



National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention

Back to School 2021: Supporting Students as they Return to School

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U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

CDC Strives to Help Youth Be Healthy and Successful



We envision a future where all youth in the U.S. will be equipped with the knowledge, skills, and resources for a healthy adolescence and adulthood.



Risk Among Adolescents Is Multidetermined



Youth are at risk during adolescence because of sexual behavior, substance use, experiences of violence, and mental health and suicide concerns.

Behaviors and experiences during adolescence are precursors of risk during adulthood.



SEXUAL
BEHAVIORS



HIGH-RISK
SUBSTANCE
USE



EXPERIENCES
OF VIOLENCE



MENTAL
HEALTH AND
SUICIDE

10-Year Trends in Key Adolescent Behaviors and Experiences



Sexual risk is declining but there is still work to do

THE PERCENTAGE OF HIGH SCHOOL STUDENTS WHO:	Trend
Ever had sex	
Had four or more lifetime sexual partners	
Were currently sexually active	
Used a condom during last sexual intercourse [†]	
Used effective hormonal birth control [†]	
Used a condom and effective hormonal birth control [†]	
Ever been tested for HIV	
Tested for sexually transmitted diseases during the past year	—

High-risk substance use is declining but still too high

THE PERCENTAGE OF HIGH SCHOOL STUDENTS WHO:	Trend
Ever used select illicit drugs	
Ever injected illegal drugs	
Ever misused prescription opioids ⁺	—
Recently misused prescription opioids ⁺	—

Adolescents are experiencing too much violence

THE PERCENTAGE OF HIGH SCHOOL STUDENTS WHO:	Trend
Were threatened or injured with a weapon at school	
Did not go to school because of safety concerns	
Were electronically bullied	
Were bullied at school	
Were forced to have sex	
Experienced physical dating violence	
Experienced sexual dating violence	

Adolescent mental health trends are moving in the wrong direction

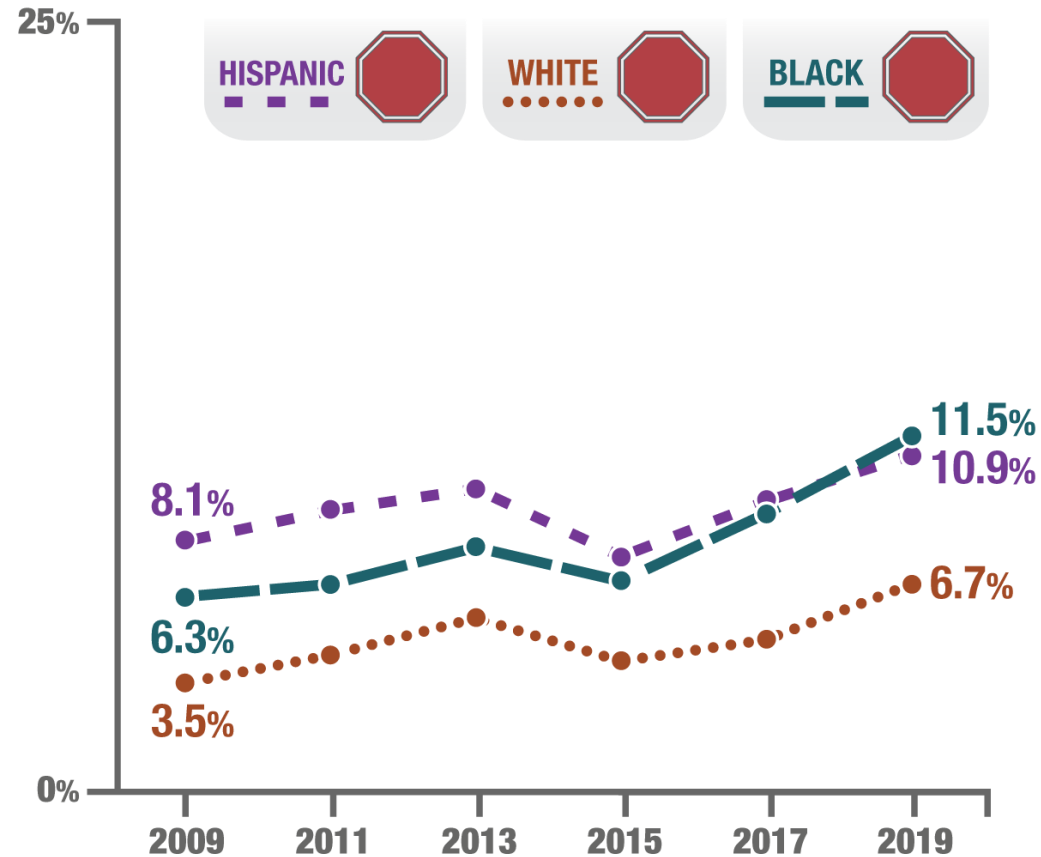
THE PERCENTAGE OF HIGH SCHOOL STUDENTS WHO:	Trend
Experienced persistent feelings of sadness or hopelessness	
Seriously considered attempting suicide	
Made a suicide plan	
Attempted suicide	
Were injured in a suicide attempt that had to be treated by a doctor or nurse	

Youth Risk Behavior Survey Data Summary & Trends Report: 2009–2019

PERCENTAGE OF HIGH SCHOOL STUDENTS WHO

DID NOT GO TO SCHOOL BECAUSE OF SAFETY CONCERNS, UNITED STATES, YRBS, 2009–2019

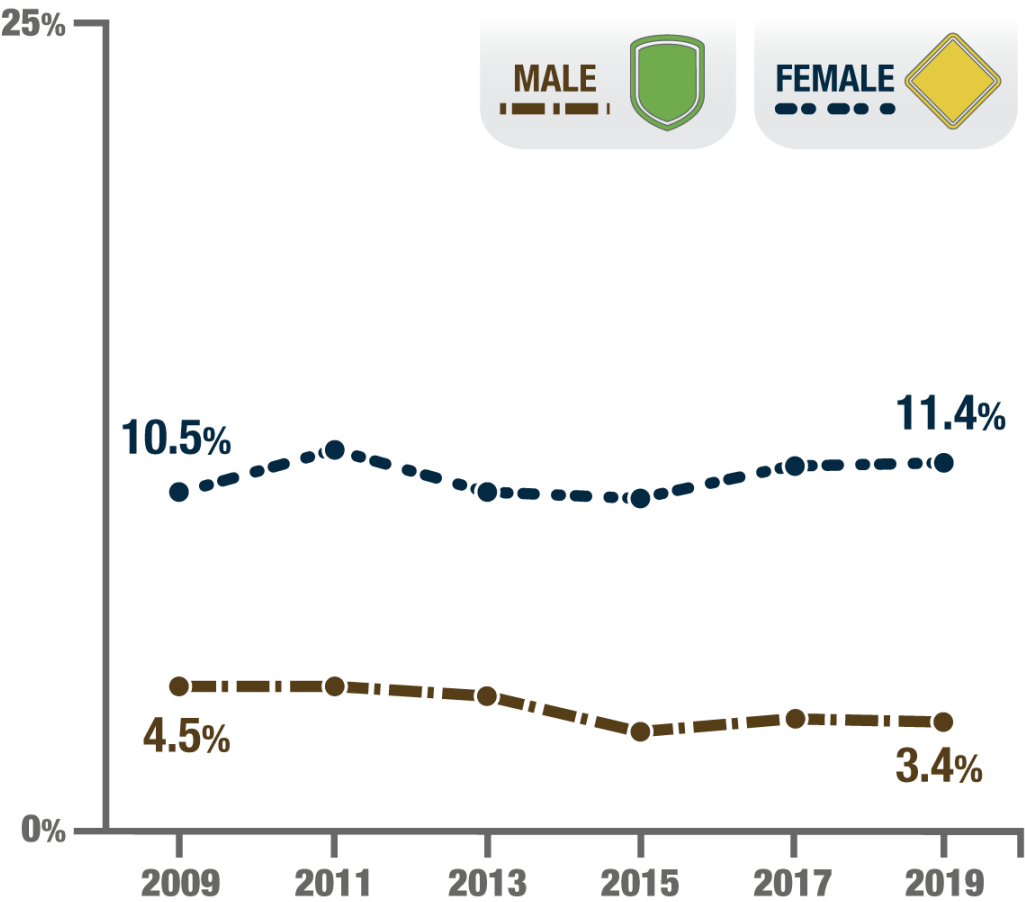
10-Year Trend Description
by Race/Ethnicity



PERCENTAGE OF HIGH SCHOOL STUDENTS WHO

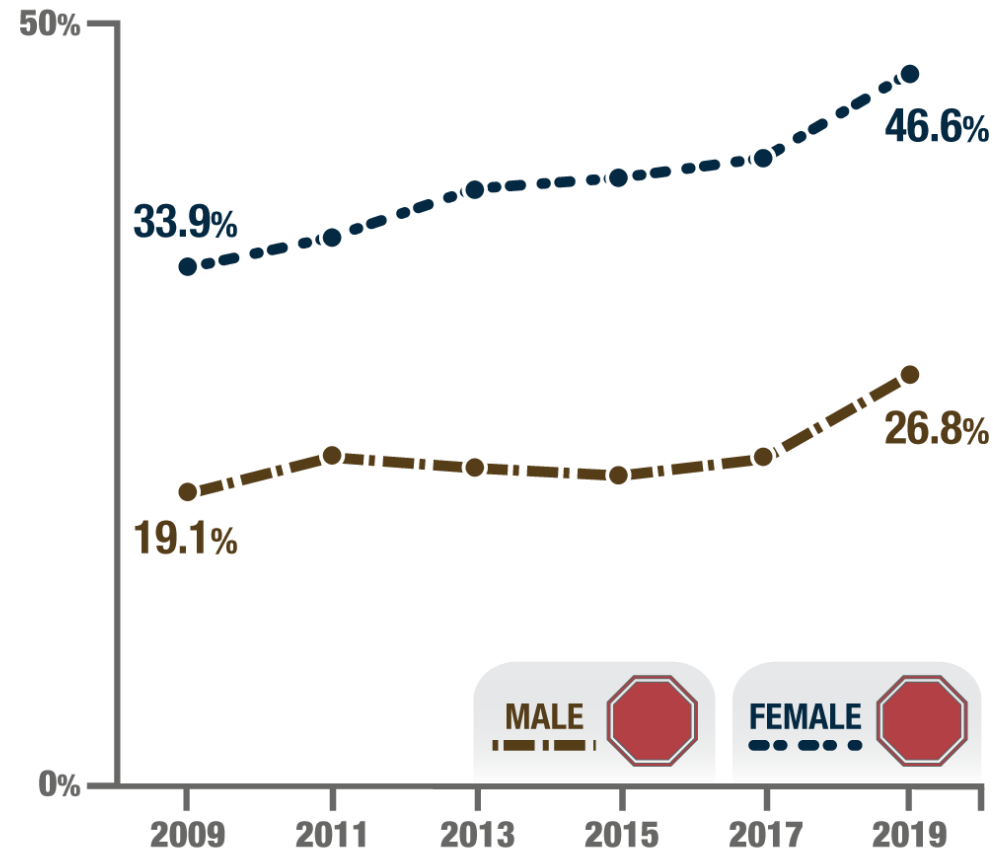
WERE EVER FORCED TO HAVE SEX, UNITED STATES, YRBS, 2009–2019

10-Year Trend Description
by Sex

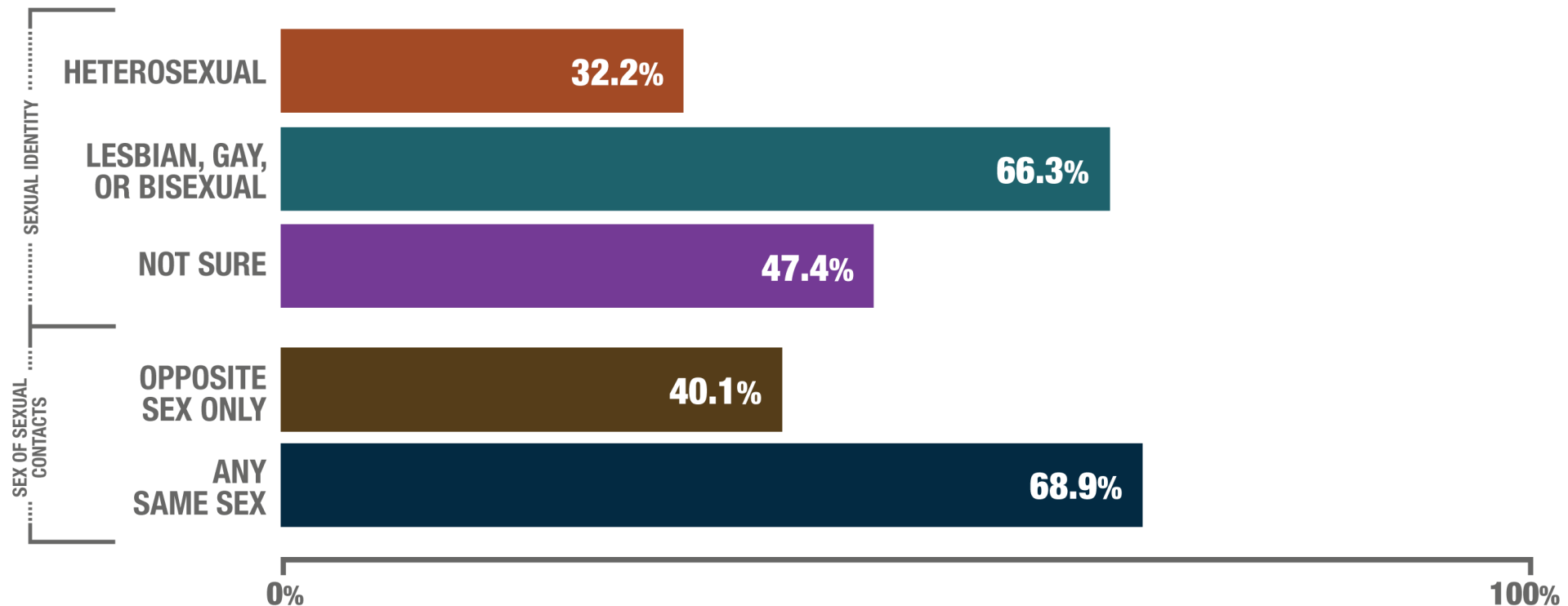


10-Year Trend Description

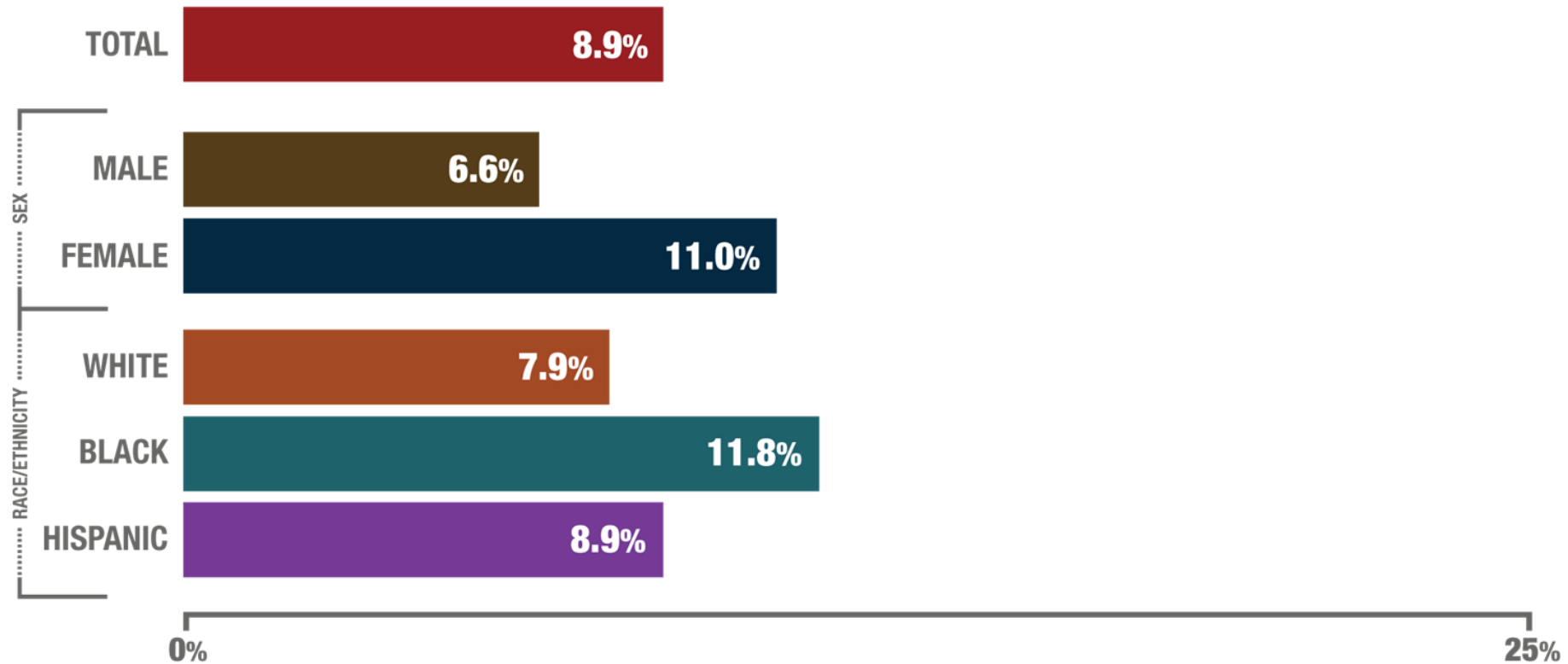
by Sex



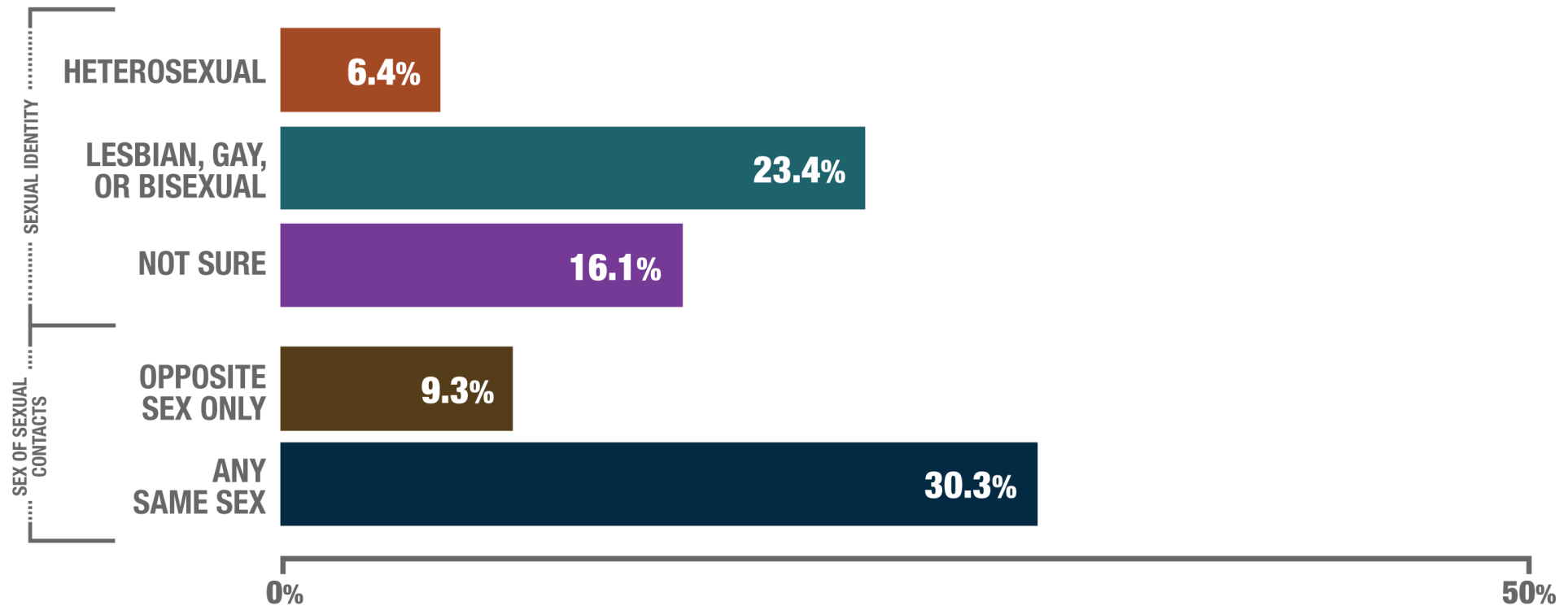
PERCENTAGE OF HIGH SCHOOL STUDENTS WHO HAD PERSISTENT FEELINGS OF SADNESS OR HOPELESSNESS DURING THE PAST YEAR, BY SEXUAL IDENTITY AND BY SEX OF SEXUAL CONTACTS, UNITED STATES, YRBS, 2019



PERCENTAGE OF HIGH SCHOOL STUDENTS WHO ATTEMPTED SUICIDE DURING THE PAST YEAR, BY SEX AND BY RACE/ETHNICITY, UNITED STATES, YRBS, 2019



PERCENTAGE OF HIGH SCHOOL STUDENTS WHO ATTEMPTED SUICIDE DURING THE PAST YEAR, BY SEXUAL IDENTITY AND BY SEX OF SEXUAL CONTACTS, UNITED STATES, YRBS, 2019





What Are These Data Telling Us?

The Pandemic is Likely Making Mental Health Worse



Recent studies exploring the impact of COVID-19 on child and adolescent mental health found:

Associations between loneliness and depression and mental health problems after social isolation in children and youth

Increases in depressive symptoms and anxiety and decreases in life satisfaction among youth

Increases in the proportion of emergency department mental health visits for children and teens

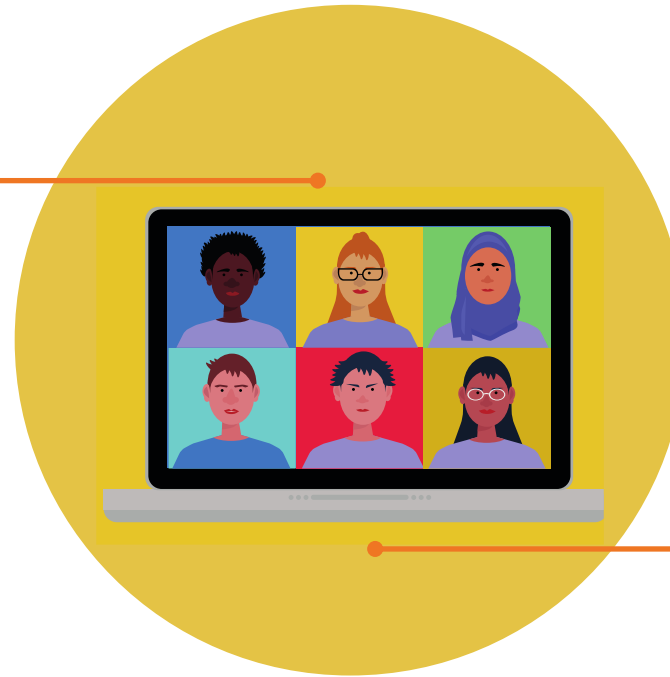
Increases in emergency department visits for suspected suicide attempts among adolescents, especially girls.

School Learning Mode Is Impacting the Mental Health of Youth and Families



Children receiving virtual instruction had poorer mental and emotional health.

Their parents reported greater emotional distress than parents with children receiving in-person instruction.



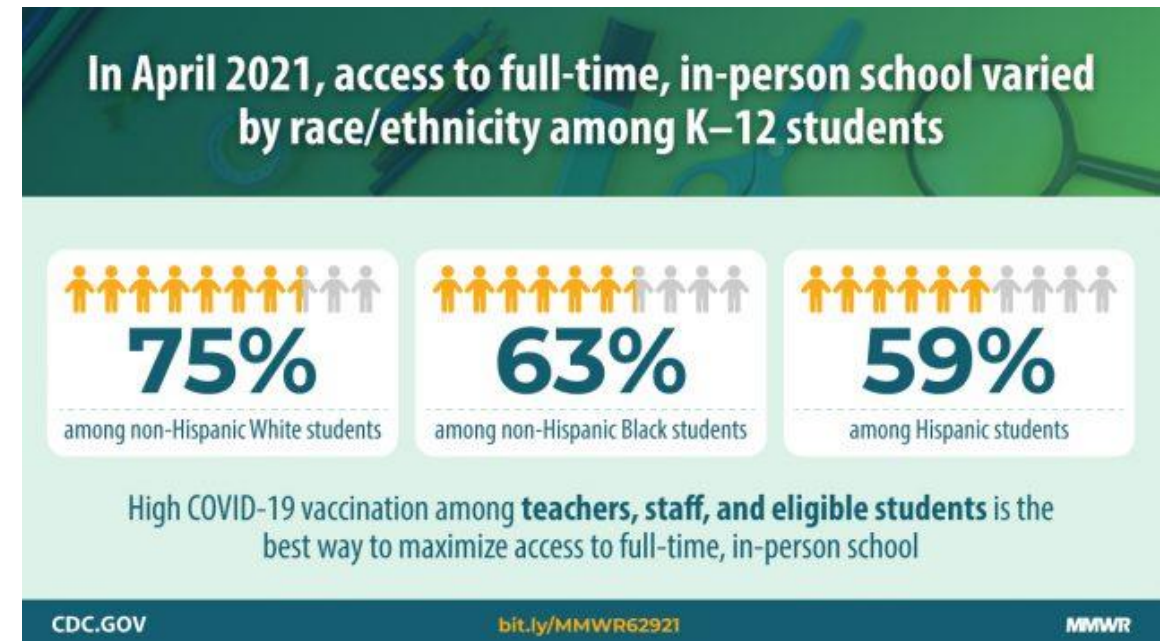
Adolescents receiving virtual instruction experienced poorer mental health.

School and family connectedness buffered against negative mental health outcomes.

Students Will Be Coming Back to School With Differing Experiences



- Access to full-time, in-person school varied
- Students' lives were impacted differently by the pandemic
 - Individual
 - Family
 - Community





Schools play a critical role in supporting adolescent health and promoting resilience.



How Can Schools Support Students?

A black and white photograph of three students in a library. A young man on the left is smiling and pointing at a book. A young woman in the center, wearing glasses and a polka-dot top, is also smiling and looking at the book. A young man on the right is looking down at the book. Bookshelves filled with books are in the background.

Health Education

with medically accurate, developmentally appropriate, and culturally inclusive content that builds knowledge and skills needed to promote healthy behaviors and avoid risks.



Health Services

that connect students with non-stigmatizing, confidential, accessible, and youth-friendly health providers.



Safe and Supportive Environments

where students feel engaged in their school life and connected to important adults at school and at home.

The CDC Approach to School-Based Primary Prevention



Improvements Among Students in Schools Implementing CDC's School-Based Primary Prevention Approach



In schools implementing this approach within CDC-funded districts, students were **less likely** to:



HAVE EVER
HAD SEX



HAVE 4+
SEXUAL
PARTNERS



BE CURRENTLY
SEXUALLY
ACTIVE



MISS SCHOOL
BECAUSE
OF SAFETY
CONCERNS

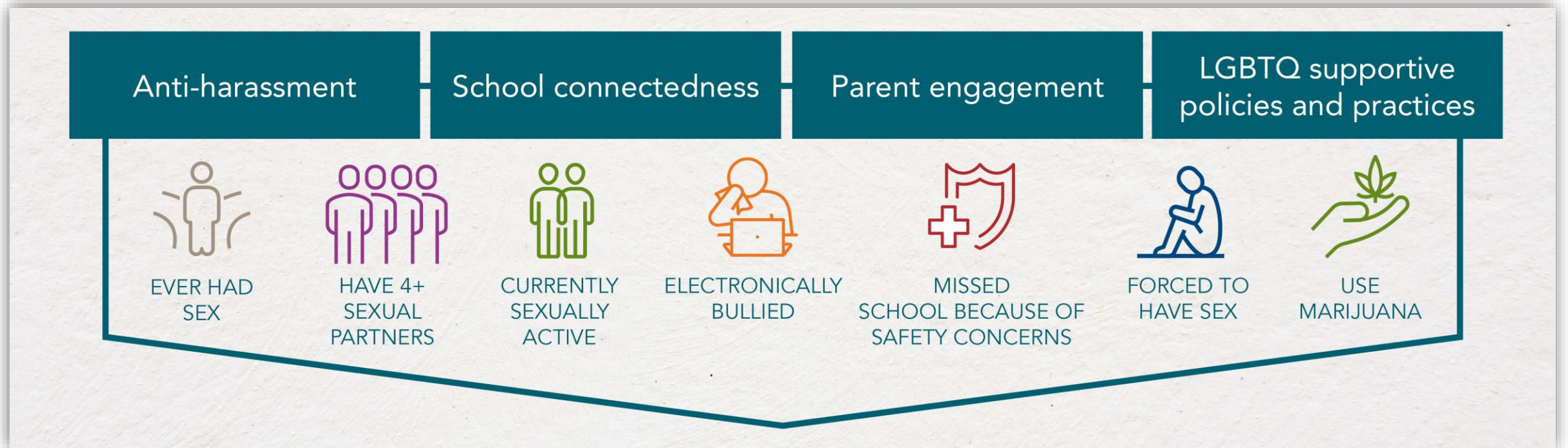


BE FORCED TO
HAVE SEX



USE
MARIJUANA

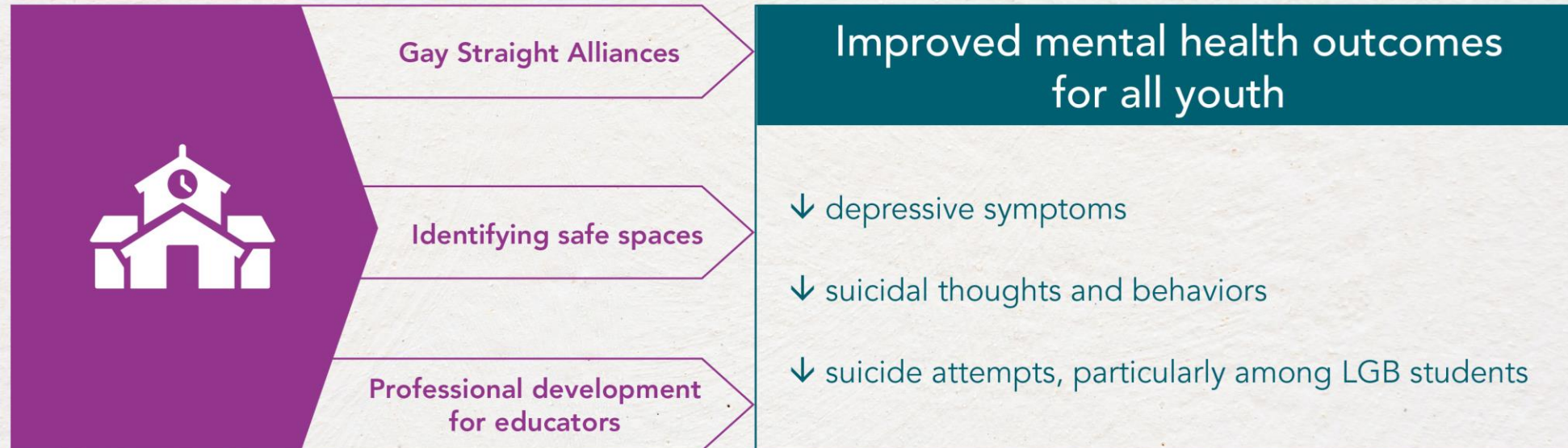
Safe and Supportive Environments Positively Impact Adolescent Behaviors and Experiences



More activity = greater impact

LGBTQ-Supportive School Policies and Practices

Protect All Youth





Success in Schools

Gender Affirming Policies and Practices



Chicago Public Schools released **guidelines outlining gender-affirming policies and practices in schools** and provided a toolkit and training for staff to support gender diversity in schools.



Mental Health Training Academy



The School District of Philadelphia launched a **COVID-19 Adolescent Mental Health Training Academy** to equip teachers and school staff with the tools to support students and their mental health.



THE SCHOOL DISTRICT OF
PHILADELPHIA

Mindfulness Education Classes



Portland Public Schools partnered with Peace in Schools (PINS) to provide a **mindfulness elective class** in high schools and **mindfulness training** for teachers, counselors, social workers, and school administrators.



Social and Emotional Learning Clubs



Orange County Public Schools designed **student-led SEL Clubs** to increase opportunities for social and emotional learning and connections to peers and trusted adults.





Tools and Resources

Adolescent Health: What Works in Schools



Adolescent Health: What Works in Schools

Sexual Health Education



The Centers for Disease Control and Prevention's Division of Adolescent and School Health (DASH) has established an evidence-based approach schools can implement to help prevent HIV, STDs, and unintended pregnancy among adolescents. It includes quality health education, systems that connect students to health services, and safer and more supportive school environments. This info brief focuses on delivering quality **sexual health education**—a systematic, effective way schools can provide adolescents the essential knowledge and critical skills needed to decrease sexual risk behaviors.

What is sexual health education?

Quality sexual health education (SHE) provides students with the knowledge and skills to help them be healthy and avoid human immunodeficiency virus (HIV), sexually transmitted diseases (STD), and unintended pregnancy. A SHE curriculum includes medically accurate, developmentally appropriate, and culturally relevant content and skills that target key behavioral outcomes and promote healthy sexual development. The curriculum is age-appropriate and planned across grade levels to provide information about health risk behaviors and experiences. Sexual health education should be consistent with scientific research and best practices; reflect the diversity of student experiences and identities; and align with school, family, and community priorities.



Across states, **fewer than half of high schools (43%) and less than one-fifth of middle schools (18%) teach key CDC topics for sexual health education.**

Source: 2018 School Health Profiles

Quality sexual health education programs share many characteristics. These programs:

- Are taught by well-qualified and highly-trained teachers and school staff
- Use strategies that are relevant and engaging for all students
- Address the health needs of all students, including the needs of lesbian, gay, bisexual, transgender, and questioning youth
- Connect students to sexual health and other health services at school or in the community
- Engage parents, families, and community partners in school programs
- Foster positive relationships between adolescents and important adults.

Adolescent Health: What Works in Schools

Sexual Health Services



The Centers for Disease Control and Prevention's Division of Adolescent and School Health (DASH) has established an evidence-based approach schools can implement to help prevent HIV, STDs, and unintended pregnancy among adolescents. It includes quality health education, systems that connect students to health services, and safer and more supportive school environments. This info brief focuses on increasing access to **sexual health services**—preventive health care services that schools can connect students to either on site or in the community.

What are sexual health services?

Sexual health services (SHS) cover broad preventive measures, like taking a sexual history or risk assessment; education; and counseling, testing, and treatment for human immunodeficiency virus (HIV) and sexually transmitted diseases (STDs). SHS can significantly improve an adolescent's immediate and lifelong health by identifying health issues early and providing services. As young people grow and become sexually active, these services provide health information and tools to help them prevent HIV, STDs, and unintended pregnancy. SHS also ensure that health issues are caught early to enable effective treatment. Several national guidelines for preventive care¹ and treatment recommend providing SHS for adolescents.

However, many students may not seek or have access to SHS. Even among those who do have access, missed opportunities for receiving SHS are common. Schools can play a critical role in raising awareness about the importance of SHS and connecting students to these preventive services.

Examples of SHS include:

- HIV testing and treatment
- STD testing and treatment
- Contraceptive services
- Health guidance and counseling.



Just 2% of schools across states and 12% of schools across large urban school districts provide condoms for students.

Source: 2018 School Health Profiles

¹U.S. Preventive Services Task Force; American Academy of Pediatrics Bright Futures Guidelines; Society for Adolescent Health and Medicine

Adolescent Health: What Works in Schools

Safe and Supportive School Environments



The Centers for Disease Control and Prevention's Division of Adolescent and School Health (DASH) has established an evidence-based approach schools can implement to help prevent HIV, STDs, and unintended pregnancy among adolescents. It includes quality health education, systems that connect students to health services, and safer and more supportive school environments. This info brief focuses on how schools can promote **safe and supportive environments** by improving students' connections to schools and increasing the support they receive from parents.

What are safe and supportive school environments?

Creating safe and supportive environments (SSE) emphasizes aspects of the school environment that encourage students to be more engaged in their school life and feel connected to important adults at school and at home. Connecting students to their schools and families is an important protective factor that can reduce students' risk for human immunodeficiency virus (HIV), sexually transmitted diseases (STDs), and unintended pregnancy. Protective factors such as feeling connected, help reduce high-risk substance use¹ and mental health issues, and help keep students from committing or being victims of violence. These are behaviors and experiences that are associated with sexual risk and poor academic outcomes.

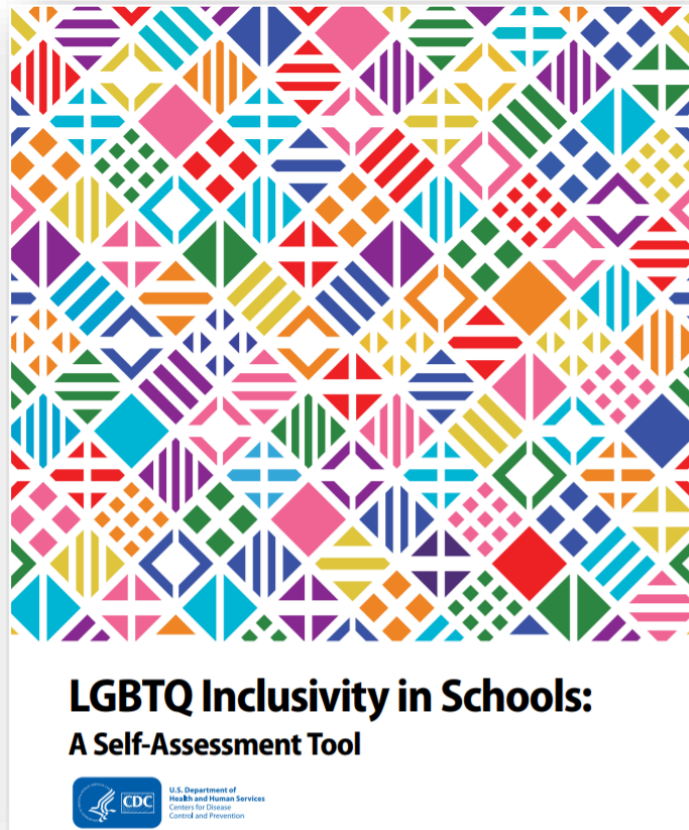
School environments that are safe and supportive are successful at connecting adolescents to a network of caring peers and adults, including parents, other primary caregivers, and teachers. Promoting SSE can be particularly helpful for lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth, who are more likely to be bullied at school and may lack family support at home.

Strengthening school and family environments can have substantial and long-term impacts for students. These environments create an important foundation for the other strategies in DASH's approach—sexual health education and sexual health services—to be more effective.



¹High-risk substance use is any use by adolescents of substances with a high risk of adverse outcomes (i.e., injury, criminal justice involvement, school dropout, loss of life). This includes misuse of prescription drugs, use of illicit drugs (i.e., cocaine, heroin, methamphetamines, inhalants, hallucinogens, or ecstasy), and use of injection drugs (i.e., drugs that have a high risk of infection of blood-borne diseases such as HIV and hepatitis).

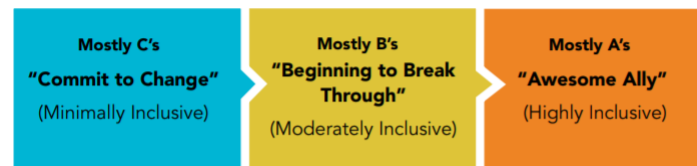
LGBTQ Inclusivity Assessment



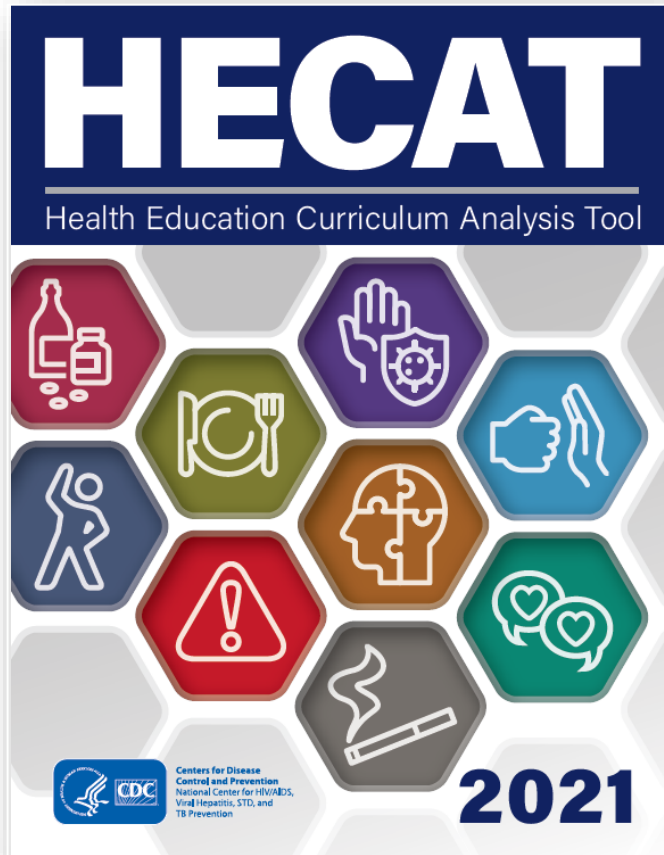
1.1 Beliefs, assumptions, & biases

Assessment Areas	Response Options/Rating: A, B, or C
1.1a—I recognize that gender, gender identity, and sexual orientation can be complex, are unique to an individual, and can be experienced on a continuum.	A—This statement applies to me a great deal. B—This statement applies moderately to me. C—This statement applies minimally OR not at all to me.
1.1b—I am aware of how my own and others' attitudes toward LGBTQ students can impact our interactions.	A—This statement applies to me a great deal. B—This statement applies moderately to me. C—This statement applies minimally OR not at all to me.
1.1c—I cannot assume a student's gender, gender identity, or sexual orientation.	A—I do not presume to know a student's gender, gender identity, or sexual orientation. B—I can sometimes determine a student's gender, gender identity, or sexual orientation. C—I can always determine a student's gender, gender identity, or sexual orientation.

LGBTQ Inclusivity Continuum



Health Education Curriculum Analysis Tool



- **Made up of modules that assess curriculum based on specific health topics including:**
 - Alcohol and other drugs
 - Mental and emotional health
 - Sexual health
 - Violence prevention
 - Safety

Supporting Mental Health in Schools



- **Core features of comprehensive school mental health systems include:**
 - Staffing
 - Family-school-community collaboration and teaming
 - Needs assessment and resource mapping
 - Mental health screening
 - Multi-tiered systems of support
 - Evidence-based and emerging practices
 - Data
 - Funding



Connectedness is Key

Feeling Connected to Family and School Has Long-Lasting Positive Effects on Adolescents Well Into Adulthood

Strong connections to
FAMILY and SCHOOL

Can lead to decreases in

PHYSICAL
VIOLENCE



MULTIPLE
SEX PARTNERS



RX
MISUSE



EMOTIONAL
DISTRESS



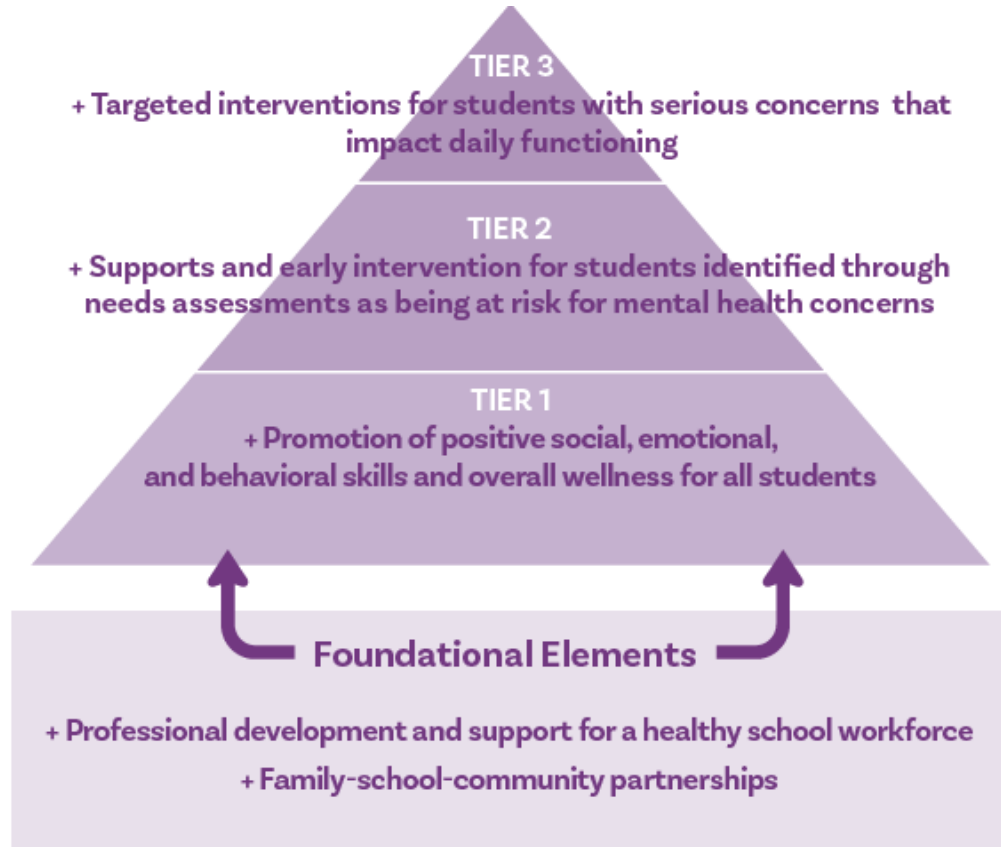
STD
INFECTION



ILLCIT
DRUG USE



Connectedness Supports All Students

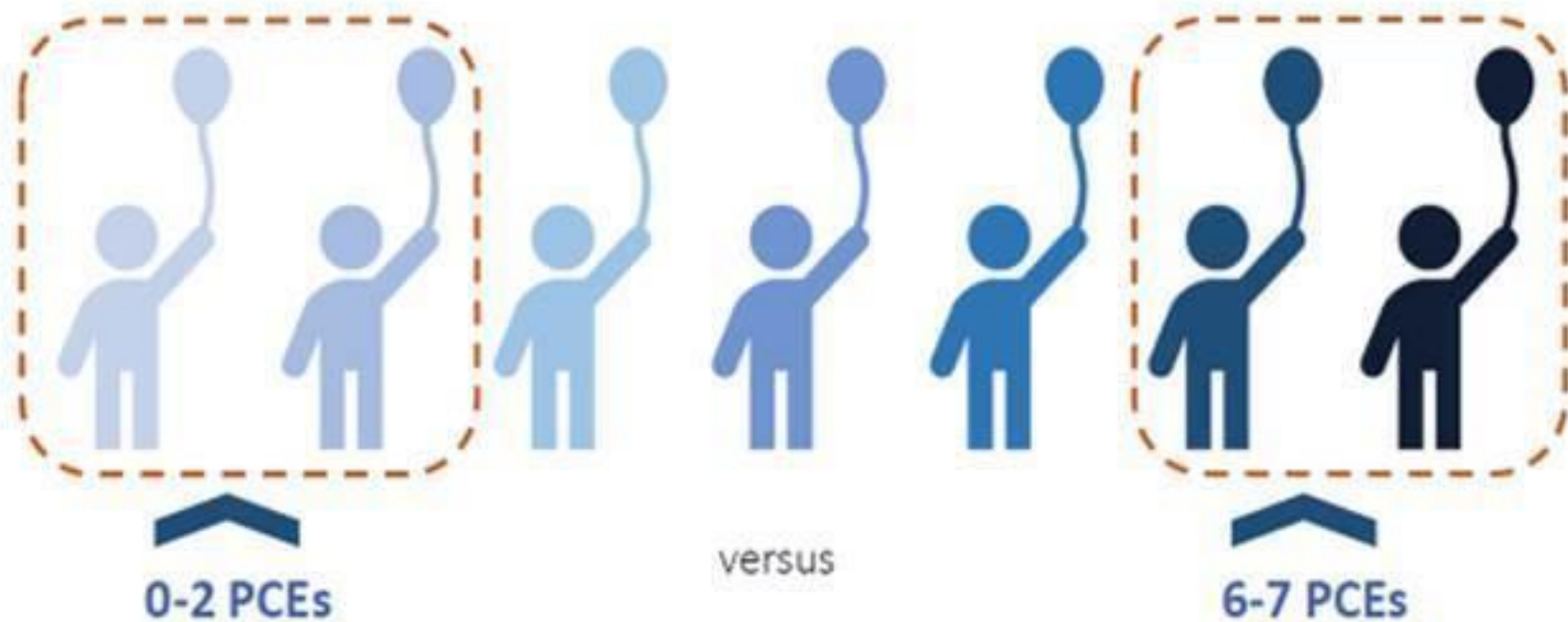


- **Tertiary Prevention:** Supports students with diagnosed mental health condition
- **Secondary Prevention:** Supports students who are at increased risk
- **Primary Prevention:** Supports all students

Positive Childhood Experiences (PCEs) Protect Adult Mental Health



6-7 vs. 0-2 PCEs: Adults reporting 6-7 PCEs have 72% lower odds of having depression or poor mental health compared to those reporting 0-2 PCEs.



Activities that Increase School Connectedness



Classroom Management	Service-Learning Programs	Mentoring Programs	LGBTQ Supportive Policies and Practices
Providing professional development on classroom management techniques, and policies and practices that support youth	Implementing school-based service-learning programs	Implementing school-based mentoring programs	Implementing policies and practices that support LGBTQ youth (i.e., Gay-Straight Alliances, professional development, identifying safe spaces)

Summary



- The pandemic is impacting the mental health of youth and families
- Protective factors, like feeling connected to family or school, can buffer against negative experiences
- Schools have and will continue to play a critical role in promoting students' wellbeing and building resilience as students return to school this fall

COVID-19 and Schools



- [CDC's COVID-19 Webpage on Schools and Childcare](#)
 - [Guidance for COVID-19 Prevention in K-12 Schools](#)
- [How Schools Can Support COVID-19 Vaccination](#)
- [Considerations for Planning School-Located Vaccination Clinics](#)
- Department of Education COVID-19 Handbooks: [Volume 1](#) and [Volume 2](#)

To get kids back in-person safely,
schools should monitor



Community
Transmission



Vaccination
Coverage



Testing



Outbreaks

to help prevent the spread of COVID-19



cdc.gov/coronavirus

CS22431A 07/06/2021

Thank You!



For More Information



- Web: www.cdc.gov/healthyyouth
- Twitter: @CDC_DASH
- E-mail: nccddashinfo@cdc.gov
- Telephone: 1-800-CDC-INFO (1-800-232-4636)

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.



**U.S. Department of
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