Mental Health and Learning Loss: An Intrinsically Connected Crisis

Consider 7th graders in March 2020 at the start of the pandemic. These 12 year olds were sent home from school and restricted from seeing their friends and classmates, while facing the same fear and uncertainty that we as adults faced.

Fast forward through a full year of Zoom, hybrid, or regular absence from school, restricting their ability to engage in productive learning or social engagement. This seventh grader is now in 9th grade. In spite of over a year of disruption, uncertainty, and disengagement, not only is this 14 year old expected to meet the academic standards of their grade level, but also the social and emotional development expectations. Young people today have and continue to experience some of the most significant disruptions to their daily lives that we’ve seen in decades.

It is important to note that changes in students’ emotional well-being during the COVID-19 pandemic are not independent of impacts on their learning. A survey of high school and college students found that more than half were worried about their mental health as a result of the COVID-19 pandemic, and nearly a quarter know someone who has had suicidal thoughts. Even prior to the pandemic, 62% of youth (ages 12-17) with depression do not receive any mental health treatment and more than half do not receive care that meets their needs. Parents whose children have fallen significantly behind academically were one-third more likely to say that they are very or extremely concerned about their children’s mental health. Overall, during the 2020-2021 school year, the pandemic left students, on average, five months behind in mathematics and four months behind in reading. Chronic absenteeism also increased, especially among students in higher grades.

The impacts of these disruptions on mental health and learning loss are intimately related and experienced by children of all ages, races, and geographies, as they return to school. Every child has the potential to succeed in school. Yet, school success largely depends on the overall social and emotional well-being of children - whether they can show up, engage in classroom learning, and thrive.
Students have lost much more than academic learning and social interactions with their peers. More than 140,000 children lost a primary or secondary caregiver due to COVID-19. Research has shown that students’ exposure to these kinds of traumatic events are associated with poor academic achievement, shorter schooling, and limited educational and employment opportunities.

Prior to the COVID-19 pandemic, about a fifth of school-aged youth experienced a formal mental health diagnosis, of which the vast majority have unmet treatment needs.

Since the onset of the COVID-19 pandemic, students have experienced an increase in mental health challenges such as social withdrawal, self-isolation, anxiety, and depression.

Youth have also experienced a 30 percent increase in emergency room visits due to mental health reasons. The COVID-19 pandemic has also further exacerbated existing disparities in mental health challenges in youth, such as higher rates of depression, substance use, and self-reported suicidal thoughts and ideation.
An Opportunity for Impact:
Youth Mental Health and Academic Achievement

As students return to in-person school, they are well behind in academic achievement while at the same time facing deeper social and emotional challenges. Yet, it’s not only children who are struggling. Parents, caregivers, coaches, mentors, teachers and other supportive adults are struggling to find answers on what to do or how to help. These intrinsically connected challenges are putting added pressure on schools and families to tackle growing mental health issues, social reintegration, and catch up on unfinished learning without adequate resources or expertise.

Schools and other youth serving programs are in a particularly strong position to reduce needs and support youth mental health. They serve as a home base for children and families, as a place where students spend most of their waking hours, and are a hub for community life. Schools also provide an important lifeline for young people and their families in accessing food, health services, and other basic needs. For example, youth are as likely to receive mental health services in an education setting as they are to receive treatment from a mental health provider. This is even more true for young people with public insurance or from low-income households, and for students of color. However, there is currently not sufficient funding, guidance, or technical support for school districts to meet the mental health needs of students - the majority of school leaders say they can not meet their student’s mental health needs with current resources.

As schools consider how to address learning loss and help their students catch up academically, greater attention and support to student mental health in and out of school is essential to developing stronger students and meeting the growing mental health students. Yet, schools can’t do this on their own. Already limited in financial capital, schools and other student engagement programs need long-term support to build systems, staff capacity, and infrastructure. Opportunities to help might include comprehensive mental health education, mental health screening and treatment in schools, connections to care in the community, or transition support for students advancing from high school to college and college to the workforce. Beyond student and school support, parents, teachers, and other caregivers cannot be left out of the conversation. These supportive adults are integral to student success - social, emotional, and academic - and need greater resources to both support their young people and ensure their own well-being. With the proper resources, schools can effectively provide a safe, trusted environment where children and families can thrive.

Mental health conditions often first appear in youth and young adults, with 50% of all conditions beginning by age 14, and 75% by age 24, making adolescence an important time to intervene.

To learn more about Mindful Philanthropy’s commitment to youth mental health and how you can join our efforts, visit www.thrivinginschools.org or contact us directly at info@mindfulphilanthropy.org.


4. Ibid.


