Striving, Surviving, but Not Thriving: Mental Health Trainees Adjusting During COVID-19

Author(s)

Candice Hargons, PhD
University of Kentucky

Kalea Benner, PhD
University of Kentucky

Jade Hollan, MS
University of Kentucky

Carrie Bohmer, MS
University of Nebraska-Lincoln

Abstract

COVID-19 has introduced mental health professionals to unprecedented levels of distress. Mental health trainees have also experienced considerable transitions in their work, school, and personal lives; however, few studies have investigated the impacts on their wellbeing. This brief, qualitative study surveyed two focus groups consisting of mental health trainees to elicit their perceptions and experiences of adjusting during the onset of COVID-19. Two key themes emerged: "Striving and Surviving," and "Not Thriving." These themes represent the spectrum of adjustment profiles the trainees reported. Implications for the training of mental health professionals and support of their wellbeing are discussed.

Keywords: mental health trainees; COVID-19; practica; social work students

COVID-19 has had significant impacts on college students (Kuhfeld et al., 2020). Declining enrollment in postsecondary education due to COVID-19, and exacerbated academic and social needs, have left administrators scrambling to provide support for

students seeking to complete degrees. In mental health professions, where experiential learning is a requisite, identifying students' perceptions of the impact of COVID-19 on practica and internships is essential to providing supportive resources. In particular, students completing a practicum with agencies serving clients who are experiencing substance-use disorders have had to adapt and adjust, as client needs are exacerbated by COVID-19 (Wang et al., 2021), yet access to services has been a challenge (Yang et al., 2020).

Impact of COVID-19 on College Students

When the devastating health implications and loss of life associated with COVID-19 became apparent in March, 2020, postsecondary institutions globally moved to a virtual learning format (Rahman, 2020). This had tremendous consequences on all learning, but in particular for practica and internships, which could no longer employ face-to-face contact. When students in traditional academic settings transitioned to virtual learning, many reported higher levels of stress (Rajkumar, 2020; Wang & Zhao, 2020); reduced motivation (Education Technology, 2020) and attendance (Papouli et al., 2020); and increased mental health concerns, such as anger, isolation, depression, exhaustion, and general nervousness (Yehudai et al., 2020). In an effort to support students, institutions increased virtual access to services and employed academic supports, including allowing students to transition to pass/fail grading scales, even at the graduate level.

For social work students in MSW programs, the accreditation body, the Council on Social Work Education (CSWE), reduced the required practicum hours by 15% to support student's completion of their practicum (Council on Social Work Education, 2020). Additionally, identifying virtual, competency-driven educational components generally was prioritized so that students could continue building knowledge, skills, and the cognitive and affective processes associated with the field experience. Finally, students often continued to engage with their agencies in a virtual manner, for example, using teleservices and virtual meeting applications, such as Zoom, to work with clients and coworkers. However, given the pandemic's recency, few studies have examined the impact of these transitions on mental health trainees (Richards & DeBonis, 2020; Schneider et al., 2021).

Impact of COVID-19 on Substance-Use Disorders

Certainly, the mental health of most people in the United States has been compromised by the health risks, economic devastation, and social isolation experienced during COVID-19 (Czeisler et al., 2020), particularly during the shutdowns implemented to halt the spread of the virus. Although state parks, nonessential businesses, and many other resources, such as churches and nonprofits, were closed, liquor stores were

deemed essential businesses and remained open. Sales of alcohol during COVID-19 shutdowns skyrocketed (Pollard et al., 2020), as did alcohol and substance use, including increases in binge drinking and marijuana and tobacco use (Yehudai, et al., 2020). National overdose rates, after decreasing in 2018 and 2019, escalated sharply in 2020, with an 18% increase in March, 2020 and a 42% increase in May (Wan & Long, 2020). These spikes in overdose deaths continued to increase through the year (Ahmad et al., 2020) with the Centers for Disease Control and Prevention (CDC, 2020) reporting that overdose deaths in 2020 were the highest ever recorded in a 12-month period.

The increase in substance use, misuse, and overdose is one of the hidden subcontexts of the mortality rates, economic shutdowns, and social isolation of the COVID-19 pandemic. Within this context, training effective practitioners to serve the individuals, families, and communities experiencing substance-use disorders (SUD) is more important than ever. Our current study sought to understand the experiences of graduate students training to be SUD practitioners during the COVID-19 pandemic.

Study Rationale

Given the impacts of COVID-19—both the academic effects and the increase in mortality associated with SUD—understanding the influences on graduate students completing their practica while training to be SUD practitioners is an important endeavor. Awareness of students' perceptions related to their confidence regarding their preparation to be SUD practitioners, and whether COVID-19 negatively affected that preparation, is important for educators, as it informs future academic enterprises. Given the limited literature on the impact of COVID-19 on experiential learning, this study sought to understand how mental health trainees adjusted to the onset of COVID-19.

Method

Training Program

Participants (*N* = 14) were recruited from the Opioid Workforce Expansion Program, a training program at the University of Kentucky funded by a Health Resources and Services Administration (HRSA) grant. The program is designed to increase the number of social work and counseling psychology practitioners trained in substance-misuse screening, intervention, and treatment services. Trainees participate in the program for one academic year. During this time, they conduct their practicum at a community placement where the focus is on SUD treatment, and students are required to enroll in a course on SUD. Students are also trained in providing telemental health (TMH) services, which help offset many of the barriers that individuals face when seeking substance-use treatment. Training on TMH comprises four modules: (a)

Introduction to TMH; (b) Practice Considerations for Video-Based Services; (c) Laws, Ethics, and Guidelines for TMH; and (d) Multicultural Considerations for TMH and Appalachia. Thus, students had been trained in TMH prior to the onset of COVID-19 and subsequent social-distancing mandates.

Participants

Fourteen of the 16 trainees consented to participate in the focus group. The majority of participants were graduate students in the Master of Social Work (MSW) program (n = 11), with the remaining in the Counseling Psychology master's program (MS; n = 1) and the Counseling Psychology doctoral program (PhD; n = 2). Of the fourteen participants, 57.14% (n = 8) identified as female and 42.86% (n = 6) as male, and the average age of participants was 29 (SD = 5.92). Most participants identified as Caucasian/White (85.71%; n = 12) and the remaining participants identified as African American/Black (14.29%; n = 2). Further, regarding their family's social class growing up, five participants described their social class as "Upper Middle Class," four participants as "Lower Middle Class," three as "Working Class," and two as "Working Poor."

Procedure

At the end of their training, students were invited to participate in an IRB-approved voluntary focus group. Participants were informed of the recorded feature of the focus group and had the option to not participate. Participants self-selected into one of two focus groups based on their availability and with the goal of maintaining small focus groups. Both focus groups were conducted in April 2020, and had seven participants in each group. Each focus group session was scheduled to be one hour long; however, the first focus group lasted 75 minutes and the second lasted 60 minutes. The focus groups were conducted via Zoom, which allowed for the physical safety of all participants during the COVID-19 outbreak. Following verbal consent, both sessions were recorded on Zoom and subsequently transcribed verbatim using services from Rev. com. Pseudonyms replaced participants' names during the analysis process to ensure confidentiality.

Analysis

To analyze the data, this study used inductive thematic analysis, from a constructivist paradigm, in a six-step process outlined by Terry et al. (2017). The overall aim of the focus groups was to elicit the students' experiences in substance-use treatment training, assess how COVID-19 impacted them, and explore ways to improve future training initiatives. Inductive thematic analysis allows focus group data to inform the analysis, rather than to impose a priori theory. Thus, for the purposes of this paper, the

salient category of students' adjustment to COVID-19 emerged through the following steps: a) becoming familiar with the data, b) generating codes, c) developing themes, d) reviewing potential themes, e) defining/naming themes, and f) writing the report (Terry et al., 2017).

Answers to the questions about students' experiences of their training in the era of COVID-19 provided the primary data for this paper. The data were compiled and analyzed by the first author, as follows:

1. In step one, she read the transcripts twice, recording memos on salient impressions.
2. In step two, she coded the entire data corpus in units of two to four sentences to capture how students represented their adjustment and experiences.
3. In step three, she reviewed all codes to determine any that coalesced around themes and categories. These themes and categories were shared with the two coauthors to allow them to provide feedback on the potential direction for this article, and any additional coding. The category selected for this article related to student adjustment profiles.
4. In step four, the potential themes within this category initially included "surviving," "striving," and "not thriving." The first author recorded memos about these themes and selected relevant quotes to represent each.
5. In step five, the definition process resulted in collapsing the "surviving" and "striving" themes into one, and maintaining the "not thriving" theme as separate.
6. This article represents step six.

Results

Mental health trainees presented two primary personal and professional adjustment profiles: "Striving and Surviving" and "Not Thriving." Within both profiles, they identified myriad changes to which they had had to adapt during the onset of COVID. They noted changes in graduate coursework, practicum expectations at substance-use facilities, use of technology, client needs, approaches to social life, and self-care. Some trainees indicated they were striving and surviving in one area and not thriving in other areas; however, most students reported a primary adjustment style. Both are described below.

Striving and Surviving

This adjustment profile represented students' abilities to adapt, adjust, find a "new normal," and continue to "be productive" at the same rate at which they were working pre-COVID. Students also articulated positive reframing on the pandemic, and identified new opportunities to work, learn, and grow, although they were not without

difficulties. Different from the "Not Thriving" adjustment profile, students reporting "Striving and Surviving" were able to cope with difficulties in ways that maintained their wellbeing. Some examples of student responses appear below.

Alton indicated that on most days, he felt as if he had adjusted well:

> I feel like we're finally jumping into the groove of COVID-19, and it's almost becoming the new normal for me anyway. So, as long as I have a little bit of structure every day, I'm okay. But as soon as that structure goes, then I start to get a little anxiety in my head. But I'm doing good today.

Recognizing the value of maintaining structure in his day, Alton stated that without structure he feels more anxious and with structure he is better adjusted.

Frank also suggested that his adjustment to the "new normal" was "good. "As far as new normal, just knocking out these last few papers for class and trying to wrap everything up, but otherwise I'm doing good. Healthy." In the context of COVID-19, the value of sustaining health was an essential component of being able to strive and survive professionally.

Gwendolyn mentioned she and her graduate student peers also created a structure that facilitated their academic productivity. She stated:

> I would say I feel textbook productive. So, I had like an eight-hour stretch yesterday of really solid work just sitting on Zoom with people and working. It's like, that's great, and I'm very tired, and I'm going to do it again today, because I want this work done... I take it as a good sign that I can be productive based on everything that's been going on, so that feels good.

Gwendolyn indicated feeling fatigue, based on her workload, output, and the pandemic, as well as pride in her ability to maintain productivity with a group of peers. Thus, these *strivers* were adamant about putting routines and processes in place that would allow them to complete their academic degrees and work requirements, despite the pandemic's impact.

Other students with a "Striving and Surviving" adjustment profile reported doing "okay," rather than "good." Harriet said:

> I've been doing okay, getting all my work done and still have good grades, but it's just not the ideal place where I thrive. So, I've been trying to have goals. Like, "Okay, I'm going to run." Start running three miles. I don't know. I'm just trying to feel productive because I just feel like I sit here and I'm like, "I'm not doing enough." And I just feel like I need to be doing something all the time, because I was doing school and internship and working, and now I'm just like, "What do I do now?"

Harriet's practicum site at a substance-use treatment facility began limiting her hours when COVID-19 began, and she was unable to do telehealth sessions, despite the

training she received. Thus, although Harriet felt she was setting goals and attempting to strive toward them, she was unable to keep up with her previous standard of productivity. This introduced some feelings of inadequacy.

Similarly, Ida noted that she felt mixed feelings, placing her in the "Striving and Surviving" adjustment style. She shared:

> Socially, I'm okay though. It's kind of nice. My introvert is recharging very nicely. So, that is a nice little bit of a break, because this is my first day in the office in a long time. I'm actually at practicum right now. I could be doing worse. I could be doing a lot better. So, I'm just kind of here.

As an introvert, Ida recognized that the alone time afforded by quarantine and social distancing allowed her to "recharge" her energy. Further, although she maintained some professional responsibilities throughout COVID-19, her caseload and time in the office were reduced, so she felt less overwhelmed professionally.

Taken together, students reported the "Striving and Surviving" profile when they felt "good" or "okay," meaning they were able to adjust well or adequately, according to their standards. Their personal and professional lives were impacted by COVID-19, and yet they maintained a commitment to their mental, physical, and social wellbeing, despite some recognizable stressors. Self-care practices also facilitated their surviving and striving, which was exemplified in Todd's statement:

> As far as the self-care you were talking about, it's been different because the gym was a big part of my self-care, and I don't like to run. I've been trying to at least be somewhat active, so journaling, meditation. Not like I do that every day, but those are my ideals. Just trying to reflect on how I'm handling it so that I don't carry any kind of unhealthy coping skills in the way that I'm dealing with COVID-19 into the workplace.

Not Thriving

The "Not Thriving" adjustment profile represented students' explicitly stated struggles with health and academic performance, as well as with professional and social adjustments. Although students may have made statements that reflected both profiles, all but one student aligned more prominently with a single adjustment profile. Many of the substance-use facilities at which these students were completing practica shifted to telemental health (TMH), requiring organizational adjustment, although the students were prepared by prior TMH training.

Rob noted, "We've had to switch to all doing telehealth where I work, so definitely a lot of stress." Some participants articulated both profiles, depending on the area of their lives they examined. For example, as indicated above, Ida reported feeling socially "okay," but personally and professionally she felt "stressed and overwhelmed

in general. I'm graduating, and so that whole transition process has been a lot to handle. I'm falling a little bit behind in my regular school stuff, having a hard time focusing at home." This sense of distress and being overwhelmed was complicated by worry related to job prospects during COVID-19.

Clinton also indicated grave distress, mentioning the struggle of providing therapy for clients, but being less able to comply with the recommendations he shared with them in his life.

> I would say it's been kind of hard for me. I struggle with anxiety and depression myself, which obviously I don't tell my clients often, so the sort of existential, larger social and global questions are hard for me. For someone else facing a substance-use disorder, I can imagine that makes it even harder. So, trying to keep in mind when someone comes in panicking about COVID in my office, it's my job to kind of help get them calmed down, help get to a stable moment of stasis. And so far, that seems to work. I'm telling more people, "This is how you protect yourself. This is how you maintain your calm. These are some good coping skills." Going through those things with other people kind of reminds me to do those things as well. I find I'm a lot better at reminding clients about coping skills and strategies than I am remembering to do them myself.

Experiencing the same types of distress as clients simultaneously reminded Clinton of the importance of coping skills. It made him aware that he struggled to adhere to the type of coping strategies that might help him go from not thriving to striving and surviving. Further, some participants indicated that they were also in recovery, reflecting that as they sought to help clients with SUD, they were actively needing support as well.

Relatedly, Miranda noted "struggling to find motivation" to complete academic work, and opting into avoidance coping strategies, such as taking a nap. Students identifying with the "Not Thriving" adjustment profile emphasized that when they still had responsibilities at their practicum sites with substance-use clients, they directed their limited energy reserves there, rather than in academic productivity. When professors and university administrators applied more flexible guidelines to evaluation and grading, they found this academic respite valuable. For example, Nick shared:

> I was really impacted by the milestones of comps [comprehensive examination] and also the email about pass/fail option that I received…. I didn't quite have a measure of how much stress I'd been under about those things until afterwards. Immediately upon hitting submit for comps and then realizing that I was going to have a big shift in what my remaining coursework burden looked like because of the pass/fail option really allowed me to take a measure of that a little bit more and see just how much it's been impacting sleep and daily habits and things like that. So, I am definitely on the waning part of the motivation, at least for schoolwork.

Nick noticed the negative impact of his stress levels on his sleep patterns and other aspects of his daily routine once he was able to submit his comprehensive exam. He recognized that his motivation was diminished, and the option of being evaluated pass/fail, rather than on a traditional academic scale, provided some relief.

Students identified with the "Not Thriving" profile when their capacity to work and live at pre-COVID-19 levels felt inaccessible or overwhelming. This resulted in reduced motivation, higher stress, and coping strategies that did not facilitate their wellbeing. Having professional and academic accommodations, such as revised standards for evaluation, provided some temporary reprieve. Additionally, working with SUD clients inspired them to give their best efforts, despite the pandemic overwhelming their internal resources.

Discussion

This study introduced two predominant adjustment profiles exhibited by 14 mental health trainees, all recipients of a HRSA fellowship, who worked in substance-use treatment facilities during the onset COVID-19. Results from two focus groups conducted at the end of their training, in late April 2020, demonstrated that the impacts of the global pandemic influenced several areas of their lives. They were required to shift to remote learning for their coursework, and many practicum sites also shifted to TMH. As participants in a HRSA grant on training future substance-use providers with TMH skills, these participants were uniquely prepared to transition to TMH, but some participants indicated they were unable to continue seeing clients due to their practicum sites changing policies. Thus, these participants were forced to adjust to professional and personal changes rapidly, and they largely adjusted in two ways: "Striving and Surviving" or "Not Thriving."

Students exhibiting the "Striving and Surviving" profile discussed how increasing self-care practices, maintaining a structure or routine, and prioritizing academic productivity allowed them to maintain some semblance of normalcy during the global pandemic. Research on clinician and student burnout indicates these choices often mitigate burnout and facilitate provider wellness (Dattilio, 2015; Luther et al., 2017). For example, Luther et al. (2017) suggested that clinicians in community mental health settings who work overtime exhibited the highest burnout symptoms. These same clinicians expressed greater recognition of the need for self-care, but they also lacked confidence in being able to carry it out, when compared to those who were not overworked. This points to the need for self-care that "Striving and Surviving" students described, as well as the role structural and organizational supports play in one's ability to choose to practice self-care.

Students in the "Not Thriving" profile discussed how personal mental illness and

substance-use recovery histories exacerbated the distress of living and working in a pandemic. The absence of coping skills or avoidant coping strategies impacted their academic motivation, but students emphasized they reserved their minimal energy to continue treating their clients with SUD. This aligns with crisis and burnout literature that reflects the need for active coping and additional supports. One study found that work-related demands surrounding autonomy, as well as in-session feelings, predicted burnout in therapists (Steel et al., 2015). This same study found that emotional exhaustion was the main area of burnout for therapists (Steel et al., 2015). Further, Pakenham et al. (2012) found that 73% of their sample of trainees experienced psychological distress that met clinical criteria.

Notably, students in the "Not Thriving" profile group suggested that instructor and administrative flexibility in evaluation reduced their stress levels. This has implications for how faculty and site supervisors may continue to support mental health trainees. For example, Nelson et al. (2018) noted the gap between the emphasis on self-care that the mental health field purports and the actual practice of self-care by trainees. The article calls for faculty and supervisors to integrate the lesson of self-compassion into their teachings so that trainees can incorporate this stance into their own lives and their work with clients (Nelson et al., 2018).

Limitations

This study's limitations include using a convenience sample of mental health graduate students who participated in an HRSA training program. Although qualitative research does not aspire to be generalizable, the related concept of transferability may be minutely diminished by the uniqueness of the group. However, we propose that many mental health trainees in psychology and social work programs may have been faced with similar challenges, perhaps exacerbated by a lack of TMH training. Importantly, the motivation to provide the best services to clients experiencing SUD was highlighted. Regardless of what profile students exhibited, they may have experienced these transitions differently if they were not specifically serving in SUD treatment. Future research should examine how trainees in other mental health settings adjusted during COVID-19.

A further limitation may be that only one person conducted the majority of the data analysis. Although all coauthors reviewed the emerging themes and categories, agreed with the analysis, and provided feedback to determine the second level of coding for this article, future studies may employ a coding team to enhance inter-rater reliability.

Conclusion

COVID-19 presented unprecedented challenges for mental health trainees, especially

those working with clients experiencing SUD, given the increased rates of use and overdose during the pandemic. With academic, personal, and professional modifications required, two profiles of adjustment emerged: "Striving and Surviving" and "Not Thriving." To ensure that the SUD workforce is well equipped to treat its clients, trainees in the pipeline must adopt self-care practices that help them avoid burnout and feeling overwhelmed. However, and more importantly, SUD treatment facilities and mental health training programs need to improve structures to support trainee wellbeing in unanticipated and unpredictable crises. This support may allow more mental health professionals to strive and survive as they treat some of our nation's most vulnerable populations.

References

Ahmad. F. B., Rossen, L. M., & Sutton, P. (2020). *Provisional drug overdose death counts.* National Center for Health Statistics. https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm#citation

Centers for Disease Control and Prevention. (2020). *Overdose deaths accelerating during COVID-19.* https://www.cdc.gov/media/releases/2020/p1218-overdose-deaths-covid-19.html

Council on Social Work Education (n.d.). *Accreditation COVID-19 Response.* Retrieved September 20, 2021, from https://www.cswe.org/Accreditation/Information/Accreditation-COVID19-Response

Czeisler, M. É., Lane, R. I., Petrosky, E., Wiley, J. F., Christensen, A., Njai, R., Weaver, M. D., Robbins, R., Facer-Childs, E. R., Barger, L. K., Czeisler, C. A., Howard, M. E., & Rajaratnam, S. M. W. (2020). Mental health, substance use, and suicidal ideation during the COVID-19 pandemic—United States, June 24-30, 2020. *MMWR: Morbidity & Mortality Weekly Report, 69*(32), 1049–1057. https://doi.org/10.15585/mmwr.mm6932a1

Dattilio, F. M. (2015). The self-care of psychologists and mental health professionals: A review and practitioner guide. *Australian Psychologist, 50*(6), 393–399.

Education Technology. (2020, October 1). *Only 34% of UK pupils felt motivated to learn remotely throughout lockdown, according to study.* https://edtechnology.co.uk/covid-19/student-motivation-learn-remotely-covid19-study/

Kuhfeld, M., Soland, J., Tarasawa, B., Johnson, A., Ruzek, E., & Lewis, K. (2020, December 3). How is COVID-19 affecting student learning? Initial findings from fall 2020. https://www.brookings.edu/blog/brown-center-

chalkboard/2020/12/03/how-is-covid-19-affecting-student-learning/

Luther, L., Gearhart, T., Fukui, S., Morse, G., Rollins, A. L., & Salyers, M. P. (2017). Working overtime in community mental health: Associations with clinician burnout and perceived quality of care. *Psychiatric Rehabilitation Journal, 40*(2), 252.

Nelson, J. R., Hall, B. S., Anderson, J. L., Birtles, C., & Hemming, L. (2018). Self-compassion as self-care: A simple and effective tool for counselor educators and counseling students. *Journal of Creativity in Mental Health, 13*(1), 121–133.

Pakenham, K. I, & Stafford-Brown, J. (2012). Stress in clinical psychology trainees: Current research status and future directions. *Australian Psychologist, 47*(3), 147–155.

Papouli, E., Chatzifotiou, S., & Tsairidis, C. (2020). The use of digital technology at home during the COVID-19 outbreak: Views of social work students in Greece. *Social Work Education, 39*(8), 1107–1115. https://doi.org/10.1080/02615479.2020.1807496

Pollard, M. S., Tucker, J. S., & Green, H. D. (2020). Changes in adult alcohol use and consequences during the COVID-19 pandemic in the US. *JAMA Network Open, 3*(9):e2022942. https://doi.org/10.1001/jamanetworkopen.2020.22942

Rahman, D. (2020, March 24). A reckoning for online learning in times of crisis. *The Star*. https://www.thestar.com.my/opinion/columnists/whats-your-status/2020/03/24/a-reckoning-for-online-learning-in-times-of-crisis

Rajkumar, R. P. (2020). COVID-19 and mental health: A review of the existing literature. *Asian Journal of Psychiatry, 52*. https://doi.org/10.1016/j.ajp.2020.102066

Richards, M., & DeBonis, K. (2020). Psychiatric training during a global pandemic: How COVID-19 has affected clinical care, teaching, and trainee well-being. *Psychiatric Services, 71*(12), 1300–1302. https://doi.org/10.1176/appi.ps.202000277

Schneider, M. B., Greif, T. R., Galsky, A. P., Gomez, D., Anderson, C., Edwards, D. S., Cherry, A. S., & Mehari, K. (2021). Giving psychology trainees a voice during the COVID-19 pandemic: Trainee mental health, perceived safety, and support. *Training and Education in Professional Psychology, 15*(1), 76–85. https://doi.org/10.1037/tep0000343

Steel, C., Macdonald, J., Schröder, T., & Mellor-Clark, J. (2015). Exhausted but not cynical: Burnout in therapists working within Improving Access to Psychological Therapy Services. *Journal of Mental Health, 24*(1), 33–37.

Terry, G., Hayfield, N., Clarke, V., & Braun, V. (2017). Thematic analysis. In C. Willig & W. Rogers (Eds.), *The Sage handbook of qualitative research in psychology* (2nd ed., pp. 17–37). Sage Publications.

Wan, W., & Long, H. (2020, July 1). "Cries for help": Drug overdoses are soaring during the coronavirus pandemic. *The Washington Post*. https://www. washingtonpost.com/health/2020/07/01/coronavirus-drug-overdose

Wang, C., & Zhao, H. (2020). The impact of COVID-19 on anxiety in Chinese university students. *Frontiers in Psychology, 11*, 1168. https://doi.org/10.3389/ fpsyg.2020.01168

Wang, Q. Q., Kaelber, D. C., Xu, R., & Volkow, N. D. (2021). COVID-19 risk and outcomes in patients with substance use disorders: Analyses from electronic health records in the United States. *Molecular Psychiatry, 26*(1), 30–39. https:// doi.org/10.1038/s41380-020-00880-7

Yang, J., Landrum, M. B., Zhou, L., & Busch, A. B. (2020). Disparities in outpatient visits for mental health and/or substance use disorders during the COVID surge and partial reopening in Massachusetts. *General Hospital Psychiatry, 67*, 100–106. https://doi.org/10.1016/j.genhosppsych.2020.09.004

Yehudai, M., Bender, S., Gritsenko, V., Konstantinov, V., Reznik, A., & Isralowitz, R. (2020). COVID-19 fear, mental health, and substance misuse conditions among university social work students in Israel and Russia. *International Journal of Mental Health and Addiction*. https://doi.org/10.1007/s11469-020-00360-7