, emotional, academic, and mental health of the K-12 community. Through multiple data collection methods, the aim of the project is to collect, analyze, and disseminate near real-time data to:

- Help school districts and community members (e.g., superintendents, principals, teachers, parents, students) make actionable, informed, data-driven decisions to prevent the spread of COVID-19 in K-12 settings
- Characterize policies, practices, and interventions to support implementation of school COVID-19 prevention strategies
- Build awareness around successes and challenges related to COVID-19 in K-12 settings
- Understand social, emotional, academic, and mental health impacts on school communities
Report Overview

Purpose

The purpose of this report is to triangulate data across several data collection methods and respondent groups to better understand how COVID-19 is impacting the mental health of K-12 teachers and parents of K-12 students across the U.S. The goal is to inform decisions and improve support to help schools reopen and stay open safely.

Audience

This report is intended to be used by public health professionals, school policy makers, and the school community to better understand mental health related impacts and experiences related to COVID-19 in K-12 settings.

Focus

The report summarizes findings related to answering the following guiding questions:

1. What are the mental health impacts of COVID-19 on students, parents, and school staff?
2. What factors influence mental health for parents and school staff?
3. How do these impacts differ by mode of learning and other key demographics?
Data Sources

The project approach uses data from multiple collection modalities to validate and provide nuance to key findings

**Cross-sectional online surveys***

- **Crowdsourced (Pollfish)**
  Teachers and parents of students reported on their overall mental health
  - n = 643 teachers (2/24/21 – 3/03/21);  
  - n = 1,497 parents of K-8 students (2/24/21 – 2/27/21)  
  - n = 1,499 parents of K-12 students (2/24/21 – 2/27/21)

- **Web panels (Qualtrics)**
  Parents of students reported on a variety of topics related to COVID-19 and reopening schools safely
  - n = 4,039 parents of K-12 students (3/2/21 – 3/10/21)  
  - n = 1,842 teachers of K-12 students (3/3/21 – 3/31/21)

**Focus groups**

- **Parents of children with special education needs (March 2021)**
  Parents shared their experiences navigating school instructional models and accessing services for their children with special education needs during the COVID-19 pandemic. (4 participants)

- **Teachers (March 2021)**
  Teachers shared challenges and successes related to teaching, implementing COVID-19 prevention strategies, and impacts on students and themselves during the pandemic. (6 participants)

- **Superintendents (March 2021)**
  Superintendents shared their experiences reopening and/or closing school districts during the pandemic and impacts on students and staff. (5 participants)

**Social media listening**

- **Public Online Conversations**
  Data sourced from public posts from Twitter, Facebook, Instagram, YouTube, Reddit, forums, blogs, reviews, and WordPress; using key words relating to mental health and schools
  - n = 229,171 public mentions collected via a custom mental health query
  - Date Range: 1/1/21 – 3/28/21

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*The results included in this report reflect weighted data from the Web Panel surveys. However, findings shown were also validated by the crowdsourced data, where available. Parent data was weighted for calibration and distribution, but teacher data was not weighted using population totals, pending weighting data from NCES.*
Process for Identifying Key Findings

The project used a step-by-step standard process for revealing insights and triangulating across data collection methods.

**CONDUCT STATISTICAL ANALYSIS**

Using the weighted cross-sectional web panel survey data, a variety of statistical approaches, such as Chi$^2$ analyses, were conducted to test for statistically significant ($p<.05$) associations between key mental health outcome variables and any other variables in the survey.

**VISUALIZE**

Statistically significant findings identified in the cross-sectional web panel survey are compared to crowdsourced survey findings to confirm general alignment. Findings from both sources are then visualized.

**ADD QUALITATIVE NUANCE**

Qualitative analyses of focus group transcripts and social media posts are used to identify key quotes to help further illustrate underlying attitudes and sentiment among relevant groups.

**NOTES AND LIMITATIONS**

The research team acknowledges several important caveats to this data affecting interpretation, including:

**LIMITATIONS**

- Due to the cross-sectional design, analysis cannot determine causal relationships due to temporality bias.
- Panel participants may not be representative of the populations of interest (all parents or teachers) which affects the generalizability of results.
- As all surveys were collected through a web-based platform, results from individuals with limited or no internet access may be under-represented.
- As results are based on self-reported data, biases such as self-selection, social desirability, and misclassification may impact findings and limits the generalizability of results.

**NOTES**

- Post-collection data processing, cleaning (to ensure responses are in line with skip and logic patterns), and imputation (to correct for incomplete item responses) were conducted on the cross-sectional web panel survey data.
- This report does not include student self-reported mental health outcomes (which is forthcoming), only parents, teachers, and administrators.
Summary of findings
Overview

Based on analysis across data collection methods, there were several significant factors (p<.05) associated with mental health for parents and teachers. The following pages provide details on each finding below.

### PARENT MENTAL HEALTH

**Mental health impact of COVID-19**
- Overall, parents of K-12 students may be experiencing slightly higher levels of mental health distress based on pre-pandemic national estimates.
- 16% of parents report that their mental health was poor for 14 or more days in the past month.
- Overall proportion of those with frequent mental health distress may be slightly higher than pre-pandemic national averages of all adults.

**Factors influencing mental health**
- Parents whose child knows someone who is high-risk for severe illness from COVID-19 have higher proportions of mental health distress.
- Parents who do not believe the COVID-19 vaccine has been adequately tested experience mental health distress at higher proportions.

**Disparities in mental health impact across groups**
- Parents experiencing involuntary unemployment and lower incomes are more likely to experience frequent mental distress than other parents.
- Higher levels of community satisfaction are related to less frequent mental health distress in parents.

### TEACHER MENTAL HEALTH

**Teachers’ mental health has been affected by new instructional challenges and barriers to implementing COVID-19 prevention measures.**
- 27% of teachers self reported symptoms consistent with clinical depression and 37% self reported symptoms consistent with generalized anxiety.
- 53% of teachers say they are thinking of leaving the profession more now than they were before the pandemic (February 2020).
- 19% of teachers started or increased alcohol use to deal with stress during the pandemic.

**Factors influencing mental health**
- Teachers who report more difficulty focusing on their work now as compared to before the pandemic were more than twice as likely to report mental health distress.
- Teachers with difficulty implementing COVID-19 prevention measures also report experiencing symptoms of depression and anxiety at higher proportions.

**Disparities in mental health impact across groups**
- Teachers reporting that their students are still 100% virtual as of March 2021 had higher rates of depression and anxiety symptoms than other teachers.

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Public Health Implications

Based on the mental health findings in this report, there are several ways that stakeholders and partners across the school community can take action and improve mental health of teachers, parents, and students.

**Mental Health Services and Resources**

- Support a comprehensive employee assistance program (EAP) to address teacher mental health challenges.
- Advance professional development (PD) opportunities to help teachers and school mental health professionals identify and address student mental health needs.
- Increase access to mental health resources and services for parents, teachers, and the entire school community to address mental health challenges created or exacerbated by the COVID-19 pandemic.

**Workforce and Workload Considerations**

- Support retention strategies and flexible work options to reduce teacher turnover.
- **CDC Resources:** [Teachers and Staff Resuming In-Person Learning](https://www.cdc.gov/education-school/index.html), [Employees: How to Cope with Job Stress and Build Resilience During the COVID-19 Pandemic](https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/coping-with-stress.html)

**Addressing Disparities**

- Address socioeconomic disparities; linked to adverse mental health outcomes for parents (and students).
  - Develop public and private partnerships to address unemployment, transportation, and food insecurities.
  - Engage state and local health departments to assist parents and students, including access to free or low-cost behavioral health care.
Parent mental health findings

Survey findings in this section come from the weighted Qualtrics web panel data unless otherwise noted (see slide 4 for details)
Impact of COVID-19 on parent mental health

Parents of K-12 students report levels of mental health distress that may be slightly higher than pre-pandemic national averages.

**Survey Findings**

16% of parents reported experiencing frequent mental health distress (14 or more days of poor mental health in the past month).1

The overall proportion of frequent mental health distress found among parents here is slightly higher than the 2018 BRFSS estimates*, which show approximately 13% of US adults report experiencing poor mental health on 14 or more days in the past month.2

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16% of parents reported experiencing frequent mental health distress (14 or more days of poor mental health in the past month).1

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*Results presented only included parents while BRFSS includes all adults.

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“Parents are overwhelmed. They're really, really overwhelmed and so burnt out.”

-Teacher on the impact of COVID-19 on parents of students attending school virtually
Factors influencing parent mental health

Attitudes toward the safety of the COVID-19 vaccine are associated with parents’ levels of mental health distress

**SURVEY FINDINGS**

Rate of frequent mental health distress among parents, by opinion on COVID-19 vaccine development

N=56,205,228 parent respondents (weighted)

Parents were asked to indicate how much they agree or disagree with a series of statements related to the COVID-19 vaccine.

Parents who strongly disagree with the statement “the COVID-19 vaccine has been tested enough” were more likely to report more frequent mental health distress as compared to parents who were more comfortable with the amount of testing.

**SOCIAL MEDIA LISTENING**

Parents expressing skepticism or worry about the COVID-19 vaccine mention side-effects, a lack of testing, and fear of government control as reasons they’re vaccine hesitant.

Parents supportive of the vaccine view the vaccine as a way out of the pandemic and mention existing vaccination requirements for schools, social responsibility, and a desire to resume ‘normal’ operations as factors in their support of the vaccine.

How much do you agree or disagree with the following:

The COVID-19 vaccine has been tested enough
Factors influencing parent mental health

Parents who indicated that their child knows a high-risk individual experience frequent mental health distress at higher rates than other parents.

**Survey Findings**

Frequent mental health distress among parents is more likely when the child knows a high-risk individual.

- Weighted N=56,205,227 parents of K-12 students

<table>
<thead>
<tr>
<th>Category</th>
<th>Mental Health Distress</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parents whose child knows a high-risk individual</td>
<td>22%</td>
</tr>
<tr>
<td>Parents whose child does not know a high-risk individual</td>
<td>12%</td>
</tr>
</tbody>
</table>

The proportion of frequent mental health distress among parents who report that their child knows a high-risk individual is double that of parents whose child does not know a high-risk individual.

Note: Parents were asked if their child knows a person with a health condition that puts them at higher risk of serious complications if they contract COVID-19. It is possible that the high-risk person could be the parent or themselves, which may partially explain the higher rates of mental distress.

**Social Media Listening**

Parents posted on social media to voice their hesitations with schools reopening too quickly, with many noting that they have specific concerns with their children and other relatives with preexisting conditions going back to in-person schooling.

Parents with relatives or children with preexisting conditions support a continuation of remote learning availability until all school staff have been vaccinated for COVID-19.
Disparities in parents’ mental health

Parents with lower levels of satisfaction with various aspects of life in their community report mental distress at higher rates.

**Survey Findings**

Community satisfaction among parents experiencing mental health distress vs. parents not experiencing mental health distress

<table>
<thead>
<tr>
<th>How satisfied are you with...</th>
<th>Parents experiencing mental distress</th>
<th>Parents not experiencing mental distress</th>
</tr>
</thead>
<tbody>
<tr>
<td>Availability of healthcare in your community</td>
<td>Dissatisfied: 18%</td>
<td>Satisfied: 71%</td>
</tr>
<tr>
<td>How well neighbors know and trust each other</td>
<td>Dissatisfied: 31%</td>
<td>Satisfied: 57%</td>
</tr>
<tr>
<td>The amount of economic opportunity in your community</td>
<td>Dissatisfied: 40%</td>
<td>Satisfied: 53%</td>
</tr>
<tr>
<td>The degree to which neighbors feel responsible for building community pride</td>
<td>Dissatisfied: 32%</td>
<td>Satisfied: 54%</td>
</tr>
<tr>
<td>The degree to which residents can individually and together make the community a better place</td>
<td>Dissatisfied: 28%</td>
<td>Satisfied: 59%</td>
</tr>
<tr>
<td>The level of mutual respect between community partners</td>
<td>Dissatisfied: 27%</td>
<td>Satisfied: 55%</td>
</tr>
<tr>
<td>The quality of healthcare in your community</td>
<td>Dissatisfied: 18%</td>
<td>Satisfied: 68%</td>
</tr>
<tr>
<td>The quality of life in your community</td>
<td>Dissatisfied: 24%</td>
<td>Satisfied: 65%</td>
</tr>
<tr>
<td>Your feeling of safety in your community</td>
<td>Dissatisfied: 24%</td>
<td>Satisfied: 68%</td>
</tr>
<tr>
<td>Your level of participation in your community life and associations</td>
<td>Dissatisfied: 31%</td>
<td>Satisfied: 51%</td>
</tr>
</tbody>
</table>

Parents experiencing mental health distress reported lower levels of satisfaction with community life.

**Focus Group Insight**

“We have trouble finding people and qualified people, because we are very rural...Everybody was just happy with what was here and there's nothing here, even now, and in 2021 there's like really nothing here...We have no child occupational therapists in our town. We have to drive at least an hour to get services for our kids...Even in the schools...we get bare minimum services, and our leading functional behavior person just died from COVID.”

-Parent of a student with special education needs commenting on access to school-based services in her rural area

**Social Media Listening**

On social media, some parents expressed their fears about schools reopening too quickly, with others suggesting each household should decide for their kids. Often, the level of community spread, and pending teacher vaccinations were noted as major concerns and factors.
Disparities in parents’ mental health

Frequent mental health distress was more commonly reported by unemployed parents looking for work or unable to work due to health reasons or disability.

Reported frequent mental health distress among parents who are unable to work for health reasons is aligned with the pre-pandemic national estimate of about 37% for this group. The proportion reporting frequent mental health distress is high relative to other parents, but not significantly different from previously observed rates.

The proportion of involuntarily unemployed parents experiencing frequent mental health distress (33%) is markedly higher than the pre-pandemic national estimate (22%) for this group.¹

Compared to pre-pandemic national estimates, those taking care of the house or family appear to be experiencing higher proportions of frequent mental health distress. 2018 BRFSS estimates indicate that approximately 12% of those taking care of the house or family were distressed,¹ compared to 24% of those surveyed in this study.

Disparities in parents’ mental health

Proportions of frequent mental health distress among parents tend to **decrease** as income **increases**

Parents in the lowest income group reported experiencing more frequent mental health distress **three times as much of those in the highest income bracket**.

This general trend is aligned with pre-pandemic national estimates, but with slightly higher rates of mental health distress overall.¹

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Teacher mental health findings

Survey findings in this section come from the weighted Qualtrics web panel data unless otherwise noted (see slide 4 for details)
Impact of COVID-19 on teacher mental health

Teachers reported experiencing anxiety and depression, as well as increased use of substances to cope with stress since the start of the pandemic.

**Survey Findings**

- **Proportion of teachers who meet clinical criteria for possible depression, based on self-reported PHQ-2 screener responses**
  - Unweighted n=1,842 teachers
  - 27% of teachers self-reported symptoms consistent with clinical depression

- **Proportion of teachers who meet clinical criteria for possible anxiety disorder, based on self-reported GAD-2 screener responses**
  - Unweighted n=1,842 teachers
  - 37% of teachers self-reported symptoms consistent with anxiety disorder

- **Proportion of teachers who report starting or increasing use of alcohol to deal with stress & emotions**
  - Unweighted n=1,842 teachers
  - 19% of teachers started or increased alcohol use

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Data collected via Qualtrics online survey platform, March 2021
Respondents are considered to be at risk for depression or warranting further screening for possible depression based on responses to 2 screening questions from the validated Patient Health Questionnaire-2 (PHQ-2), which asks about frequency of depressive symptoms over the past 2 weeks.
Citation: Kroenke K, Spitzer RL, Williams JB. The Patient Health Questionnaire-2: Validity of a Two-Item Depression Screener. Medical Care. 2003; 41:1284-92.

Data collected via Qualtrics online survey platform, March 2021
Respondents are considered to be at risk for generalized anxiety or warranting further screening for a possible anxiety disorder based on responses to 2 screening questions from the validated Generalized Anxiety Disorder-2 Questionnaire (GAD-2), which asks about frequency of anxious symptoms over the past 2 weeks.
Citation: Faye P, Laura M, Dominic T, Dean M. Screening for anxiety disorders with the GAD-7 and GAD-2: a systematic review and diagnostic metaanalysis. General Hospital Psychiatry. 2016; 39:24-31.
Impact of COVID-19 on teacher mental health

The pandemic may present a teacher retention risk, with more than half of teachers reporting that they are thinking of leaving the profession more now than before the pandemic (February 2020).

**Survey Findings**

- More than half of teachers said they were considering leaving the field or retiring more now than they were before the pandemic.
- 53% of teachers thinking of leaving more now compared to before the pandemic.

N=1,842 teachers

**Focus Group Insight**

“We're seeing teachers leave, we're seeing administrators leave at all levels, we're seeing superintendents leave at the highest levels I've ever seen... This pandemic is really causing a stress on our workforce in our educational settings.”

-Superintendent on administrative and teaching staff turnover due to COVID-19

**Social Media Listening**

Teachers took to social media to voice frustrations with schools reopening, feeling as though they must choose between their careers and their safety.

Perceived lack of institutional support and unenforced mitigation strategies within their schools are cited as factors for teachers who mention quitting or changing careers.

*Age was also significant to this question, with higher proportion of teachers 40+ reporting considering leaving the field or retiring.*
Factors influencing teacher mental health

Teachers that are having more difficulty focusing on work now as compared to before the pandemic also report experiencing symptoms of depression and anxiety at higher proportions than other teachers.

**SURVEY FINDINGS**

Teachers experiencing more difficulty focusing on work were more than twice as likely to be experiencing symptoms of depression than other teachers.

Teachers having more trouble focusing are also reported experiencing clinically significant symptoms of anxiety at much greater proportions.

**FOCUS GROUP INSIGHT**

“"I'm a single mom, so when I say I'm drowning it's like you're literally like losing sleep and...when you're behind multiple weeks in grading because you don't have the time...there's so much work that you just have to learn how to be subpar sometimes because you don't have enough time to be the teacher you think you should be.”

-Teacher on the mental health impact of COVID-19
Factors influencing teacher mental health

Teachers that are having difficulty implementing COVID-19 prevention measures due to various key barriers also report experiencing symptoms of depression at higher proportions than teachers who do not have these issues.

**Survey Findings**

Proportion of teachers experiencing symptoms of depression, by reported impact of various barriers

Teachers struggling more with various barriers were also more likely to report symptoms of depression than teachers who were less impacted by these issues.
Factors influencing teacher mental health

Teachers who have difficulty implementing COVID-19 prevention measures due to various key barriers also report experiencing symptoms of generalized anxiety at higher proportions than teachers who do not have these issues.

### FINDINGS: SURVEY FINDINGS

**Proportion of teachers experiencing symptoms of anxiety, by reported impact of various barriers**

N=1,842 teachers

Teachers struggling more with various barriers were also more likely to report symptoms of anxiety than teachers who were less impacted by these issues.
Differences in teacher mental health by learning mode

Teachers reporting that their students are still **100% virtual** as of March 2021 had **higher rates of depression and anxiety symptoms** than other teachers.

**SURVEY FINDINGS**

Teachers at schools where students are back **100% in-person** report symptoms of depression and anxiety at **lower proportions** than those still teaching partially or fully remote.

**FOCUS GROUP INSIGHT**

“I feel like my students, especially being in special education... to have this lack of instruction... I haven't laid eyes on them this school year. I'm feeling like I'm failing my kids... They're not at school, and I know how far behind they were already... How are we ever going to make up those deficits?”

– Teacher who has been teaching virtually since March 2020

**SOCIAL MEDIA LISTENING**

Teachers commenting on social media about their own fully virtual experience noted the need to **balance concerns for their own personal safety with concern over student progress and engagement.**
Conclusion
Key Takeaways and Opportunities Moving Forward

This report provides new insights that can be used to improve the mental health of teachers, parents, and ultimately, students in K-12 settings.

**Overall Mental Health Status**
About 16% of parents reported poor mental health, which is higher than pre-pandemic estimates. Over a quarter of teachers reported symptoms consistent with clinical depression and anxiety, and nearly 20% have started or increased use of alcohol to deal with stress.

**Impacts across Learning Environment**
The COVID-19 pandemic has disrupted the learning environment and put additional stress and challenges on teachers. Those with students in 100% virtual learning models reported higher rates of anxiety and depression, and those in hybrid and in-person models reported difficulties with implementing COVID-19 prevention strategies.

**Influence of Community**
Disparities exist in mental health outcomes, including higher rates of mental health distress for parents who were involuntarily unemployed or of lower income. However, those who reported higher community satisfaction (safety, trust, etc.) reported less distress.

Mental health resources and services are critically important for teachers and the entire school community to address mental health challenges created or exacerbated by the COVID-19 pandemic.

School districts and schools must explore retention strategies, flexible work options, and comprehensive employee assistance program (EAP) to address teacher mental health challenges.

Community partners, including schools, must come together to provide critical resources to families, such as access to free or low-cost mental health services to improve overall health and mental health outcomes.