

Educators as Essential Workers in the Era of COVID-19: Applying Lessons from Disaster Recovery

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In the article, “Mental Health Framework: Coronavirus pandemic in post-Katrina New Orleans” [1], Shervington and Richardson offer recommendations about how to anticipate and address disaster-related, trauma exposures associated with the coronavirus pandemic. These recommendations were based on lessons from the disaster response and recovery efforts in the aftermath Hurricane Katrina, which caused immense physical destruction and widespread displacement among people living in the Gulf Coast. Immediately after the disaster in 2005, Institute of Women and Ethnic Studies (IWES), a NGO domiciled in New Orleans, created a division of post-disaster and emotional resilience to provide mental health services, psychological first-aid and trauma assessments for young people attending New Orleans public schools.

Hurricane Katrina led to hundreds of thousands of people being displaced from their homes and exposed all segments of the society to communitywide trauma. At the early stages of disaster response and rebuilding efforts, IWES emphasized the critical need to focus on long-term collective recovery with special attention to the mental health implications for young people over time. To this end, IWES created an Emotional Wellness Screener (EWS), using validated measures compiled into a single instrument, which has been administered to more 7,000 youth (ages 11-19) in public schools and community settings over the last 15 years. The EWS has consistently shown elevated levels of post-traumatic stress disorder (PTSD), depression, exposure to violence, and worries about basic needs (i.e. having adequate food, housing, and feeling loved/respected at home and at school) among youth living in post-Katrina New Orleans.

To raise awareness about the persistent effects of disaster and other collective traumas, IWES created a public will awareness campaign, *In That Number* (#sadnotbad) to

address the burgeoning youth mental health crisis in the city. The increased awareness led to the New Orleans City Council passage of a resolution to create trauma-informed schools. Months later IWES' CEO, Dr. Denese Shervington, gave a Congressional briefing on trauma.

The trajectory of COVID-19 bears striking resemblance to aspects of Hurricane Katrina and other disasters. The pandemic has highlighted differential impacts of community-wide disasters based on race, ethnicity, educational attainment, and other markers of socio-economic status such as type of employment and housing cost burden. New Orleans was hit hard in the early stages of the pandemic. It felt once again like a tidal wave washing over the entire community, and Black residents were the most severely affected. According to the Louisiana Department of Health and Hospitals, by March 2020 Orleans and Jefferson parishes had the highest number of coronavirus death rates in the country, 70% were Black.

In response to the crisis, IWES offered several recommendations based on lessons from Katrina recovery efforts, two of which will be featured in this commentary: 1) conduct community-engaged research to assess level of trauma-based disorders, and 2) provide resources at multiple levels in educational systems to assist schools in being able to realize, recognize and respond to increased levels of trauma conditions in students and educators living through disasters.

After Hurricane Katrina, educators were the first public servants to collectively vocalize concern for the wellbeing of school age children. As COVID ravaged New Orleans, public school educators on the front lines once again began to raise concerns about the wellbeing of students and their families. School staff has in-depth knowledge of young people's strengths, challenges and household

circumstances. The pandemic up-ended traditional teaching and learning, and educators are tasked with adapting to catastrophic conditions with few resources. To address this gap IWES employed disaster-response strategies from Hurricane Katrina recovery, and partnered with schools to support educators, address student wellness and engage parents who were in need of resources to help children adjust to the sudden changes in teaching and learning.

While conducting trauma trainings for educators in 2020-2021, it became evident that teachers were struggling personally and professionally to assume the role of essential workers. In person education and the “return to school,” were often cited as key to municipal and national economic recovery. Amid scientific uncertainty about transmission, viral mutations, and heated public debate about the dangers of large indoor gatherings, in person education seem risky at best. In addition to these professional burdens, many were dealing with their personal stress related to virus exposure, members of their families acquiring the virus, and the possibility of sickness or death. These stressors were compounded by the increased demands and complexities of their roles in providing education and supporting their students and families.

As anecdotal reports of anxiety, grief, and depression among teachers increased [2,3], IWES developed a Mental and Emotional Wellness Screener for Essential Workers. This instrument assesses the impacts of COVID-19 on conditions at work and home, perceptions of risk of contracting or transmitting the virus, perspectives on workplace safety, and personal resilience using the Connor-Davidson Resilience 10-item scale, CD-RISC-10 [4]. Symptoms of common mental health disorders were also assessed using the Generalized Anxiety Disorder 7-item scale, GAD-7 [5], the Patient Health Questionnaire 9-item scale, PHQ-9 for depression [6], and post-traumatic stress disorder using the Primary Care 5-item PTSD scale, PC-PTSD-5 [7]. A measure assessing the impacts of social unrest stemming from racialized violence, police brutality, and political polarity is also included.

During October and November 2020, 180 essential workers in education completed the IWES Mental and Emotional Wellness Screener for Essential Workers. Of this sample, 76.7% were female, 75.6% Black with an average age of 44.4 years (range 23-71). Among the respondents, the average length of experience working in education was 15.2 years (range 0-49 years). Almost one quarter (23.9%) endorsed symptoms of moderate to severe anxiety; 26.1% endorsed symptoms of moderate to severe depression; and 23.3% endorsed symptoms of probable PTSD. When

asked if the work they do makes them feel that they are at high risk of contracting the virus while on-site at work 80.6% said yes. More than three quarters of respondents (78.3%) reported being fearful of potentially carrying the coronavirus home to family members, and 77.2% reported experiencing increased stress or anxiety. Further, 38.9% reported having experienced sickness and or death in their household related to the coronavirus, and 35.5% report household loss of employment.

The New Orleans Trauma-Informed Schools Learning Collaborative (TIS-LC), of which IWES is a member, developed a COVID-19 needs assessment tool in order to inform policy to address the pandemic’s impact on teachers. The first round of data collection was conducted in April 2020 and included responses of 453 teachers across 45 schools. The second round of data collection began in May 2021 and is ongoing (n= 148). Prior to the Delta variant becoming an increased threat, 38.5% of educators in the TIS-LC sample reported moderate to severe anxiety, 36.5% reported symptoms of depression and 18.9% indicated signs of PTSD. Based on preliminary analysis of these data and anecdotal reports, conditions have worsened and the mental health of educators continues to deteriorate due to the recent spikes in coronavirus infections among school age children.

In March 2021, IWES implemented a public virtual educator series for teachers, school administrators, social workers, school counselors, and other support staff. The series included sessions on educator wellbeing, trauma-based mental health disorders in childhood, supporting students through loss and grief and the power of play. Educators consistently asked for guidance on strategies to effectively engage students in a virtual world with social-emotional learning techniques. Educators openly expressed their concerns about the emotional wellbeing of their students, but rarely spoke about their own mental health, until their stressors became overwhelming.

Beyond administration and summarization of survey findings, IWES has provided tailored support to schools systems by offering teacher support groups that focus on best practices for self-care, building resilience, and cultivating compassionate learning spaces. Now that the Delta variant poses more ominous risks for students and school personnel the demand for mental health resources is increasing. Hurricane Katrina demonstrated that the human recovery from collective trauma requires long-term cross-sector strategies, policies and public investments that are designed to rebuild community infrastructure.

Implications

Although preliminary, not necessarily indicative of clinical diagnoses, and not generalizable to everyone working in

education, the findings of both the IWES instruments, the EWS and the Essential Workers Survey, underscore the mental health and emotional wellness needs of teachers and other school personnel [8]. The impacts of coronavirus pandemic and devastation of natural disasters test the resilience and adaptability of public institutions and require solutions that center equity and emotional support for those directly impacted, and for “first responders” providing essential services. Schools play a unique role as central place for academic achievement, social-emotional learning, and a strong protective factor for vulnerable young people in our society. The interactions students have with teachers leave an indelible impression on the cognitive, social and individual development of children. At this juncture the future of education and profession of teaching needs to be reframed and resourced differently if educators are to act as essential workers.

Prior research points to the negative impact of major societal disruptions on teachers’ wellbeing [9]. The unpredictable nature of the pandemic and continued mutation of the coronavirus foreshadows ongoing disruptions and more potential public health disasters. School ecosystems must therefore attend the needs of educators by becoming trauma-responsive organizations.

According to the Substance Abuse and Mental Health Services Administration [10] trauma-informed systems first realize the prevalence of trauma in their population, recognize the signs and symptoms of trauma, and develop strategies to respond and avoid re-traumatization. This requires an ongoing process to strengthen an organization’s impact by integrating into its programs, structures, and culture a comprehensive commitment to address trauma and promote resiliency and prevent secondary traumatization. Such approaches require the adoption of SAMHSA’s trauma-informed principles at all levels of the organization – empowerment, voice and choice; safety; peer support; mutuality and collaboration; transparency and trustworthiness; and, attention to cultural, historical and gender inequities. These principles align well with a recent study of healthcare workers on the frontline of COVID who requested the following from their organizations – to be heard, protected, prepared, cared for and supported [11,12].

For teachers providing essential work, the risk of emotional exhaustion and degraded mental health must be mitigated through school-level supports and public investments in the wellbeing of educators as part of the pandemic response. In a recent study [13] the following recommendations were outlined and are worthy of careful consideration:

1) Provide clear communication and protocols to help

teachers feel safe in schools during ongoing waves of the pandemic

2) Develop telehealth resources for teachers to have an outlet outside of the school to address anxiety teachers may have during the school year

3) Offer mental health days to support the greater degree of self-care needed during these stressful times

4) Prioritize school system supports for teacher- parent communication through school district investments in virtual infrastructure

5) Create new guidelines for school administrators on instructional expectations and to provide more support for teachers and facilitate greater teacher efficacy during the challenges and the new demands on teachers during the 2019-2020 and 2020-2021 school years

Furthermore, continued research may lead to more generalizable findings on the impact of COVID-19 on teachers’ satisfaction, efficacy, and burnout.

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