



# A Community-Partnered Qualitative Study on Multiple Stakeholder Perspectives: The COVID-19 Pandemic's Perceived Impact on Black and Latinx Youth Mental Health and Community-Driven School Policy Recommendations

Blanche Wright<sup>1,2</sup> · Alane Celeste-Villalvir<sup>3</sup> · DaiJa Moorehead<sup>4</sup> · Charlie Johnson<sup>5,6</sup> · Katherine Luna Mendoza<sup>7</sup> · Melvin Bowers<sup>8</sup> · Bonnie T. Zima<sup>9</sup>

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## Abstract

The COVID-19 pandemic has adversely impacted the well-being of K-12 students, positioning youth mental health as a public health priority. School closures and remote learning are identified as key factors worsening child and adolescent mental well-being. However, research is sparse about the pandemic's impact on the mental health of Black and Latinx youth, who have already been at increased risk of mental health problems. Further, community perspectives on actionable, school-based mental health policies are scarce, which may limit the relevance of implemented policies. The current study had two research questions: (1) What do professionals from diverse sectors perceive the impact of the COVID-19 pandemic to be on the mental health of Black and Latinx youth from low-income backgrounds? (2) What policies do community professionals recommend to address Black and Latinx youth mental health in public schools? This qualitative study applied community-partnered participatory research principles. Focus groups and semi-structured interviews were conducted from April–June 2021 with 30 youth-serving community-based professionals working in an urban area. We utilized grounded theory methodology to identify key themes. Dominant themes for perceived mental health impact were anxiety and depression with more frequent and intense suicidal ideation. The most frequent school policy recommendations were to increase access to individual supports in schools and to implement early detection and prevention initiatives. Further investment in workforce capacity in schools is vital to address the mental health needs of Black and Latinx youth. Policymakers can learn from stakeholders to help ensure that policies align with community needs.

**Keywords** COVID-19 · School mental health · Policy recommendations · Black youth · Latinx youth

## Introduction

The COVID-19 pandemic has negatively impacted the mental health of K-12 students, resulting in the U.S. Surgeon General declaring youth mental health a public health

priority (Jones et al., 2021a, 2021b; Office of the Surgeon General, 2021; Singh et al., 2020; Samji et al., 2022). During the pandemic, mental health-related emergency department visits for children ages 5–17 in the U.S. increased by 24–31%, and suicide attempts among teenage girls rose by

✉ Blanche Wright  
bmwright2020@ucla.edu

<sup>1</sup> Department of Health Policy and Management, University of California, Los Angeles, Los Angeles, CA, USA

<sup>2</sup> RAND Corporation, Santa Monica, CA, USA

<sup>3</sup> Department of Health Promotion and Policy, University of Massachusetts Amherst, Amherst, MA, USA

<sup>4</sup> Department of Psychology When Research Conducted, University of California, Los Angeles, CA, USA

<sup>5</sup> A Place Called Home When Research Conducted, Los Angeles, CA, USA

<sup>6</sup> Now at Tegus Inc, Chicago, IL, USA

<sup>7</sup> Heart of Los Angeles, Los Angeles, CA, USA

<sup>8</sup> Foundation for Second Chances, Los Angeles, CA, USA

<sup>9</sup> University of California, Los Angeles Semel Institute for Neuroscience and Human Behavior, Los Angeles, CA, USA

50.6% (Yard et al., 2021). By Fall 2020, mental health hospitalizations for suicide or self-injury in 44 children's hospitals rose by 41.7%, with a 43.8% and 49.2% rise among adolescents and females (Zima et al., 2022). Moreover, U.S. studies report worsened anxiety, depression, and loneliness among youth throughout the pandemic (Rogers et al., 2021a; Zolopa et al., 2022).

School closures and remote learning were key factors in the worsening of child mental health, especially for low-income as well as Black and/or Latinx youth (Hawrilenko et al., 2021; Jones et al., 2021a, 2021b). A nationally representative study reported that 45% of high school students who did not feel connected to persons at school had higher prevalence of poor mental health compared to 28% who did feel connected to persons at school (Jones et al., 2022). The relationship between school closures and remote learning on mental health is unsurprising, as schools are “a fundamental component in support of children’s physical, emotional, family, social, and moral development” (Pfefferbaum, 2021). Before and during the pandemic, Black and Latinx youth had disproportionately higher risk for mental health challenges, including loneliness and stress compared to White youth (Bridge et al., 2018; Rogers et al., 2021b; Stinson et al., 2021). Approximately, one in two youth of color (e.g., Black, Latinx, Asian, Indigenous, and multiracial) have been found to experience moderate-to-severe depression or anxiety (Breland-Noble & The AAKOMA Project Inc., 2022). Findings from a systematic review on the mental health impact of COVID-19 on PK-12 students, however, were mixed, with some studies supporting an increased risk of challenges for Black and Latinx youth, while others found that resilience and cultural norms were protective factors (Naff et al., 2022).

Still, low-income and/or Black and Latinx youth and their families were disproportionately affected by COVID-19-related social determinants of health, such as higher rates of COVID-19 infection, parent job loss, and food insecurity (Chen et al., 2021; Clawson et al., 2021; Sharma et al., 2020). Such disparities underscore how oppressive systems and structures can be detrimental to the mental health, of Black and Latinx communities (Buchanan et al., 2021). Black and Latinx youth mental health is also subject to the upstream influence of structural racism that manifests in several ways, including redlining which keeps schools in low-income communities under-resourced, thus perpetuating inequities (Shim, 2021). This is concerning when considering the syndemic context, wherein the psychological well-being of minoritized youth, particularly African American youth, is subjugated to the compounded negative impacts of the COVID-19 pandemic and racism (Bogan et al., 2022; Gillyard et al., 2022).

Despite these disproportionate deleterious impacts, studies that focus on the pandemic’s influence on Black

and Latinx youth mental health are sparse (Chavira et al., 2022). In one qualitative study, participants noted that they believed the “racial pandemic” prepared their children for the COVID-19 pandemic (Cunningham-Erves et al., 2022). Extant pandemic-focused studies with Black or Latinx samples primarily assess the pandemic’s broad impact (e.g., social determinants of health; family relationships) and/or do not focus on youth (e.g., Clawson et al., 2021; Parker et al., 2021). Though these studies are important, empirical research characterizing Black and Latinx youth’s specific mental health needs is needed to inform policy as well as community and school-based programming.

As schools are considered a *de facto* partner to the U.S. child mental health care system, it is crucial that we attend to actionable steps that schools can take to effectively address Black and Latinx youth mental health needs (Hoover & Bostic, 2021). The COVID-19 pandemic incited policies intended to support youth mental health needs, such as crisis service expansion, insurance reimbursement for telehealth appointments, and the \$300 million Bipartisan Safer Communities Act, which places major focus on bolstering school-based services (Palinkas et al., 2021; The White House, 2022). Further, an abundance of statements, commentaries, and scientific articles by researchers provides mental health policy recommendations (e.g., Tausch et al., 2022). However, the actual wants of the community are largely unknown. There have been calls to work alongside the community via community-partnered research methods to develop solutions to emergent problems during the pandemic (Salma & Giri, 2021; Wells et al., 2020). As the pandemic spurred various changes in the lives of youth and families, seeking diverse vantage points from the community can help us obtain a holistic view of youth mental health needs. Multiple stakeholders from various sectors can also elucidate unique drivers of mental health challenges as well as develop creative solutions to the youth mental health crisis. To capture these, qualitative research is needed to provide important community narratives about pandemic impacts as well to inform evidence-based public health strategies to support recovery of Black and Latinx youth (Tremblay et al., 2021).

To address these knowledge gaps, this study aims to elevate community voices by answering two main research questions: (1) What do community-based youth-serving professionals from diverse sectors (e.g., educational; physical health care; mental health) perceive the impact of the COVID-19 pandemic to be on the mental health of Black and Latinx youth from low-income backgrounds? (2) What school policies do diverse community-based youth-serving professionals recommend to address youth mental health in urban public schools?

## Methods

### Study Context and Approach

The study was approved by the University of California, Los Angeles Internal Review Board (IRB#20–002301) and was conducted in a large, urban area in a county that has the state's largest public school district and a 58% Black and Latinx population. Community-partnered participatory research principles were used by establishing a community advisory board (CAB). An initial interview guide was adapted from an affiliated IRB-approved study (Amani et al., 2022). The CAB provided feedback on the interview guide to ensure that the questions used lay language and were relevant to the diverse needs and perceived impacts of the pandemic on Black and Latinx K-12 youth. Thereafter, staff at community organizations that serve Black and Latinx youth from low-income backgrounds were recruited to participate in focus groups or individual interviews. CAB members were excluded from participating in the interviews. After data analysis, the CAB reviewed the main findings to select policy recommendations to highlight in a research brief. The brief was developed collaboratively and disseminated to local school district and city leaders. Board members consented to being co-authors on manuscripts.

### Sample and Recruitment

Community organizations that served Black and Latinx youth/families from low-income backgrounds were identified via internet searches and the principal investigator's (PI) network. The PI had no active personal or professional relationships with organizations or individuals invited to participate in the CAB or in focus groups/interviews. To form the CAB, leadership at three nonprofit organizations were sent e-mail invitations. Through e-mail and Zoom discussions, the PI reiterated that participation was voluntary; all three organizations shared the contact information of a staff member who reportedly volunteered to become a CAB member. All three individuals provided verbal informed consent, during which they were reminded that their participation was completely voluntary and they could discontinue at any time without any consequences. The three nonprofit organizations were awarded honorariums of \$755 for their participation. Each CAB member received a \$15 gift card for each meeting attended. During CAB meetings, members expressed their genuine curiosity and enthusiasm about supporting youth through the project.

Focus groups were prioritized to minimize participant burden, but individual interviews were offered when scheduling conflicts arose. Focus groups revealed early indicators of consensus across participant narratives, while individual interviews provided more in-depth perspectives with more opportunities for follow-up questions. Focus group/interview participants were eligible if they were: (1) adults at least 18 years old; (2) staff of community-based organizations that serve low-income school-age children (ages 5–18) of Latinx and/or African American descent; and (3) could speak English or Spanish. Purposive sampling was primarily used to recruit from a variety of sectors (e.g., education, mental health, healthcare, and social services) to gain diverse perspectives about the holistic needs of youth. Study invitations with eligibility criteria were emailed to organizational leaders, who were asked to invite their staff to participate. Invitations to leaders noted that participation was voluntary. Participant recruitment through organizational leadership is common in community-based research in order to connect with oftentimes hard-to-reach groups (e.g., Alvarez et al., 2006). At the request of select community organizations, the PI attended virtual staff meetings to describe the study and invite eligible individuals to participate; the PI indicated that participation was voluntary. To bolster the sample size, study recruitment flyers were posted on social media platforms. Oral informed consent was obtained from participants during HIPAA compliant video calls via Zoom; the consenting process highlighted that participation was voluntary and that participants could withdraw at any time, which would not affect the participant in any way. To protect participant confidentiality, there was no follow-up with organizational leadership about whether staff participated or not. Snowball sampling was also used such that enrolled participants were asked to identify and/or invite eligible individuals to participate in the study. In total, 36 individuals were invited to participate. After research team outreach, five individuals did not schedule a time to complete consent; one indicated they were no longer interested; 30 individuals participated. Participants were provided with a \$75 gift card.

### Qualitative Data Collection

Interviews (8 = focus groups; 4 = individual interviews) were conducted and recorded via HIPAA compliant video conferences from April–June 2021. Focus groups and interviews were between 60–90 minutes and facilitated by the PI. In focus groups, an undergraduate research assistant (third author) provided technical assistance and took

field notes. During focus groups and interviews, confidentiality expectations were set, and participants introduced themselves using pseudonyms as an extra effort to protect their privacy.

## Measures

### Background Survey

Focus group and individual interview participants completed a brief survey about demographic characteristics (e.g., race, ethnicity, year of birth, educational attainment) and professional experience. Professional experience included questions about their current position, including title and length of time working at the organization.

### Interview Guide

The semi-structured interview guide contained open-ended questions about several topics, including COVID-19 experiences (e.g., testing, vaccination) and how the pandemic has impacted youth physical health, mental health, and educational experiences. The guide also contained questions about school policy recommendations around several issues, including addressing racism, educational needs, and mental health needs. In interviews, participants re-confirmed that they worked with Black and/or Latinx K-12 youth from low-income backgrounds and were reminded to focus on those youth when responding. For this study, we focused on participant discussion about youth mental health throughout the interview, including responses to the interview question “How has the mental health of youth been impacted by the pandemic?” We also focused on policy recommendations spontaneously made throughout the interview, but also in response to the interview question, “What resources, supports, or initiatives should schools implement to address the mental health needs of Black and Latinx youth?”.

### Analysis and Trustworthiness

#### Research Team Positionality

The research team possessed a diversity of relevant skills, professional training, and academic experiences. The team was led by the PI (first author), a PhD candidate in Clinical Psychology at the time of the study with experience working as a mental health therapist in public schools. The transcription team included four undergraduate research assistants (two identified as Latinx; two identified as Asian). Data analysis was led by the PI, who had prior experience conducting focus groups/interviews and analyzing qualitative data. All data analysis team members were female and had prior research

experience with racial and ethnically minoritized populations; two members identified as Latinx, one as Black, one as mixed Belizean/Latinx, one as Afro-Latinx and one as White. The first author trained the three coders, who were interested in gaining experience in qualitative research methods. The second author is a qualitative researcher with experience in conducting qualitative, community-engaged research. The last author is a first-generation medical student, and child psychiatrist and health services researcher, whose research is dedicated to improving the quality of child mental health care. The first, second, and last author have experience leading community-engaged research.

#### Data Analysis

We initially used a rapid assessment process, which is a team-based ethnographic inquiry approach to quickly develop a preliminary understanding of qualitative data (Beebe, 2001). The process resulted in minor changes to the interview guide. We applied grounded theory method, an inductive approach in which codes are generated from review of the data through an iterative process (Glaser et al., 1968). Audio-recorded interviews were transcribed and reviewed by the first author. Using qualitative software NVivo (QSR International Pty Ltd, 2020), 12 interviews were double coded by four research team members. NVivo facilitated the creation of parent codes and sub-nodes in a hierarchical structure. We engaged in axial coding, where we combined codes that were identified from open coding to create categories or “axes” from codes that had the same or similar sentiment (Grossohme, 2014). We established an initial codebook that included definitions of codes and exemplars of appropriate content. Codes were not mutually exclusive. In team discussions, we resolved coding discrepancies, discussed positionality, reviewed memos and encouraged coding that was based on participant responses not team perspectives. Codes were derived until data saturation was achieved such that no new codes were emerging (Urquhart, 2013). We report on our focused coding, presenting the most significant themes characterizing perceived mental health impacts and school mental health policy recommendations (Charmaz, 2006). As another effort to establish trustworthiness, the CAB engaged in member checking and they were able to verify our interpretations as insiders who were involved in their organization’s delivery of services to Black and Latinx youth during the pandemic (Connelly, 2016). Quotes presented were intended to illustrate the theme and also present evidence of data authenticity as they show “rich, detailed description” (Connelly, 2016). Aligned with grounded theory, which generates theory from data, we outline a theory in the Discussion, given that studies about youth experiences during the pandemic are currently underway and dominant theories have not yet been solidified.

## Results

### Participant Characteristics

The CAB members self-identified as one Latinx female, one Black female and one Black male; one member also had previous experience as a K-12 teacher. Most focus group/interview participants identified as women ( $n=22$ , 73%), and more than half were Latinx ( $n=18$ ; 60%). Focus group/interview participants worked in a variety of sectors, with slightly more than half (56.67%) working in healthcare, including community mental health therapists and supervisors, as well as other health professionals (i.e., pediatrician; health educator; occupational therapists). Over a quarter (26.67%) of participants worked in education-focused organizations that provided academic tutoring and college preparatory curriculums. A few participants (16.67%) works in organizations that addressed the holistic needs of the youth, including providing supplement services to parents and conducting case management. Table 1 summarizes participant characteristics.

### Research Question 1: Perceived Youth Mental Health Impacts and Potential Mechanisms

The most commonly described youth mental health challenges were stress, anxiety, depression, loss of motivation, and loneliness/isolation. Participants observed an exacerbation of mental health challenges when comparing to the pre-pandemic time period. The types of mental health challenges least discussed included grief and increased substance use. Negative reactions (e.g., anger) to racism were also discussed by a few participants. Common explanations of mental health challenges included youth difficulties keeping up with academic demands, spread of COVID-19 infection to family members, loss of external support and peer connections, and familial conflict. Although comparisons were not an aim of the study, we observed that healthcare providers seemed to share more, and more detailed descriptions about perceived mental health impacts within several domains, including, anxiety, depression, and loneliness, as well as mechanisms. Dominant themes from the full sample are elaborated upon below.

**Table 1** Participant characteristics

	Community advisory board participants	Focus group/interview participants
Total, N	3	30
Race or ethnicity, N (%)		
Latinx	1 (33.33%)	18 (60%)
White	0	5 (17%)
Black or African American	2 (66.67%)	4 (13%)
Filipinx	0	3 (10%)
Gender, N (%)		
Woman	2 (66.67%)	22 (73.33%)
Man	1 (33.33%)	8 (26.67%)
Education level, N (%)		
Associate's degree/Some college	0	2 (6.67%)
Bachelor's degree	2 (66.67%)	8 (26.67%)
Master's degree	1 (33.33%)	17 (56.67%)
Doctoral or medical degree	0	3 (10.00%)
Age, M(SD)	26.67 (3.05)	35.1 (6.86)
Job focus		
Healthcare		17 (56.67%)
Primarily physical health (e.g., pediatrician; occupational therapist)	0	10 (33.33%)
Mental health	0	7 (23.33%)
Education (e.g., college preparation; academic tutor)	1 (33.33%)	8 (26.67%)
Holistic needs	2 (66.67%)	5 (16.67%)
Months working at organization, M(SD)	20.67 (11.93)	43.23 (44.87)

### Academic-related Stress

Participants discussed specific examples of academic stress that coincided with the shift to a virtual learning environment. An educational facilitator at an after-school enrichment program shared that students were stressed with the online environment, “I think the girls are fed up with being online, sitting down for 8 h, and I don’t blame them. I rather they join y’know, school, and then don’t join us after—that’s totally fine. I can definitely see their stress and I can see that they’re fed up.”

A college preparatory counselor described how a seemingly positive educational change (e.g., eliminating a test requirement for college applications) incited stress,

I work with other youth through the library and they also are very stressed out about school...Like one big change because of COVID was that SATs [were no longer required] and that changed a lot in how [college] admissions work. And that’s causing so much stress to the youth because competition is way higher now.

### Anxiety

Anxiety, worries, and fear were also commonly reported. Participants noted that youth were fearful of COVID-19 spreading, especially within their families. A pediatrician reported, “You know anxiety because... they heard the word ‘death’ or they know of someone who died and they don’t know what that means yet. So... kind of asking their parents and being really scared for something to happen to their family member.”

A frequent subtheme centered around social anxiety and/or decrease in social skills that seemed to develop from the drastic reduction in social interactions for school-age youth. A community therapist and supervisor noted,

I’ve had some clients who were very anxious before the pandemic, and then just the lack of in-person socialization, made their anxiety even worse... they sort of forgot some of the skills on how to interact with... distant family members they haven’t seen or they did not see on a regular basis, they’re just having a tough time with adjusting to seeing them in person.

Less frequently, participants reported on youth experiencing other specific forms of anxiety, such as panic attacks and separation anxiety. One participant noted, “We’ve also, again, [seen] the anxiety, depression... So a lot of them are developing panic attacks where...thinking about, just like their friendships or like going out, and just the way their life has changed.”

### A Rise and Worsening of Depression and Suicidality

Depression was discussed in broad terms along with specific symptoms, such as anhedonia (i.e., inability to feel pleasure), difficulties concentrating, and appetite changes. A therapist described a combination of symptoms, “the isolation, the boredom, and then the overeating... depressive symptoms increasing and it’s kind of hard to tell which came first.”

A notable subtheme was an increase in suicidal ideation, a symptom of major depression. Participants who were health-care providers noted carrying out more frequent suicide risk assessments. Loss of interpersonal connection and isolation seemed to be major factors for suicidal ideation. A bilingual therapist pointed to the high value of peer relationships for youth’s sense of purpose in life, “There’s been a rise in suicide ideations, from what I’ve heard from my colleagues, and also from my specific clients...sometimes they’re just emotional crises of ‘I can’t see my friends anymore, what’s the point of living?’”

Some clinicians have also managed cases of suicidal ideation that required escalation to mobile crisis teams or hospitalizations. A community therapist described their experience,

Like I said, suicide, and even just suicidal ideations at such a younger age. Just because they’re doing a lot of things on social media... and a lot of comparing themselves to their peers or whatever else is going on.... I think my youngest — she was like seven or eight — reported [suicidal] thoughts. And it wasn’t just like a fleeting thought - she was serious. She had intention. She had plans. So, we had to call the [crisis] team and everything.

### Loss of motivation

Youth’s loss of motivation to engage in virtual learning was also framed as a mental health challenge. A participant providing college preparation noted, “Mental health has been the main issue with youth—a lot of lack of motivation with the school. I will meet with them and they will just tell me... ‘Ms. I just don’t want to do it...I just don’t feel like going online all day, finishing my classes.’” Another participant explained multiple drivers of this loss of motivation,

The majority of my clients, due to low motivation... they started failing their classes. Some of them stopped attending school...It’s not because they didn’t care about school anymore - it’s just what motivated them to stay in school to participate or the positive relationships and trusted adults that they had at school were no longer there.

In addition to their formal education, youth's low motivation spilled over to other types of online activities, such as academic tutoring and enrichment programs. A staff who worked on college preparation and socioemotional learning in schools noted that loss of motivation can impact students' future educational pursuits,

I think [getting COVID] really impacted their motivation... a lot of them [students] got it [COVID] during [college] application time and it made it really hard for them to apply which then made them get behind on their academics which then got them mental health-wise...And some of them now are going to alternative schools because they weren't sure they'd had the motivation to get through the year otherwise.

#### Loneliness/Isolation within Home Environment

Feeling lonely or isolated was commonly attributed to losing support outside of the home while living in crowded homes (e.g., multigenerational homes). A director at a program dedicated to Latinx community health described the specific impact of both of these challenges for teens that identify as LGBTQ+,

I think what I've seen...how much school spaces and being out of the home is a safe space for LGBTQ youth...A lot of our Latino families, unfortunately, are not as supportive with their LGBTQ youth, you know, if they're trans and they're 14 years old, or if they're nonbinary, or if they're gay or lesbian, and so going to school was their safe space, y'know? Going to such and such y'know support group at [hospital name] or LGBT center or [organization name] was that safe space...that opportunity for them to interact with other LGBT youth. So for a year and a half, we've taken that away from them.... I think that really impacted their mental health, right? Not being able to hang out with people, and touch people, and hug other LGBTQ people.

Parent-child conflict was perceived as a driver of several youth mental health challenges, such as stress, loneliness, and depression. In elaboration, one therapist/supervisor noted that the parent-child conflict can be even be part of a youth's treatment plan, "There was...a ton of Z codes regarding parent/child relationships just not working out right now. Everybody's frustrated in the home and can't really go anywhere. So it just turns into this, this boiling point where things explode." Spending more time with family members seemed to magnify and/or incite unsupportive home environments.

#### Research Question 2: School Policy Recommendations

The large majority of school policy recommendations centered around ensuring students had access to one-on-one mental health supports by increasing the number of providers in schools and reducing barriers to care. The second most common recommendation highlighted early detection and prevention of mental health conditions by instituting mental health screenings and a mandatory mental health educational curriculum. We did not observe notable differences in how much health and non-health provider contributed in their perspectives about school recommendations. We elaborate on major themes below.

#### Increasing Access to Individual Mental Health Support

The most frequent recommendation was to build the mental health workforce capacity by hiring more school-based mental health professionals. Several participants brought attention to the inadequate number of providers per school. One provider per school was deemed insufficient, "having more availability of mental health providers within the school so they don't have such a large...provider to the student ratio." In order to address the school mental health provider shortage, a few interviewees recommended a student peer model, either individual support or in groups, to supplement the professional workforce. They highlighted that peers could strengthen capacity to address individual needs and reduce stigma toward seeking help for mental health needs. Relatedly, increasing funding for mental health initiatives was highlighted, with some specific suggestions to use COVID-19 relief funds or re-allocate school police funds to mental health student services.

Several stakeholders emphasized the importance of access to individual mental health supports without barriers or contingencies (e.g., thresholds for symptom severity). Participants even suggested an open-door policy. For instance, one health educator shared, "I think they should have a counselor in their schools, that the kids can call any time they want." Relatedly, other stakeholders emphasized the need to break down school system barriers to increase access. One therapist/supervisor described individualized educational plans (IEP) as a barrier,

You know you only get it [counseling in schools] if you have an IEP. Some of the kids may do fine academically but need some more emotional support and then you know that would require hiring more therapists to actually work with these students because there's a huge need and just a very limited supply of us to support them.

## Early Detection and Prevention

Mental health screenings were recommended to facilitate early detection of mental health needs and act as a gateway to care and prevention. One participant described the long-term benefits of screenings,

I feel that there hasn't been enough of a check-in in regard to the mental health of the students. And I feel if these people came and more often did a check in, a mandatory check-in, a scheduled check in, that there would be more focus on education and well-being and the students would overall do better. Some of them, I truly feel just need to be heard, just need to be listened to. We need a doctor for everything, right? For our bodies, for our teeth, we also need one for our mind, and I don't think you're too young to benefit from a therapy session, and I think that's what a school counselor or a school psychologist should be doing, especially, if you are a student of color.

Integration of mental health content into student educational curriculum was recommended as a means to help students' self-identify symptoms and obtain school-based services. One mental health provider described her vision,

I would love to see mental health discussed more in school...maybe talking about it more in health class, for instance....I think there should definitely be a unit on mental health, you know - what is mental health? What are some common...disorders that people suffer from? What are the symptoms of those? What to do if you feel those? Where are places you can look for help? What are the resources that we have here at school for you?...to see it implemented in the curriculum, I think could have a huge impact, just on normalizing.

Some participants suggested to provide school staff with trainings on socioemotional learning or trauma informed approaches to help deliver the mental health curriculum. However, many participants cautioned against providing such training to teachers as they already have a full workload. A program director described the need for staff who are dedicated to the delivery of a mental health curriculum and speculated that it could normalize mental health among Latinx youth,

I don't think the teacher should take that responsibility of keeping these kids mentally healthy - not that they can't...but if you bring other people...I think that would be perfect because she's right. Not a lot of people, in mostly Latino [communities], like to talk about their feelings...But, if you teach them it's okay to talk about their feelings, they start to open up.

When sharing policy recommendations, several participants expressed urgency around the idea of providing resources in schools. One participant expressed her fear about unmet mental health needs as she recommended screenings and strengthening workforce capacity,

There should be more [counselors] that are hired. I think every child should be screened and they should meet with someone to discuss how they're feeling... they've suffered a lot with COVID, mentally, some physically, mentally and emotionally...if we don't address it now...there's going to be consequences.... My fear is a mass shooting will be a fairly large consequence of COVID if professionals aren't hired to meet with the kids one-on-one and see how they're feeling... check in and, if they see any red flags, address them immediately.

## Discussion

Using grounded theory, this study characterizes the perceived impact of the COVID-19 pandemic on the mental health of low-income Black and Latinx K-12 students from the perspectives of community stakeholders as well as generates community-driven school policy recommendations. In line with grounded theory, we theorize that Black and Latinx youth from low-income backgrounds experience predominantly internalizing symptoms and stress in response to compounded pandemic-incited changes occurring simultaneously in multiple levels of their surrounding environments (i.e., family/home; school; society at large). Stress reactions, in particular, may be considered natural responses to changes to their normal life (e.g., school closures, remote learning, increased family time, decreased friend time) that apply to youth from all backgrounds. Indeed, qualitative studies show that young people considered experiencing stress and mental health challenges "the new normal" during the early stages of the pandemic (Hermann et al., 2022; Hoyt et al., 2021). Still, the mental health of Black and Latinx youth from low-income backgrounds may be particularly vulnerable as they may experience more significant support deficits when in-person schooling is not possible (e.g., conflicts with parents in crowded homes). Their mental health may also be especially compromised when academic challenges arise, as parents likely perceive that upward social mobility of the family is highly reliant on the student's education attainment. Despite emphasis of internalizing problems, school policy recommendations were largely general with the highest priority on increasing individual mental health support access. We theorize that stakeholders could not fathom the possibility of specialized services (e.g., increased suicide preventions); we hypothesize that basic workforce capacity

was considered the foundational priority given that school-based mental health services are immensely overwhelmed and face structural issues that greatly limit their population health impact. Although recommendations were asked for the school context, synthesis of findings underscore that addressing Black and Latinx youth mental health needs is not a school issue in isolation but instead requires multi-context initiatives at the policy, school, and family levels.

Dominant themes of anxiety, depression, and stress strongly align with reviews examining the pandemic's impact on children and adolescents' well-being within and outside of the U.S. (Meherali et al., 2021; Samji et al., 2022; Zolopa et al., 2022). One study found that depression and anxiety were the most concerning mental health conditions in both a community and clinical sample of youth in Canada with 39.9–68.4% of youth meeting the criteria for an internalizing disorder (Hawke et al., 2020). One striking finding from the current study was that participants, including experienced mental health providers, reported more frequent and more intense suicidal ideation than they encountered before the pandemic. A recent study on routine suicide risk screenings in a pediatric emergency department also found an increased rate of suicidal ideation during the pandemic (Hill et al., 2021). Prior to the pandemic, suicidality had been on the rise among Latinx youth (Silva & Van Orden, 2018) and completed suicides have become more common among Black youth (Sheftall et al., 2022). As the psychometric properties of suicide risk assessments have been under-evaluated for minoritized youth including Black youth (Robinson et al., 2022), developing culturally appropriate assessments and prevention is imperative and community-academic research partnerships can help foster external validity (Duarté-Vélez et al., 2021). Although there remains room for improvement, the launch of the 24/7 988 Suicide and Crisis Lifeline cemented suicide prevention as a national federal priority and provides a means for individuals to access immediate support (The White House, 2022).

Study findings also shed light on perceived explanations of youth mental health challenges, which are often overlooked in the pandemic literature with the exception of the most apparent reason—concern for COVID-19 infection (e.g., Samji et al., 2022). The most common perceived reasons were academic difficulties and loss of peer connections, a direct result of school closure, which is consistent with prior studies (e.g., Hawrilenko et al., 2021; Kamenetz, 2022). Academic stress could be exacerbated when considering family and cultural contexts. For example, racial and ethnic minoritized youth from low-income backgrounds may experience familial pressure to succeed in their education as a pathway to upward social and economic mobility as they, their parents, and ancestors are limited by systemic racism (Doan et al., 2022). Thus, Black and Latinx youth, who have persistent academic difficulties stemming from

school closures, could face long-term stress, if parents are unable to adjust their school expectations. Some federal policies are addressing the link between academic struggles and student well-being. Driven by the disproportionate impact of the pandemic on communities of color, in 2022, a \$122 billion presidential strategy was developed to help school districts bolster academic support through high-impact tutoring and summer learning enrichment programs (The White House, 2022).

For policy suggestions, the overwhelming recommendation to increase access to individual support in schools highlights the urgent need to invest in strengthening workforce capacity. Even though the national recommended standards for school-based mental health provider to student ratios (700:1 for psychologists; 250:1 for social workers and counselors) seem impractical to truly meet student needs, in 2019, only 6–8% of states in the U.S. met any of these standards (Whitaker et al., 2019). Estimates from 2020–2021 show that the national average of counselor to student ratio is 415:1 with California having one of the top five worst ratios (American School Counselor Association, 2021). On a promising note, the pandemic has provided leverage for schools to gain federal funding like the Biden Administration's \$300 million Bipartisan Safer Communities Act, which places major focus on hiring more school-based providers (The White House, 2022). In California, a one-time federal fund of over 21 million dollars was awarded to K-12 districts with many schools using funds to hire more mental health providers (Fensterwald et al., 2021). Still, building robust school mental health workforce capacity is an uphill battle that is not solely solved with financial support. Government investment in fostering student interest in school-based mental health careers may need to begin as early as high school. For example, in Montana, the Health Resources and Services Administration's Area Health Education Center established a free program called Heads Up Behavioral Health Camp, which exposes high school students to behavioral health professions, and training in mental health first aid and suicide prevention (Altschul et al., 2018; Lipson et al., 2022). A meta-analysis or systematic review of existing pipeline programs and their effectiveness can elucidate which elements facilitate entry into the behavioral health workforce. As the workforce grows, policy and school leaders can consider which mental health support tasks could be conducted by professionals with less extensive qualifications, such as those with a Bachelor's instead of a Master's degree (Zabek et al., 2023).

When increasing access to mental health support, schools can also consider initiatives that address familial stressors, given our findings showing that unsupportive home environments and parent–child conflict contributed to mental health challenges of Black and Latinx students. Other studies also report that family conflict was more common in

socioeconomically disadvantaged groups during the pandemic (Chavira et al., 2022). When considering universal preventions, like implementing a mental health curriculum for all students, having buy-in from parents is vital to avoid backlash, given that mental health stigma in minoritized groups is well-documented in the literature (e.g., Clement et al., 2015). Additionally, creating opportunities (e.g., workgroups) to build trusting school-parent relationships can foster family engagement in initiatives that parents are not only aware of, but helped select (DeBoer et al., 2022). However, there is extensive research documenting difficulties engaging parents in school activities, especially those from racial and ethnic minoritized groups, and low-income backgrounds (e.g., Park & Holloway, 2013). One potential solution external to schools and focused on the family/home dynamic are online parenting programs, which are accessible 24/7 to busy parents. A recent meta-analysis found that online evidence-based parenting programs, such as Triple P Online, can significantly increase positive parenting and reduce negative parent-child interactions, parenting conflicts, parental stress, and child problem behaviors (Spencer et al., 2019).

Though we did not seek to assess within-group variation, our findings point to youth subgroups that may be disproportionately impacted and would benefit from specialized mental health resources. Black and Latinx youth who identify as LGBTQ+ seemed to be distinctly impacted by the loss of safe spaces where they could interface with other individuals in the LGBTQ+ community. A recent systematic review corroborated our findings, highlighting that LGBTQ+ Latinx youth experienced unsupportive family environments and loss of support networks (e.g., their chosen family) during the pandemic (Abreu et al., 2023; Weston, 1997). When thinking about representation in the school-based mental health workforce, LGBTQ+ youth may feel a sense of safety when working with providers who also identify as sexual and gender minorities. Yet, a recent study with school-based mental health providers found that providers who identified as sexual gender minorities reported more barriers to working with LGBTQ youth (Smith-Millman et al., 2019). Workforce development initiatives should continue to invest in building a diverse workforce while also ensuring that all providers, regardless of their identities, are competently providing care to LGBTQ+ youth.

## Limitations

Findings should be interpreted within the context of several limitations. Qualitative methods are not intended for the assessment of causal relationships; the conclusions drawn from the data are theoretical and require further validation. Transferability of findings may be limited to

individuals with similar occupations represented in this study and who serve Black and Latinx youth from low-income backgrounds living in an urban context (Connelly, 2016). Further, we did not specifically intend to explore within-group variation. Racial/ethnic groups are not monoliths, and experiences based on intersecting identities and individual characteristics should be considered in the design of future studies. Moreover, our interview guide did not specifically ask about contributing factors of mental health challenges, and reasons discussed were shared spontaneously. Future studies should consider systematically asking participants about explanatory factors to gain a more exhaustive understanding, as this insight could help identify whether there are malleable factors within the individual, familial, and school contexts. Further, we opted to use language such as “challenges” and “difficulties” to describe the perceived mental health impact, as we could not assume that youth achieved diagnosable levels of symptoms. Lastly, to avoid further burdening families during the pandemic, our study design purposefully did not include youth or parents as participants. Other studies have gained youth perspectives about mental health recovery in schools (Stewart et al., 2022) with some researchers enacting youth-led participatory action research to ensure that youth are elevated as experts and leaders (Rocha et al., 2022). Future research on the impact of COVID-19 can include youth, parent, and school staff to assess alignment between perspectives, and how parent and school educators/provider well-being influences youth mental health.

## Conclusions

Findings from this study suggest that tailored resources for academic stress, internalizing problems, and suicidality are indicated. Stakeholder recommendations underscored that access to one-on-one mental health supports in schools was the highest school policy priority. A national effort to incentivize and inspire youth and young adults to work as school-based mental health providers may help foster Black and Latinx youth mental health in the long-term and bolster school preparedness for any future crises (e.g., health emergencies, school shootings). Recruitment of Black, Latinx Spanish-speaking, and LGBTQ+ mental health providers should be pursued to ensure that issues related to stigma, safety, trust, and parent involvement are critically considered as high-quality school-based care is further developed. Lastly, policy makers and academic researchers should consider increasing their efforts to develop, evaluate, and refine future and existing policies alongside community stakeholders to ensure that recommendations align with the priority needs of youth.

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## Declarations

**Competing interests** The authors have no relevant financial or non-financial interests to disclose.

**Ethical approval** The study was approved by the UCLA Internal Review Board (IRB#20-002301). The procedures used in this study adhere to the tenets of the Declaration of Helsinki.

**Consent to participate** Informed consent was obtained from all individual participants included in the study.

**Consent for publication** Individual participants provided informed consent for publication.

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