



## Impact of COVID-19 on Students' Mental Health

### Policy Statement of the Global Alliance for Behavioral Health & Social Justice

#### The COVID-19 Pandemic is a Global Crisis

As the COVID-19 pandemic enters its 10<sup>th</sup> month of global transmission, countries and communities worldwide struggle to contain it and reduce the number of infections. Globally, the coronavirus disease has infected more than 34 million people, and the total estimate of deaths exceeds 1 million lives. The United States (U.S.) remains an epicenter for transmission and death, though Brazil and India, two developing countries with dense population centers, are also contending with widespread community transmission. Currently, there are over 24 million coronavirus survivors who may face long-term complications with medical and psychological needs due to COVID-19-related disability (World Health Organization, 2020). This policy statement focuses on the mental health of students in higher education during this uncertain time with additional attention on U.S.-based students training in health and wellness related fields, who face additional stressors in pursuit of careers. These students include, but are not limited to those in such fields as: psychology, psychiatry, social work, and nursing. Protecting students and their health is an essential public health concern.

Beyond the physical effects of COVID-19 on health, which can include severe illness, chronic conditions, disability, and death, the pandemic threatens mental health and well-being. Growing psychological distress is experienced due to social isolation, worry for self and loved ones, and uncertainty and fear about the future.

Students in higher education around the world are particularly susceptible to the harmful physical and mental health effects of COVID-19 due to their proximity to others on college campuses, disruption in their education and living situations, and limited economic support and opportunities. A survey by the Centers for Disease Control and Prevention (CDC) in the U.S. found that individuals in the 18-24 age range are experiencing worse mental health and substance use consequences due to the pandemic compared to older adults. Nearly 2 out of 3 young adults 18-24 experience an anxiety or depressive disorder, and 1 in 4 *seriously considered suicide in the past 30 days*. Further, 1 in 4 young adults use substances to cope with their pandemic-related distress (Czeisler et al., 2020). Compared to before the pandemic, graduate students report greater psychological distress. In a survey of graduate students in the U.S., 39%

met the clinical threshold for anxiety and 32% for depression as opposed to 25% and 15%, respectively, before the pandemic (Woolston, 2020).

Institutions of Higher Education (IHE) must ensure that all students can safely return to and remain on campus as it is their right to work and study in a healthy and safe environment. Responses that are shaped by and respect human rights will lead to better outcomes. To promote safety, IHE must also address variations in risk due to disparities in health and economic outcomes. The COVID-19 pandemic intersects with and exacerbates all forms of oppression, thus worsening disparities and contributing to growing social uprising. Within this context, people who identify as Black, Indigenous, and person of color (BIPOC) as well as people in low-resourced settings are disproportionately more likely to acquire and die from the virus. Incorporation of anti-oppressive efforts in all pandemic planning, policies, and responses are necessary.

## State of Higher Education for Students in the U.S.

During the pandemic, COVID-19 caused over 4,200 higher education institutions to lockdown, which in turn affected the education of over 25 million students (Entangled Solution, 2020). With students now returning to campus, several of these institutions, are seeing outbreaks of COVID-19 among students. The number of undergraduate students enrolled outweighs the number of graduate students and, to date, many universities focused their COVID-19 responses on undergraduate populations (GABHSJ, blog, 2020). As a result of this approach, graduate student education and well-being has not been given primary consideration. Many graduate programs do not offer students health insurance or funding for clinical training. Graduate students have increased responsibilities in colleges, often balancing the roles of student, instructor, scientist, and clinician. These roles have been impacted in the following ways:

- Teaching undergraduate courses comes with the added burden of transitioning to a virtual or hybrid format.
- Conducting research came to a halt for many when lockdowns began and caused many to fall behind in their education milestones or to radically alter and adapt their research studies.
- Training in clinical and applied competencies shifted substantively for those in healthcare and clinical fields.
  - The termination of in-person clinical services led many to fail to meet required clinical hours of training and competency development.
  - The increased workload and patient caseloads, potentially including COVID-19 patients, resulted in many students and trainees functioning without adequate supervision, clinical training, or personal protective equipment.

Another concern overlooked by IHE is that most graduate students pay tuition and living expenses themselves, and the financial burden imposed by the COVID-19 pandemic affects them personally and institutionally. Students can be called upon to financially support loved ones who lost their income. Simultaneously, they “have been forced to pursue more individualized learning while working towards achieving the same diversity of thought as they would have with in-person, experiential learning.” (Lipson et al, 2020) One of the basic beliefs is that what students are receiving from the university during this pandemic does not reach the standard upon which tuition is based (Smith, 2020).

Existing disparities between students are magnified in the era of COVID-19. The structural changes on campuses in response to the pandemic disproportionately ignore or harm low-income, first generation, and BIPOC students. These students are more likely to have to support their families financially and less likely to have access to technology resources and workspaces at home. BIPOC students shoulder the burden of leading anti-oppressive and anti-racist work in their communities and campuses. Often, this work is unpaid and met with institutional hostility, further exacerbating their distress. IHE need to recognize and support the social justice work of BIPOC students on their campuses.

Instructors and supervisors, as agents of institutions, have enormous influence over students’ lives, far beyond the walls of the classroom. Students’ beliefs about the degree to which they belong on campus (i.e. their sense of belonging) and their beliefs about the degree to which they can succeed there (i.e. their growth mindset) are crucial to their ability to cope with adversities (i.e. COVID-19 pandemic) they face in their journey through postsecondary education. Importantly, instructors, whether deliberately or inadvertently, provide one of the most important sources of information for students to determine if they are seen as belonging and able to succeed. The majority of institutional communication centers undergraduate needs, often leaving graduate students feeling uncertain and abandoned in the various roles they fill. Graduate students need support and flexibility. Advance notice when possible is key, and ongoing clear communication is crucial.

## Health Professional Student Mental Health

A recent discussion with health professional students revealed numerous sources of distress during the COVID-19 pandemic (GABHSJ, blog, 2020). Students worry about transmission of the virus and have very specific concerns about how they will protect themselves, their roommates, and their loved ones. Many students face uncertainty about where to live because campuses continue to shift between in-person and virtual learning. Others face anxiety about the loss of normality. Financial burdens weigh heavy on students, especially with loss of part-time jobs or scholarship opportunities. Social unrest instills fear and uncertainty in the lives of many students. For health professional students, providing direct service to patients in the public increases their risk of infection

and causes greater stress. Isolation due to working from home also compounds psychological distress and disrupts social support networks, which are a key resource for psychological health. Despite increasing psychological distress, many students, cannot access professional mental health services. Graduate trainees in mental healthcare cannot seek their own therapy at local sites where fellow trainees or supervisors work, which often includes their own college mental health clinics. Many graduate students are uninsured or underinsured, which further limits their ability to access mental healthcare. Confidential and affordable mental healthcare must be available for all students to maintain an effective healthcare work force.

To optimize mental health outcomes, IHE must prioritize student safety on campuses to create an environment that meets the basic human rights for health and safety. IHE can mitigate the transmission of COVID-19 by developing, supporting and implementing community/campus protocols and procedures that align with [CDC recommendations on COVID-19 management](#) (CDC, 2020).

There is a vision for graduate health profession education that includes widespread use of technology, explicit understanding of trauma-informed education, teaching as a collective enterprise rather than a solo activity, and embracing different but equitable options that create positive learning environments (Lancet, 2020). Moving beyond this vision, the following recommendations are endorsed:

- Provide student support services for their health and mental health needs
- Initiate and establish clear communication that is frequent and timely from institutions and advisors to students to alleviate anxiety, stress, and uncertainty around coursework, research and other student responsibilities
- Provide confidential and affordable mental health services accessible to all students throughout their academic experience to maintain an efficient and effective health care workforce
- Promote transparent and up-to-date resource databases for students, including but not limited to: mental health services, short term jobs, grants, food security, housing resources, and open source software
- Provide mental health services outside of the institution to accommodate students at all levels who may have concerns related to multiple roles and relationships, confidentiality, and privacy
- Explicitly recognize the vital roles healthcare professional students have in the university and community, from teaching to providing community health services.
- Institute flexible work or clinical learning sites (e.g., telework, virtual learning) and flexible work or learning hours (e.g., staggered shifts or classes)
- Encourage telework for as many faculty, staff, and students as possible
- Formulate methods to receive input and incorporate student recommendations into policies and practices

- Disseminate the most up-to-date scientific and practice information to appropriate stakeholders

Heading into the 2020-2021 school year in which the pandemic shows no signs of abating, administrators, professors, graduate students, university staff, policy makers and stakeholders should move beyond speculation and create opportunities to dialog and define how the coronavirus pandemic will change higher education. The pandemic has changed the campus workplace, and some of these changes will be permanent moving forward. Student mental health, support and retention are paramount in the pandemic chaotic times.

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This policy brief was developed by the Global Alliance's Global Mental Health Task Force. For more information about the work of the Task Force, visit: [www.bhjustice.org/global-mental-health](http://www.bhjustice.org/global-mental-health).

The Global Alliance for Behavioral Health and Social Justice (formerly the American Orthopsychiatry Association) is a compassionate community of individuals and organizations dedicated to the informing policy, practice, and research concerning behavioral health, social justice, and well-being. Learn more about our work at [www.bhjustice.org](http://www.bhjustice.org).

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## Addendum

### Resources for Meeting the Challenges

1. <https://www.jedfoundation.org/mental-health-resource-center>
2. National Suicide Hotline Recommendations:  
<https://suicidepreventionlifeline.org/current-events/supporting-your-emotional-well-being-during-the-covid-19-outbreak/>
3. BetterHelp.com
4. Compassion Caravans support for frontline workers:  
<https://www.compassioncaravan.com/>
5. Crisis text line. Text Home to 741741
6. [Collegeexpress.com/articles-and-advice/student-life/blog/covid-19-how-cope-anxiety](https://collegeexpress.com/articles-and-advice/student-life/blog/covid-19-how-cope-anxiety)
7. Frontline Therapy Network (Free therapy for healthcare workers):  
<https://www.thebattlewithin.org/frontline-therapy-network>
8. [headspace.com/covid-19](https://headspace.com/covid-19) *Weathering the storm*
9. Peer Rx Med (free peer supported program): General peer support for healthcare providers: <https://www.peerrxmed.com/>
10. [theinstitute.umaryland.edu/covid-19/health equity and structural racism](https://theinstitute.umaryland.edu/covid-19/health-equity-and-structural-racism)