

# COVID-19 and Australian school psychology: Qualitative perspectives for enhancing future practice

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**Andrea Reupert, Daliya Greenfeld  and Fiona May**

School of Educational Psychology and Counselling, Faculty of Education, Monash University, Australia

**Emily Berger **

School of Educational Psychology and Counselling, Faculty of Education, Monash University, Australia; School of Rural Health, Faculty of Medicine, Nursing and Health Sciences, Monash University, Australia

**Zoe A. Morris**

School of Educational Psychology and Counselling, Faculty of Education, Monash University, Australia

**Kelly-Ann Allen**

School of Educational Psychology and Counselling, Faculty of Education, Monash University, Australia; Centre for Wellbeing Science, Melbourne Graduate School of Education, University of Melbourne, Australia

**Dianne Summers  and Gerald Wurf **

School of Educational Psychology and Counselling, Faculty of Education, Monash University, Australia

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**Corresponding author:**

Andrea Reupert, Faculty of Education, Monash University, 19 Ancora Imparo Clayton, VIC 3800, Australia.  
Email: andrea.reupert@monash.edu

**Abstract**

The challenges and changes driven by the Coronavirus Disease 2019 (COVID-19) pandemic in the education sector have been linked to high rates of anxiety, depression, and post-traumatic symptoms in school-aged populations. Despite this, it is also acknowledged that children and young people can be resilient and adaptable, with the right support in place. In schools, psychologists play an important role in supporting students' learning, behavior, wellbeing, and mental health. The aim of this study is to investigate the practices of Australian school psychologists during COVID-19 related school closures, focusing on their experiences and challenges and how they adapted their practices. Twelve Australian school psychologists were interviewed and, after member checks were undertaken, interview transcripts were analyzed using thematic analysis. Six interrelated themes were identified including: (a) heightened student psychological stress, (b) alternative delivery modes and associated challenges, (c) close collaboration with families, (d) participants personal challenges during COVID-19, (e) assessment during COVID-19, and (f) possible long-term practice changes post pandemic. The results of this study have implications for policies to support students in future pandemics or where physical school attendance is disrupted (e.g., natural disasters).

**Keywords**

children, COVID-19, mental health, resilience, schools, wellbeing, youth

The Coronavirus Disease 2019 (COVID-19) pandemic has, and in many cases continues to, significantly disrupt the education and daily lives of young people (Wang et al., 2020). Due to COVID-19 related restrictions and school closures, teaching has been dependent on information and communication technologies (ICT), with teachers needing to adapt their teaching and support students virtually. With expertise in mental health and learning, school psychologists are a vital part of school teams responsible for supporting students' learning, behavior, and mental health. How Australian school psychologists provided services during COVID-19 is the focus of this study, with a particular emphasis on how they adapted their services during COVID-19 related restrictions, the challenges they faced, and whether they believed the practice changes implemented will remain in the longer term. Lessons learnt from these experiences can be used to inform policy, service development, and professional learning programs, especially in times of disruption to "normal" schooling.

The pandemic has taken a significant toll on the mental health of children and adolescents. In a systematic review, Marquez de Miranda et al. (2020) noted high rates of anxiety, depression, and post-traumatic symptoms among children and adolescents during COVID-19. From a survey taken with over 1000 parents of young people aged 3 to 18 years living in Italy and Spain, Orgilés et al. (2020) reported on the impact of quarantining. The most frequently observed symptoms in children and adolescents reported

by parents were difficulty concentrating (76.6%), boredom (52%), irritability (39%), restlessness (38.8%), nervousness (38%), and feeling lonely (31.3%). Likewise, in China, during COVID-19 school closures, Xie et al. (2020) surveyed 1784 children in Grades 2 to 6, with 22.6% reporting depressive symptoms and 18.9% reporting anxiety symptoms. In a systematic review investigating the psychological impact of infectious outbreaks (including but not limited to COVID-19) on children and adolescents, Berger et al. (2021) found presentations of fear and anxiety. They also identified that, with the right support from parents, teachers and healthcare workers, children and adolescents can be adaptable and resilient. Such results highlight the need to investigate the type of support available to children and adolescents, particularly through the school community, in light of COVID-19.

School closures have impacted student learning, especially for children and adolescents without access to ICT resources or a quiet place to study. Using data from 174 countries, Azevedo et al. (2021) found that school closures due to COVID-19 related restrictions could result in a loss of between .3 and 1.1 years of learning. Further extrapolations of the same dataset led the research team to conclude that globally, up to 11 million school aged children could drop out of school due the impact of the pandemic on family incomes. Most adversely impacted were already marginalized groups, such as girls, ethnic minorities, and students with disabilities. Using future-orientated modelling techniques, Kaffenberger (2021) found that learning losses resulting from school closures could continue to accumulate when children return. Nonetheless, Kaffenberger (2021) argued that with appropriate interventions, such losses may be fully mitigated.

School psychologists are trained to support students' learning and mental health. In Australia, school psychologists provide counselling and intervention (including group programs), crisis prevention and postvention support, and consultation to teachers, parents/caregivers, and school leaders on matters pertaining to the students' learning and mental health (Australian Psychological Society, 2018). Another aspect of their role is conducting assessments of children's cognitive abilities, school achievement, mental health and adaptive functioning (Thielking et al., 2018). These responsibilities mean that school psychologists are tasked with delivering academic, behavioral, and social-emotional supports directly to students themselves or supporting others, such as teachers or parents, in delivering such programs.

Previous studies demonstrated that school psychology practice changed during school closures. In a survey completed by 675 US school psychologists, Schaffer et al. (2021) reported a shift in responsibilities, from being predominately assessment focused (for special education eligibility) to being more consultative and collaborative with teachers and parents. The shift appeared to occur due to problems associated with conducting virtual assessments with students. In another survey-based study, Reupert et al. (2021) compared the practices of school psychologists across the US, Germany, Canada, and Australia. Once again, but this time across countries, a shift in practice was recorded, with psychologists moving from delivering psychoeducational assessments to virtual counselling. There were some country-specific differences, with significantly more psychologists in Australia and Germany providing tele-counselling than those in the US and Canada, which the authors suggested may be due to country-specific issues around their

respective roles. What is missing from these current studies are investigations into the specific practices that psychologists are engaging in and why, the challenges they face, and whether psychologists believe that the adaptations that occurred during lockdown might impact future service delivery.

The current study provided a nuanced investigation into the practices of school psychologists during COVID-19 related school closures. The aim of this exploratory study was to investigate how school psychologists in Australia experienced and then adapted to COVID-related school closures and to identify what challenges (if any) they experienced in delivering services. Another aim was to explore whether school psychologists believed that they might maintain some of these adaptations in the longer term. Given that there have been more than seven international health pandemics in the last 20 years (Reupert, 2021), it is critical that we learn from this pandemic.

## Method

### *Participants*

Participants were recruited through the research team's professional networks, advertisements on social media platforms (including Facebook, LinkedIn, Instagram, and Twitter), and professional associations and forums. The sample consisted of 12 participants who identified as psychologists, with one being a provisional psychologist (Table 1). In Australia, a provisional psychologist is someone who is registered with the Psychology Board of Australia but has yet to complete their final internship to enable full registration as a psychologist. The sample size allowed for a new and richly textured understanding of school psychology services at a specific time (Vasileiou et al., 2018) and is justifiable given the purposeful nature of the sample (Suri, 2011).

Participants were male ( $n = 2$ ) and female ( $n = 10$ ) with ages ranging from 27 to 54 years ( $M = 41.8$ ,  $SD = 9.56$ ). Years of experience working in school settings ranged from 1 to 24 years ( $M = 8.5$ ,  $SD = 8.74$ ). Three participants worked at primary schools (with students aged 5 to 12 years), six at secondary schools (with students aged 12 to 18 years), and three worked in both primary and secondary schools. Five participants worked in independent schools, three in Catholic schools, and the remaining four worked in public schools. One of these remaining participants worked in a remote setting and the others worked in urban schools. All participants reported experiencing COVID-19 related lockdowns at some point between March 2020 and October 2020. At the time of the interview, seven participants lived in jurisdictions where lockdowns were currently imposed, and five were currently not in lockdown areas. During lockdowns, five participants worked from home (WFH), and seven worked for some of their time at home as well as at school.

### *Materials*

Individual, semi-structured interview schedules were developed based on the research aims and previous literature. Sample questions included "how have (or currently do)

**Table 1.** Participants' demographic details.

	Gender	Age	Years of Experience Working in Schools	Position in School	School setting	Highest Level of Education
P1	Male	45	3	Psychologist	Secondary	PhD
P2	Female	44	22	Psychologist	Primary	Graduate Diploma
P3	Female	27	1	Psychologist	Secondary	Masters
P4	Female	53	24	Psychologist	Secondary	Masters
P5	Female	54	5	Psychologist	Both	PhD
P6	Female	34	1	Psychologist	Secondary	Masters
P7	Female	43	7	Psychologist	Both	PhD
P8	Female	47	3	Psychologist	Secondary	Masters
P9	Female	28	1	Provisional Psychologist	Primary	Graduate Diploma
P10	Male	34	2	Psychologist	Primary	Graduate Diploma
P11	Female	39	15	Psychologist	Both	Masters
P12	Female	54	18	Psychologist	Secondary	Graduate Diploma

COVID-19 restrictions impacted on your capacity to support students, if at all?" and "what helps/helped you in continuing to provide counselling services to students during lockdowns?". Questions concerning needs included "what are your professional learning needs as a result of COVID-19 restrictions, if any?" Finally, questions about changes to practice included "what changes to your practice do you anticipate in the future as a result of COVID-19 (if any)? and "what opportunities or barriers has it created going forward?" For those not in lockdown at the time of the interview, questions were framed around their reflections on that time.

### *Procedure*

The procedures for the study were approved by Monash University Human Research Ethics Committee (number 24559). The interviews occurred between July and October 2020 over the telephone (four interviews) and via videoconferencing (eight interviews). One member of the research team who was a psychologist with extensive experience in qualitative interviewing conducted the interviews, which lasted between 30 min and an hour ( $M=48$  min). All interviews were audio-recorded and transcribed by the same team member.

### *Researcher reflexivity*

The research team members were all psychologists, some of whom had worked for many years in schools as psychologists before becoming academics and had much experience

in qualitative methodologies. Some team members had only recently joined academia, and others had a role in supervising (masters') student placement in schools and thus were in constant communication with school psychologists as supervisors for their students. The collective experience of the team was key to ensuring that the interview schedule was relevant to participants' experiences and that the analytic process moved past a focus on semantics only. One team member had been meeting with school staff about changes they had undertaken during the COVID related lockdowns, and these meetings initiated the research question for this project, the recruitment strategy, and development of the interview schedule.

One issue we were mindful of was whether participants knowing our backgrounds (either practice or academic) might have impacted their willingness to talk openly about experiences, especially any practice issues they have may encountered. To address this, (even if only partially) we framed questions in a normalising way (e.g., "many people have found working during lockdowns to be challenging"). Simultaneously, we were careful to not ask leading questions; for example, with this particular question, we added, "but others have not found it challenging at all... I wonder what it is has been (or is currently) like for you?" Regular peer debriefing sessions were conducted between the interviewer and the research team to monitor and probe the interview process and analytic decisions.

### *Data analysis*

Given the open-ended nature of the research questions, interview transcripts were analysed using thematic analysis (Braun & Clarke, 2006). This method of analysis is useful for examining research participants' perspectives and generating insights in under-investigated areas (Braun & Clarke, 2019). After each transcript was read several times, initial coding and collating began with labels attached to sections of text. Analyses were conducted at both a semantic and explicit level as well as at a latent and interpretative level (Braun & Clarke 2006). A data-driven, inductive process was employed without trying to fit the data into a pre-existing coding frame. Throughout this process, the six-step process outlined by Braun and Clarke (2006) was employed, wherein the first step involved the research team becoming familiar with the transcripts and discussing them as a team. Initial codes were then generated by one of the authors (step 2) and meaning-based patterns or themes were identified first within and then across all transcripts (step 3). The data patterns were then reviewed and modified by the research team to ensure that the data collected supported each theme and were coherent as well as distinct from each other (step 4). Themes were then defined to "identify the 'essence' of what each theme is about" (step 5; Braun & Clarke, 2006, p. 92), a process that also examined how each theme related to each other and responded to the research aims. The final step (step 6) involved the final write-up of the results. The interviewer discussed decisions arrived at each step at regular team meetings. This process ensured that the analytic strategy was informed by team members who had an in-depth understanding of qualitative methodological issues along with other members who had field-based contextual and experiential knowledge (as per Birks et al., 2014).

Involving multiple researchers at different points during the analysis is a form of triangulation, which provided the ability to move past merely confirming analytic decisions and instead engage in a process whereby the team constantly questioned and probed the data for meaning (Halcomb & Andrew, 2005).

Guidelines for ensuring rigor were followed (e.g., Mays & Pope, 2000). During the interviews, the interviewer regularly summarized and reflected back key points raised by the interviewee to check that meaning was interpreted appropriately. Before analysis, member checks were conducted whereby participants were emailed their transcripts with an invitation to delete possibly identifiable information, add to the transcript if they believed something was missing, and change anything considered inaccurate (Hagens et al., 2019). No changes were made to the transcripts.

## Results

Six interrelated themes were identified: (a) heightened student psychological distress, (b) alternative delivery modes of service during COVID-19 restrictions, (c) closer collaboration with families, (d) participants' personal challenges during COVID-19, (e) assessments during COVID-19, and (f) possible long-term practice changes after the pandemic. Some themes had subthemes (Table 2).

### *Heightened student psychological distress*

Participants observed that students most commonly presented with anxiety-related concerns. This was especially the case for students returning to school and for those with pre-existing anxiety who "didn't transition back from distance learning very well" (P4). According to P4, these students "really enjoyed being at home and there's still a couple of them that are having difficulty transitioning that haven't quite made it back." For some primary school age students, anxiety was linked to worries about themselves or family members becoming unwell with the virus and potential community transmission; for example, one participant referred to "kids that didn't want to go out or scared of getting sick and obviously the excessive hand washing and things like that" (P10). Others reported insights into their personal values; for example, P7 described a primary school student who "was very worried about COVID and really stressed about it." P7 elaborated, "I think the student articulated much more strongly and more clearly after COVID what their family meant for them." Alongside anxiety, some participants noticed an increase in referrals due to depressive presentations in students returning to learn on-site (e.g., "when they were at home, not a lot of referrals. When they had to come back... more depression than anxiety" because as P5 described, students were "feeling hopeless. They're feeling that the world is not what they hoped it would be").

Social isolation and disconnection from friends were other areas where participants found themselves supporting students. Some participants described how the students they supported were "being flat," adding, "It was more about the social isolation side of things. Most of them were very keen to get back to school and have that social

**Table 2.** Themes and subthemes identified in the analysis.

Themes/Subthemes
<p>Heightened student psychological distress</p> <p>Alternative delivery modes of service during COVID-19 restrictions</p> <ul style="list-style-type: none"> <li>• Rapport building</li> <li>• Issues concerning privacy and confidentiality in the provision of remote counseling</li> <li>• Service flexibility</li> <li>• Guidelines for online service delivery</li> </ul> <p>Closer collaboration with families</p> <p>Participants' personal challenges during COVID-19</p> <ul style="list-style-type: none"> <li>• Adapting to technical innovations</li> <li>• Job insecurity and work-related stress</li> </ul> <p>Assessments during COVID-19</p> <p>Possible long-term practice changes after the pandemic</p>

contact again" (P4). Likewise, P2 noticed that "depression began a bit more for those older children who needed their friends and who missed that social interaction."

Participants reported that students who had learning difficulties (before the pandemic) experienced stress and anxiety related to their academic progress when returning to school. For example, P2 said:

children with learning difficulties...had a lot of anxiety and stress about getting work done, academics was high on what we would often talk about...the anxiety about coming back to school that was quite a bit about what it would look like, what it would be like.

Likewise, P4 observed some "kids with executive functioning disorders who completely fell over in online learning. And lost several weeks of learning and just got way behind" and students who "needed more support upon their return to school."

### *Alternative delivery modes of service during COVID-19 restrictions*

Under stay-at-home orders, counselling occurred remotely at schools using telephone, email, and videoconferencing tools. Participants reported their experiences transitioning counselling services to one of the remote modes. They highlighted issues concerning rapport building, maintaining privacy, and confidentiality. The benefits associated with flexible scheduling of services were noted. Different guidelines for online services were provided to participants working in different schools, which impacted what they were able to employ.



*Rapport building.* Some participants described their difficulties establishing rapport with students when working remotely. Four participants (P2, P9, P10 and P11) who worked in primary school settings described challenges in engaging the students online, commenting, “it’s much more difficult to engage on the screen with my grade one, grade two’s. That was really difficult” (P2).

P4 described difficulties with online counselling, specifically with students who were new to counselling; this participant explained, “students that I saw online that I had never met face to face...that was probably the most difficult because you didn’t know anything about them and never actually seen them,” adding that it was “around that rapport, but...also interpreting them and getting to know them.” Conversely, other participants described how some students opened up when using online counselling, “so there were some advantages, some kids who struggle face to face were opening up a bit more online because they didn’t have to be in a room with you” (P4). Similarly, P9 described how online counselling improved the connection with some students and that “most felt really comfortable with Zoom...I’d get them to either do a quick tour of their room or bring along something that was really special to them and tell me about that item.” P9 added, “I found that students loved to share that side of their life. I had one student who disappeared for five minutes, because he really wanted to show me both his dogs”.

*Issues concerning privacy and confidentiality in the provision of remote counselling.* Four participants (P1, P4, P7, P8) described concerns about privacy and confidentiality while providing remote counselling. For example, P1 said, “It’s awkward to do counselling in a house where your parents are literally a door away, and you can’t guarantee that confidentiality.” P7 reflected on how students may react to the new arrangements of online counselling “as a way for the student that brings the therapeutic experience into their home and into their personal space and that might not sit comfortably for them”.

One participant (P4) reported challenges setting up a suitable working space at home that guaranteed her privacy (i.e., “so I could make sure there was nobody around. So that was a bit of a barrier when you’re doing the video calling from home”). For some, these challenges presented ethical questions about the provision of remote support to students. For example, P4 stated, “that was my, at the start, my main concern. I need to continue my practice, how do I do that within the ethical guidelines?”, adding “that would come into my head at least 10 times a day, every day.”

*Service flexibility.* Before the pandemic, counselling sessions were offered on specific days and times during the school day. Such arrangements did not allow students to choose the time slot that suited them best. Furthermore, a rigid timetable limited the number of students the participants could see in a day. Some participants described how providing online counselling allowed them to be more flexible with their time and hence serve more students than before. P4 said:

It was much more flexible with time having them online. You could literally pop in for 10 min and then go and see somebody else. So, in some ways the online stuff you could actually check in with quite a number of students even if it was just checking in with them.

Additionally, three participants (P8, P9, and P11) said that offering flexible scheduling of sessions meant that the students did not have to miss out on other learning activities. Thus, this flexibly opened up time slots for new clients. For example, P9 said, “It was a real game-changer for me in that sense of offering up a service where it also made it easy for kids who had not engaged with services earlier”.

*Guidelines for online service delivery.* Participants working in independent schools reported being able to transition quickly and relatively easily to online platforms, as decision-making processes and guidelines appeared to be on a school-by-school basis. To illustrate, P8 reported that due to existing staff capacity and existing guidelines “... the school were already...We’re quite well advanced and set it up quite quickly.” Conversely, participants working in government and Catholic schools described having to wait on guidelines for accessing online platforms, which caused delays in the provision of online support to students. For example, P10 indicated that,

... by the time the Department settled on a video conferencing technology, it was end of term two and the holiday started, so we never used it. Term three started and kids came back to school and I was trained in this video conferencing way too late.

For some participants, guidelines were so limiting that their ability to provide support to students was significantly adversely impacted. P5 described:

We started off providing video counselling, when there was no guidance from the Department and no guidance from Catholic Ed. We were waiting on that guidance to come... [then the authorities said], no video, voice only...which means we’re not even allowed to text chat, which is what young people like to do...But what that meant was, students weren’t connecting with us...Our very needy students we referred to external support because we couldn’t provide video counselling – we weren’t allowed to.

### *Closer collaboration with families*

Three participants (P4, P7, and P11) noted changes in their interaction with parents. As students were away from school, cooperation with parents became crucial. P7 stated:

It had to be [an] impetus to involve parents because we needed to rely on the eyes and the ears of parents around how the young person’s functioning at home. We didn’t get sort of teacher reports necessarily or be able to observe students.

Participants noticed an increase in the number of parents who sought support in managing home-schooling related challenges. P7 reported “issues of non-work completion rather than picking up any changes in mood or psychological stuff” as well issues relating to “anxiety if they were seeing their kids getting anxious about doing work.” Another area where parents reached out for support related to their children’s emotional wellbeing;

according to P11, “parents were definitely reaching about those anxious kids, like being upset if mum and dad had to leave the house to go to work...that emotional reaction to the stress reaction to COVID.”

### *Participants’ personal challenges during COVID-19*

Some participants described the challenges experienced while adapting to working remotely. Others spoke of job insecurity.

*Adapting to technical innovations.* Participants experienced a learning period as they adapted to the remote counselling and assessment services, and where

I did get better I think as I went along. We’re trained to do the face-to-face and to watch people and to interact in that sort of way. I found that a bit difficult online, but I did get used to it (P8).

Others described the challenges setting up remote counselling while addressing the issues of privacy and confidentiality:

there was a lot of stress at the beginning... about what platforms, and confidentiality and security of the platforms. I felt like the psychology profession as a whole, had to scramble to work out whether it was okay to use Zoom or whether it was okay to, all of that sort of stuff (P1).

*Job insecurity and work-related stress.* P8 described experiencing uncertainty about the future of their job: “It was always the question of, you know, everyone was losing jobs...that was a big issue and concern for lots of people around the security of jobs.” The same participant reported an increased workload, stating: “I was probably busier than on lowish sort of days, but I was making myself busy because I wanted to make sure that everyone was okay”.

### *Assessments during COVID-19*

Participants described that their assessment work during COVID-19 included the administration of various psychoeducational and student safety and risk assessments to evaluate students’ mental well-being. Some participants described how the requirements for social distancing adversely impacted their ability to assess students during remote learning periods. P1 said, “the rules from the school were to maintain the social distancing... we just couldn’t...keep the social distancing and do a WISC [a cognitive assessment] ...it just seemed impossible, and so we didn’t do it.” Speaking of their experience in online assessment administration, P2 said that they “would not do it again” because of technical barriers, including not having enough iPads to assess online or not having sufficient time to learn how to assess using an online tool. Other participants reported

challenges related to the perceived differences between in-person and remote assessment; “So much of what you get when you assess kids is by watching them do it. I don’t know that I could confidently assess a child fully online” (P4). P7 added, “during COVID, gathering that additional information from things like, doing classroom observation or being able to see work sample institutes was made more difficult.”

Participants noticed increased referrals for face-to-face assessments after students returned to learn in person, specifically noting that “the ones with any attentional issues, or the ones with any reading issues, have really struggled [studying at home]” (P5). Subsequently, some participants noticed increased referrals for assessments from parents rather than from teachers, explaining that this may have resulted from parents spending more time with the children at home, being involved in their schooling, and observing their children’s learning difficulties.

### *Possible long-term practice changes after the pandemic*

Participants were asked to reflect on whether any changes to their practice during COVID-19 would, in their opinion, remain after the pandemic and related restrictions were over. Three participants said they hoped that the changes in the frequency and quality of interactions with parents would continue after the pandemic. P7 stated that “[it would be] great to leverage on this opportunity and empower parents to kind of really be the leaders and the case managers of what’s happening to the young person.” P9 added, “I definitely think I’d like to keep that contact with parents...to keep an open line of communication with parents and support them in supporting their children”.

Another key insight for practice related to tele-health services. Overall, participants acknowledged the role of technology in assisting them in continuing to support students while working remotely. P10 summarized: “just things like utilising our technology better and being able to connect with students not onsite. I think we would learn from having more videoconferencing or software-based supporting the students.” P2 explained that:

there were certainly benefits in the fact that when I called meetings, I met with the dads a lot more, because they could call in from work. I found that it was easier to call meetings and have everyone attend.

P4 added that, while using tele-health service, “it’s not something you put on the front burner”; they indicated their willingness to continue engaging with this mode of service, further commenting, “that certainly will stay, and we’ll just adapt it as we need it to. It’s there now we might as well use it.” Likewise, P8 wanted to continue offering online counselling to students (after COVID-19), noting that “if I wasn’t offering it, a lot of them wouldn’t be seeing a psychologist, so that’s a great benefit”. Some participants were very keen on maintaining changes introduced during COVID-19 related restrictions, such as an online booking system to schedule counselling (P5 & P11).

## Discussion

This study aimed to qualitatively investigate the experiences of Australian school psychologists practicing during COVID-19, including adaptations made to service delivery and which of these adaptations might remain after school lockdowns. There is clear evidence that COVID-19 and school lockdowns have had a negative psychological impact on children and young people in many countries around the world (Marquez de Miranda et al., 2020; Orgilés et al., 2020; Xie et al., 2020). Thus, it is important to consider the experiences of school psychologists during lockdown periods and how their practices changed during this time. There were several changes related to school lockdowns that were challenging for school psychologists to navigate. Participants observed that students were more likely to experience anxiety, depression, hopelessness, and feelings of isolation as a result of school lockdowns. Psychologists believed that students experienced anxiety related to transitioning back to school after extended lockdown periods and that this anxiety was higher for students with disabilities. Researchers have cautioned against reliance on adults to describe the mental health experiences of children and youth (Maybery et al., 2005); however, participants' observations are consistent with students' self-report of their mental health during pandemics in many countries and not only in Australia (Berger et al., 2021). Another area of concern involved developing and maintaining rapport with students over tele-health systems (especially with students they had not met prior to the pandemic). Working online impacted school psychologists' capacity to understand and interpret the mental health needs of students, because psychologists were unable to rely on traditional face-to-face assessment tools and protocols.

For those interviewed, additional challenges were identified in maintaining confidentiality, setting up a private space (both students and psychologists), navigating the breakdown of traditional boundaries, obtaining appropriate guidelines for online use, and separating tele-health from home life within ethical boundaries. The ethical considerations for tele-health service provision have been considered by researchers prior to COVID-19 (Gamble et al., 2015). A slow uptake of tele-health and the research-to-practice gap meant that many practitioners did not possess competence or readily accessible guidelines for the complex task of swiftly pivoting to telehealth service delivery at the start of the pandemic. This was potentially more challenging for school psychologists who (unlike private practitioners) worked within a larger system with vulnerable children and youth, often leading to slower practice innovation. Despite these challenges, the removal of some traditional barriers associated with face-to-face psychological service delivery, such as lengthy and time-bound sessions, provided an opportunity for psychologists to be more flexible and to support a greater number of students through tele-health mental health support.

There were also reports of the negative impact of COVID-19 on school psychologists in the present study, including concerns about employment stability, competency to deliver effective and ethical services to students, and pressure to ensure that each student was supported. A number of these issues have also been highlighted in past research (Ritchie et al., 2021); for example, this work has found a significant decline in Canadian school psychologists' self-efficacy, which is essential for work productivity

(Virtaneva et al., 2021) and coping with difficult or challenging situations (Abo-Ali et al., 2021). Although self-efficacy was not specifically measured in this study, the results may suggest reduced self-efficacy, as reflected in the doubts raised by some participants in regard to their ability to properly perform their duties. Similar trends have been observed in Italian healthcare workers experiencing COVID-19-related stressors, who reported heightened ineffectiveness as well as negative emotions (Vagni et al., 2020).

This study has several globally relevant implications for future school psychological practice. School leaders should consider the workforce of psychologists as employees who also require personal and professional resources to cope with new challenges, including issues related to competences and evolving protocols for telehealth (e.g., virtual counselling and assessment services). It should not be assumed that psychologists' skills and expertise are sufficient for them to manage their own wellbeing and mental health without systemic support. Structures should be put in place to assist psychologists to balance family and work (Schieman et al., 2021) and mitigate financial instability (Chen et al., 2021). The benefits of tele-health for school psychologists during pandemics, but also at other times, has implications for school psychology services in many countries; overall, telehealth promises to be a strategic way of expanding flexible services to a range of young people and their families. In this study, school psychologists described quickly adapting to online technologies but also reported problems moving assessments online and concerns about confidentiality. These problems indicate training needs, similar to those highlighted by school psychologists in the USA, Canada, and Germany (Reupert et al., 2021). The need for consistent and evidence-based guidelines for online service delivery was also evident.

## **Limitations**

The limitations of this study center around possible selection bias and the heterogeneity of the sample. The sample comprised a mixture of primary and secondary school psychologists who experienced diverse lockdown regulations. Because of this, some participants were asked to retrospectively report on their experiences and practice adaptations from their time(s) in lockdown. This may have introduced recall bias into the analysis. Further, selection bias (e.g., sampling and self-selection bias) may have influenced results. Student views of the strengths and limitations of school psychology services provided during the pandemic were missing and represent another area for future research. Finally, the member checks employed in this study involved giving participants the opportunity to delete anything that was inaccurate or potentially identifiable or to add anything that they believed was important. This method of member checking enabled the team to check the accuracy of the transcription; however, it did not necessarily enhance the trustworthiness of the analysis (Birt, et al., 2016).

## **Conclusion**

This study identified several aspects of the role of school psychologists that may have been performed less efficiently as a result of school closures, especially when delivering

psychological assessments and building rapport with children. Nonetheless, through their experiences of lockdowns, psychologists adapted to online delivery modes, highlighting the flexibility afforded by this medium when working with young people and their parents. Ethical issues were raised around working online, conducting psychoeducational assessments, and maintaining privacy and confidentiality. The main recommendations from this study involved supporting self-care and training for school psychologists as well as providing them with professional protocols and consistent, evidence-based guidelines for supporting families and delivering appropriate tele-health services to students in the future.

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### ORCID iDs

Daliya Greenfeld  <https://orcid.org/0000-0002-6287-4876>

Emily Berger  <https://orcid.org/0000-0001-5550-807X>

Dianne Summers  <https://orcid.org/0000-0002-9364-5849>

Gerald Wurf  <https://orcid.org/0000-0003-1459-6223>

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## Author biographies

**Andrea Reupert, PhD** is Professor and Head of the School of Educational Psychology and Counselling in the Faculty of Education, at Monash University, Australia. She is an internationally renowned expert in school-based mental health initiatives with methodological expertise in engaging with a variety of stakeholders to promote sustainable systems change.

**Daliya Greenfeld** is a psychologist and a PhD candidate at Monash University, the Faculty of education, in the School of Educational Psychology and Counselling. Daliya is a teaching associate in the Faculty of Medicine, Nursing and Health Sciences, the School of Psychological Sciences at Monash University.

**Fiona May, PhD**, is an Educational and Developmental Psychologist, Senior Research Specialist at the Parenting Research Centre and researcher in the School of Educational Psychology and Counselling, Faculty of Education, Monash University.

**Emily Berger, PhD**, is an Educational and Developmental Psychologist and Senior Lecturer in the School of Educational Psychology and Counselling, Faculty of Education, Monash University. She is also a Senior Adjunct Research Fellow with the School of Rural Health, Faculty of Medicine, Nursing and Health Sciences, Monash University.

**Zoe A. Morris, PhD** is an Educational and Developmental Psychologist and a Lecturer in the School of Educational Psychology and Counselling, Faculty of Education, Monash University. Her research interests include the wellbeing of students and professionals in schools, in addition to primarily researching ethical and professional issues in the helping professions.

**Kelly-Ann Allen, PhD** is an Educational and Developmental Psychologist, a Senior Lecturer in the School of Educational Psychology and Counselling, Faculty of Education, Monash University, and an Honorary Senior Fellow at the Centre for Wellbeing Science, University of Melbourne.

**Dianne Summers** is an Educational and Developmental Psychologist and a Senior Teaching Fellow in the School of Educational Psychology and Counselling, Faculty of Education, Monash University. Her research interests include whole school wellbeing processes and practices and impact on school culture and the development of professional identity and practices of psychologists.

**Gerald Wurf** is a senior lecturer in the School of Educational Psychology and Counselling at Monash University. Currently he is Chair of the Australian Psychological Society's College of Educational and Developmental Psychologists. With an interest in mixed-methods research, he collaborates widely with schools, mental health services, and counselling organisations.