SCHOOL COUNSELORS' ASSESSMENTS OF THE IMPACT OF COVID19 RESTRICTIVE MEASURES ON THE WELL-BEING OF ADOLESCENTS IN THE AGES 15-17 YEARS

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"Art invites us to know beauty and to solicit it from even the most tragic of circumstances. Art reminds us that we belong here. And if we serve, we last."
T. Morrison

Abstract -
The prolonged home confinement of children and adolescents due to the lockdown measures to contain the COVID19 pandemic has disrupted their education, physical activities, and opportunities for socialization. In many cases, it negatively affected their social development and emotional wellbeing. At most public high schools, school counselors are on the front lines dealing with emotionally at-risk students every day. Research presented here is a part of a larger project titled "*Creativity for Resilience: Yes, to Art*", exploring the impact of COVID19 restrictive measures on the mental wellbeing of adolescents(15-17 years old) and ways to increase the psychological resilience of this age group.In this initial stage, we performed a pilot study where 80 school counselors assessed the most prevalent mental and behavioral states of their advisee adolescents and, at the same time, assessed their self-concepts on how to cope with such issues. We collected quantitative data through an online survey launched in September 2021. Findings presented here refer to school counselors' assessment of adolescents' mental and behavioral states and indicate that counselors consider generalized anxiety, anxiety regarding their academic studies, anxiety related to career development, and increased internet time as adolescents' most prominent psychological and behavioral issues at this time. We suggest the implementation of specialized psychoeducational workshops in the school through which educators and counselors will apply creative drama techniques to cultivate and sustain the psychological resilience of adolescents.

Keywords - Adolescents, Anxiety, Counseling, COVID19, Mental states, School Counselors

I. INTRODUCTION

The worldwide pandemic caused by the outbreak of the COVID19 virus is posing a drastic effect on individuals' mental and physical health. All around the world, governments have implemented strict physical and social distancing measures to prevent contamination from the COVID-19 and flatten the epidemic curve[1].The quick spread of the COVID19 virus has, in the last two years (2020,2021), upended the lives of children and adolescents worldwide. According to the United Nations Agenda 2030[2], the school closures kept 90% of all students out of school, a social reality that did reverse years of progress in education and created prevalent concern worldwide about the psychological aftermath of the Sars-Cov-2 virus on children and adolescents. The unprecedented circumstances created by the COVID19 pandemic can be considered as macro stressors, which will likely become the cause of psychological issues in turn[3]. In Cyprus and Greece, following the COVID19 directives to contain the spread of the virus, governments suspended the in-school operation of all public and private schools at all levels from March 11, 2020, until May 21, 2020. All teaching and assessment took place via distance synchronous and asynchronous learning options. Learners of both upper secondary general education and upper secondary technical and vocational education returned to school on May 11, 2020[1] only to be confronted with another cycle of school closures from November 16, 2020 until February 8,2021.

1.1. Recent research on the impact of restrictive measures on Adolescents

The exposure to intense and prolonged stressors during the developmental years puts children and adolescents at risk for anxiety and mood disorders, behavior control problems, depressive symptoms, and concentration difficulties creating potentially adverse conditions for personal and academic success. As Brooks predicted at the onset of the pandemic in Europe and the USA in early 2020[4], the outburst of infectious diseases such as Sars-Cov-2 seems to have a significant impact on the mental state and on the wellbeing of the population coming not only from the fear of contagion but also from social isolation due to the limited mobility and social contact restraining measures to contain the spread. Adolescents had to go through forcible changes in their everyday lives, including constant school closures, suspension of operations of sporting clubs and facilities, minimal or no face-to-face interactions with peers, teachers, counselors or

[1]https://www.cedefop.europa.eu/en/news/cyprus-responses-covid-19-outbreak

mentors, fear of contagion, and, more so, fear of spreading the virus to vulnerable family members. Furthermore, home confinement left them with limited or no personal space at home and sometimes with an increase in domestic violence [5],with either the adolescents themselves or other family members as victims. Reports have begun to document the pandemic's influence on secondary-level students, specifically raising alarms about increased mental health difficulties [6].

As the pandemic continues even to this day, a recent large-scale study in the USA, carried out by YouthTruth in early 2021[2]showed that more students felt affected by COVID19. Indeed, students who felt more personally impacted had fewer positive experiences of learning and wellbeing. Generally speaking, the importance of psychological issues in children and adolescents becomes imminent if we consider their long-term effects on their later life [7]. Moreover, even though most studies illustrate that people between the ages 18-30 and over 60 years are particularly affected by COVID-19, recent studies emphasize that children and adolescents are also most affected by the pandemic. Results of studies on Europe's mainland, i.e., Spain [8], Italy[9], Portugal [10],but also in Great Britain[11] and Wales [12], and other countries illustrated a significant negative correlation between lower age and symptoms of anxiety, depression and psychosomatic disorders. Gray [12] proposed that even though the entire population experienced a worsening of their psychological wellbeing between 2019 and 2020, the youngest participants, 16-34 years old, suffered the most significant decrease in wellbeing.

Possible factors leading to the deterioration of wellbeing in adolescents and young adults are, amongst others, the decrease in income (either of the person or the family) and the fear of a further deterioration of the economic status due to the rising unemployment levels. Studies have shown that nearly 50% of Gen Z believe that they or their family members have reduced their income due to the coronavirus [13], which may have caused them to experience survival fear. Another factor contributing to higher levels of anxiety is the actual number of infections. In the United States, there is a significant positive correlation between the number of infections and anxiety levels. Symptoms of anxiety, stress, and depression are more common in areas with more infected people, which may increase fear and insecurity among residents in these areas[14].

1.2. Role of School and School Counselors

In any society, schools can play an essential role in helping to cultivate healthy individuals by not only promoting their cognitive development but also by satisfying their social and emotional needs[15]. The role of schools is decisive in providing informational resources and preparing students for life's adversities. However, during the pandemic lockdown and social distancing measures, schools had few resources to address all of these areas, to the point where both schools and pupils have been placed under tremendous pressure to respond to these new challenges for academic performance and for developing social skills. Students' separation from their school counselors due to the lockdowns and the physical distancing measures and hence the lack of their support across multiple domains [16], combined with the increasing concerns about threats to adolescents' psychological wellbeing, suggest that access to school counselors is now necessary more than ever. This trend is concerning given research continually affirming the positive influence of counselors on students' development[17-18]. Earlier research on school counselors proposes contributing to their students' positive social-emotional and academic outcomes. However, their many organizational responsibilities, i.e., the overemphasis on administrative duties and unclear role expectations, are often obstacles to their work [19]. According to the American School Counselor Association [ASCA] [20], there is limited research on the various effects of the Sars-CoV-2 pandemic on school counselors and their ability or resources to support students during this time.

The variety of risk factors that may influence children's and adolescents' mental health and wellbeing during/after lockdowns and mobility limitations during COVID19 emphasizes the need to study their impact on adolescents' symptomatology. It also calls for a discussion on imminent solutions that will increase their psychological resilience by building their emotional resources for future adversities. The strengths-based counseling model focuses on supporting students in developing internal and external sources to optimize their wellbeing and gain success in academic performance and private lives [21].Policy-makers need to understand the impact of home confinement on the wellbeing of children and adolescents, something that has, so far, not been addressed in Cyprus. In this framework of adversity, we highlight the need to identify those risk and protective factors, rugged and resourced qualities, and processes that may impact children's and adolescents' mental health to enhance their post-pandemic wellbeing. In this framework, and as a part of our ongoing project "*Creativity for Resilience: Yes, to Art*," we placed, at first, our two research questions. They relate to the assessment of the psychological wellbeing of adolescents by their school counselors following the successive lockdowns, school closures, and the application of the social distancing/isolation measures of 2020-2021 in Greece and Cyprus:

[2]http://youthtruthsurvey.org/wp-content/uploads/2021/02/YouthTruth-Students-Weigh-In-Part-II-Learning-and-Well-Being-During-COVID-19.pdf

Research question 1: How do Greek and Cypriot secondary education school counselors assess the general impact of the lockdown measures on adolescents' psychosocial wellbeing?

Research question 2*:* Which are the three most prominent mental health and behavioral issues that counselors identify in their adolescent advisees?

II. METHODS AND MATERIALS

2.1 Purpose of the study

This pilot study aims to explore how school counselors assess the mental state of their advisee adolescents and how they hierarchize the most prevalent psychosocial and behavioral states of their pupils.

2.2. Procedure – Data collection

We adopted a web-based method and design to survey school counselors in Cyprus and Greece. We created an electronic questionnaire (including the PIF and the two instruments)on the survey platform Google Forms and obtained the ethics approval from the Resilience Research Unit of the Department of Psychology and Social Sciences at Frederick University Cyprus. The chairwomen of the Hellenic Society of Counseling and Guidance (ELESYP) and the Cyprus Counseling and Vocational Education Service (YSEA) of the Ministry of Education, Culture, Sports, and Youth, respectively, emailed the survey link directly to their members. The survey was deployed at the beginning of September and ended on September 30th, 2021. Our questionnaire included an opening statement to inform our participants about the scope and aims of the study, which also comprised brief instructions on the completion of the questionnaires as well as a consent form. We collected demographic information, including age, gender, educational level, specialization in counseling, country of residence (Greece/Cyprus), area of delivering services (urban/rural).

Our sample consisted of 80 Cypriot (51%) and Greek (49%) participants, with a gender distribution of 70% men and 30% women school counselors. The most represented age group (63,8%) were counselors between 35 and 54 years old, whereas 31,3% were 35-44 and 32,5% were 45-54 years old. The younger counselors (25-34 years) represented 18.8%, and the older (55-64 years) 17,5% of our sample. As for their educational level, 77,5% had a Master's degree in Counseling, 12,5% held a Ph.D., and a mere 10% had only an undergraduate degree in Counseling. As far as their professional experience was concerned, half of our participants (51%) had 11 or more years of experience as school counselors, 37,5% had five years or fewer, and 11.3% had 6-10 years of experience. The vast majority of our subjects worked in public schools in urban areas (87,5).

2.3. Measures

Our **first questionnaire**[3], which we named the "Counselor Adolescent Covid-Impact Tool" (CACIT) consists of seventeen statements, each addressing a different area of possible psychological distress. These statements were a compilation from relevant literature and the DSM-V [22]. We drew information from various authors who illustrated that government lockdowns, social isolation, home issues, death, sickness, and uncertainty related to COVID-19 could cause mental health issues such as depression, sleep deprivation, and anxiety, which in turn could adversely affect students' motivation for academic success and create behavioral issues in schools [23-24]. Other mental health issues have been heightened including trauma, suicidality, technology addiction, drug and alcohol abuse, family dysfunction, and more[25,26,27]. In this context, our statements pertained to generalized fear and anxiety, anxiety about tertiary education and career development, interest for socialization and outdoor activities, interest for school performance and achievements, addictive behaviors (alcohol, drug and internet abuse), delinquency, depressive symptoms and suicidal ideation, loneliness, and withdrawal from family and peers. We asked School Counselors to assess the degree to which they either agreed completely, agreed, disagreed, disagreed completely with the emergence of these behaviors in their teenage advisees. We noted the percentages of agreement or disagreement to distinguish the three most outstanding mental states of the adolescents according to their school counselors.

2.4. Data Analysis

For data analysis we had used statistical methods by using the Statistical Package for Social Sciences (SPSS) version 25.0. Specifically, we had described and analyzed our samples' demographic characteristics by using descriptive statistics (including the mean, standard deviation, frequencies, and percentages). The significance level (p-value) was set at $p < 0.05$. To examine our research questions, we applied the following data analysis methods: t-test to compare the means between participants' demographic characteristics (gender, area of practice urban/rural, country of practice) and ANOVA to compare for statistically significant differences in the seventeen statements as to the counselors' age, educational level, and work experience. Moreover, we performed a Kaiser-Meyer-Olkin (KMO) and Bartlett's Test to establish whether our sampling data was sufficient for factor analysis. In our case, the KMO test yielded a value = 0.804 ($p<0,05$) and we, therefore, proceeded with a

[3] Data presented in this study is based on data collected from the analysis of the CACIT questionnaire which answers our two research questions as shown above. Findings relating to the second questionnaire will be presented in another study.

factor analysis which distinguished four factors explaining 67,8% of the total variance.

III. RESULTS

3.1. Descriptive statistics of resulting four factors

As indicated above, factor analysis of the 17 statements using the Rotated Component Matrix (Varimax with Kaiser Normalization) yielded four different factors (Table 1). After their content analysis there were posed as: F1: anxiety, F2: social withdrawal, F3: school achievement / addictive behaviors and F4: depression / delinquent behaviors. The loadings of the statements on the factors are presented at Table 1, followed by the descriptive statistics of the four factors at Table 2.

Items	Component			
	Factor 1	**Factor 2**	**Factor 3**	**Factor 4**
1. Generalized Anxiety	.650			
2.Anxiety for academic studies	.936			
3.Anxiety for career development	.896			
4. Withdrawal and Loneliness		.607		
5.Sleep Disorders		.651		
6.Decreased interest socialization		.760		
7.Decreased interest outdoor activities		.757		
8.Decreased Concentration			.608	
9.Increased Time Spent Online			.521	
10.Addictive Behaviors			.529	
13.Indifference School Achievement			.777	
14.Decreased Emotional Wellbeing			.612	
11.Excessive Use Alcohol/Drugs				.677
12.Delinquent Behaviors				.639
15.Depressive Symptoms				.709
16.Suicidal Ideation				.834
17.Generalized Fear				.620

Extraction Method: Principal Component Analysis
Rotation Method: Varimax with Kaiser Normalization
a. Rotation converged in 13 iterations.

Table 1: Rotated Component Matrix[a]

Factors	N	Minimum	Maximum	Mean	Std. Deviation
F1 Anxiety Factor	80	1.00	4.80	2.87	.81907
F2 Social Withdrawal Factor	80	1.00	5.00	3.29	.87520
F3 School Achievement/Addictive Behaviors	80	1.50	5.00	3.59	.78504
F4 Depression / Delinquent Behaviors Factor	80	1.00	5.00	3.90	.85914

Table 2: Descriptive Statistics of the Four Factors

Factor 1: Anxiety factor comprised of statements 1,2 and 3, namely "Generalized Anxiety," "Anxiety for tertiary education studies" and "Anxiety for career development" respectively (M=2.87, df=0.819). *Factor 2: Social Withdrawal and Loneliness factor* included four statements (from 4-7 in the questionnaire), i.e., "Loneliness and withdrawal from family and peers," "Sleep disorders", "Reduced interest for socialization" and "Reduced interest for outdoor activities" respectively (M=3.29, df=0.875). *Factor 3: School Achievement and Addictive Behaviors* included statements 8,9, 10, "Reduced capacity for concentration," "Increased online activity," "Addictive behaviors" and statements 13, 14 as "Indifference for school achievement" and "Reduced sense of wellbeing" respectively (M=3.59, df=0.785). *Factor 4: Depression and Delinquent Behaviors Factor* comprised of statements 11 and 12 worded as "Consumption of alcohol and drugs" and "Delinquent behaviors" and statements 15, 16, and 17, namely "Depressive symptoms," "Suicidal ideation" and "Generalized fear" (M=3.90, df=0.859).

The comparison of the sample's demographics and their assessment on the statements of the four factors (t-test, $p<0.05$) indicated no statistically significant differences between the counselors' gender, neither between counselors in urban or rural areas, nor between Greek and Cypriot counselors. Furthermore, two-way ANOVA analysis, to compare the means between participants' age, level of education and work experience showed no statistically significant differences in their assessment of their teenage advisees.

3.2. Counselor's general assessment of adolescents' mental and behavioral state

The exploration of our first research question which addressed the school counselor's assessment of the general impact of the lockdown measures on adolescents' mental and behavioral wellbeing revealed the following:

Factor 1 *Anxiety Factor*: 82,7% of the participating counselors seem to either agree completely or agree that their adolescent advisees have generalized anxiety (item 1), 83% seem to believe that their pupils have increased anxiety (item 2) abouttheircollege studies, and 79% feel that their advisees experience increased anxiety for their career development (item 3).

Factor 2 *Social Withdrawal / Loneliness factor*: 53% of the participating counselors agree or agree completely that their students show an elevated tendency to withdraw from their family and peers (item 4), 36% feel that their pupils suffer from sleep disorders (item 5), 40% consider that adolescents have a decreased sociability (item 6) and 43% of the counselors observe a decreased interest of the teenagers in outdoor activities (item 7).

Factor 3 *School Achievement/Addictive Behaviors*: This factor shows elevated percentages as compared to Factor 2 but lower than Factor 1 as follows: More than half of the counselors (56%) have observed that their advisees have concentration issues with decreased concentration (item 8), 74% posed that their students spend an increased amount of time online (item 9), 57% estimated that pupils have increased addictive behaviors (item 10), 48% believe that adolescents display indifference regarding school achievements (item 13) and 53%decreased emotional wellbeing (item 14).

Factor 4 *Depression / Delinquent Behaviors Factor:* A relatively low percentage of counselors (19%) seem to believe that teenagers make excessive use of alcohol and substances (item 11), and an even smaller percentage (11%) that students suffer from suicide thoughts (item 16). However, 40% of the counselors see depressive symptoms and generalized fear in their advisees (items 15 and 17 respectively) and 21%saw teenagers as more inclined toward delinquent behaviors.

3.3. Three most prominent psychosocial issues for adolescents according to their counselors

Regarding our second research question, namely, which are the three most prominent mental and behavioral issues that school counselors detect in their adolescent advisees following extensive school closures and other social and physical restrictive measures, Table 3 illustrates all 17 items according to the frequency of counselor's answers (agree and totally agree) from ascending to descending thus showing clearly which statements received most frequently the answers "totally agree" or "agree".

Factors	Item number & description		Percentages Agree/Completely Agree %	Mean of factor
F1 Anxiety Factor	1.	**Generalized Anxiety**	**82,7**	**2.87**
	2.	**Anxiety for academic studies**	**83,0**	
	3.	**Anxiety for career development**	**79,0**	
F3School Achievement/ Addictive Tendencies Factor	9.	**Increased time spent online**	**74,0**	3.59
	10.	Addictive behaviors	57,0	
	8.	Decrease in concentration	56,0	
	14.	Decrease in emotional wellbeing	53,0	
	13.	Indifference for school achievement	48,0	
F2 Social Withdrawal/ Loneliness Factor	4.	Withdrawal and Loneliness	53,0	3.29
	7.	Decrease of interest for outdoor activities	43,0	
	6.	Decrease of interest for socialization	40,0	
	5.	Sleep disorders	36,0	
F4 Depression & Delinquency Factor	15.	Depressive Symptoms	40,0	3.90
	17.	Generalized Fear	40,0	
	12.	Delinquent Behaviors	21,0	
	11.	Excessive Use of Alcohol and Drugs	19,0	
	16.	Suicidal Ideation	11,0	

Table 3: Responses of Counselors to the 17 Items of the CACIT

As illustrated through Table 3 all three items of Factor 1, namely the Anxiety Factor, had the highest frequencies in the counselors' replies (M=2.87). Counselors posed that the three most prevalent mental and behavioral issues that their teenage advisees are facing after a long period of school closures are Generalized Anxiety, Anxiety for their Academic Studies as well as Anxiety for their Career Development. Let us note that with very little difference to the third issue (79%), we have a fourth one, namely Increased Time Spent Online (74%).

IV. DISCUSSION

Our study aimed to investigate how school counselors assess their adolescent pupils' mental and behavioral states following extended school closures due to lockdowns and other government-imposed measures to contain the spread of the Sars-CoV-2 virus during 2020 and 2021 in Cyprus and Greece. We carried out this research during September 2021, after reopening secondary schools for the Fall term 2021-22. Our findings answer the two research questions which were posed. Owing to adverse social experiences in adolescence due to social isolation, there are rising concerns of increased stress and anxiety, internet/technology or other addictions, a decrease of interest and motivation toward tertiary education and career development, a decrease of concentration and school performance as schools try to return to their 'normal' state.

In answering our first research question, we asked school counselors to express their degree of agreement or disagreement with 17 items on the CACIT questionnaire we created for this research. We answered our second research question directly based on the frequencies we found when analyzing the data in the first question, and thus we ranked the three most prominent mental health problems of teenage students based on school counselors' responses. Factor analysis revealed four factors in the adversity young students face due to school closures and movement restrictions imposed to prevent the spread of the Sars-CoV-2 virus: F1 Anxiety Factor, F2 Social Withdrawal and Loneliness, F3 School Achievement/ Addictive Tendencies, F4 Depression, and Delinquency. The highest frequencies in the counselors' responses were found in F1, followed by F3, F2, and F4. We will discuss the findings on the four most prominent issues counselors identified in this research: generalized anxiety, anxiety about future university studies and career development, and increased internet time.

The first factor, namely the Anxiety Factor, was the most prominent in the school counselors' assessment of their pupils' mental and behavioral states. This factor encompasses generalized anxiety, anxiety about future university studies, and anxiety over career development. Indeed, our findings coincide with those of YouthTruth (2021) [28], a nonprofit organization in the USA, whose survey, published in January 2021, showed that adolescent pupils identified anxiety, stress, and depression as their primary obstacles to learning. The finding is also supported by the U.S. Department of Health and Human Services, which determined that 20% of children and adolescents will face a psychological health issue during their school years, involving stress, anxiety, depression, learning difficulties, family problems, and alcohol and substance abuse [29].As the COVID19 crisis continues, these issues seem to become even more prominent; more teenage students state that they have experienced the direct impacts of COVID19 and, therefore, have fewer positive experiences in learning and personal wellbeing[28]. Recent research on anxiety and stress indicates more significant psychological effects of lockdowns for young adults and the elderly [30-31]. According to Yildiz [32], risk factors linked to lockdowns can be the potential cause of depression and negative mindsets, sometimes leading to collapse and anxiety.The Australian Psychological Society[4][33]reported that physical distancing measures taken to contain the Sars-Cov-2 virus might be the root cause of uncertainty and loneliness. Researchers illustrated that loosing personal physical contact and the deprivation of day-to-day social activities might result in severe social-psychological effects, such as extreme stress [34]. Although applying physical/social distancing or complete lockdown measures has the purpose of protecting people from contagion and infection, such actions were found in most cases to cause various psychological issues, with depression, anxiety, and loneliness as the most prominent[35] while the different methods of social distancing norms led to the symptoms of anxiety and depression in the age groups 11-15 years [36].

As mentioned above, Factor 1 encompasses, apart from generalized anxiety, the anxiety about future academic studies and career development which are, according to our participating counselors, the second and third most prominent psychosocial impacts of the pandemic on the adolescents. In this context, it becomes relevant that at the time this research took place, the unemployment rates for young persons aged 15-24 years old was 14,5% in Cyprus[5][37], showing a similar trend with the United States, where unemployment at 14.7% is highest since The Great Depression. According to Eurostat, Greece recorded the highest unemployment rate among young people in the EU at 39.1% in November 2021[6][38]. Predictions of The

[4]https://psychology.org.au/for-members/publications/inpsych/2021/november-issue-4/upsides-to-lockdowns [accessed on 14/01/2022].
[5]https://www.pio.gov.cy/en/press-releases-article.html?id=24427#flat [accessed on 28/12/2021].
[6]https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Labour_market_statistics_at_regional_level [accessed on 28/12/2021].

International Labor Organization [39]suggest that due to the COVID19 crisis, around 2,000,000 jobs worldwide will disappear, particularly in services, tourism, travel, and retail. Significant increases are also projected in underemployment and reduced salaries, which will increase the number of the 'working poor' to 8.8 million. The statistics show that COVID19 will have significant consequences on people's careers and, consequently, is a major 'career shock' for many people. A report by the Organization of Economic Cooperation and Development (OECD)proposed that young adults, compared to previous generations, are already gaining less income, while they are 2.5 times more likely to remain unemployed than people aged 25-64[40-41]. Following the decline in business and economic activity and the accessibility to employment opportunities, the difficulties from the suspension of regular school operations may place the young generation on a turbulent education, career, and employment journey. Such evolving post-pandemic realities increase adolescents' insecurity about their future employment and their choices and plans for post-secondary education. Rath and Beland [42]observed a decrease in college enrollments, especially among low-income students. Changes in the university admissions process, including standardized examination policies, have created additional pressure (Ibid.) and exacerbated existing inequalities in first-generation, low-income, and minority student admissions to universities. Immediate college enrollment was down 6.8% in fall 2020, with the rate of enrollment declining steeper at high poverty schools (11.4%) and schools with high proportions of students from racially minoritized backgrounds (9.4%)[43]. The 15- to 17-year-old age group preparing to take the necessary college entrance exams is constantly under stress and anxiety. The online learning format had limitations for meeting teachers for proper understanding and preparation. Research reports that graduating adolescents may have had a sense of helplessness worrying about the possible postponement of examinations. The lack of interest or motivation of adolescents in academic studies and career development may also be reflected in the drastic decline reported by counselors in the time spent on career counseling, with nearly half of counselors (48%) noting that they spent less time on this in the months after the onset of COVID19 [19].Having experienced first-hand distance learning due to school closures may have also modified adolescents' aspirations to pursue, what especially seniors, could predict for the immediate successive terms, as an "online" college education. It is no surprise that adolescents may be having second thoughts about their college education and career choices at this point. Moreover, the significant increases in unemployment and underemployment show that the conditions created by Sars-CoV-2 on people's career and work conditions may result in what Akkermans[44]characterized as a "career shock," defined as an extraordinary event, due to factors outside the individual's control setting off deliberate thought processes about one's career.

Our second research question addresses only the three most prominent issues that counselors believe adolescents face after the school closures. However, we have included the fourth most prominent mental health and behavioral issue in this discussion as it was, percentage-wise, only 5% lower than the third one and pertained to the increase of time adolescents spend online. Adolescents are at that developmental stage where they are very invested in social connections with their peers to separate from their parents and create their own identity. Consequently, the COVID19 social distancing requirements have a different emotional impact on them than adults. During this unprecedented crisis, the need for teenagers to connect with their friends may have created an increased dependence on their mobile devices, which may have been reflected in the increase of online and screen time. What is more, research findings show that if children and adolescents do not follow their regular, daily school program, then their levels of physical activity become lower, whereas the time they spend in front of screens increases [45]. A large study with over 5000 participating teenagers, illustrated [46] that the mean daily screen time was significantly higher (almost double) than pre-pandemic estimates (7.70 h/d as opposed to 3.8 h/d). Even though the quarantine restrictions will gradually be reversed, screen usage amongst adolescents may remain elevated [47]. Mindful (and regulated) use of digital devices is linked with wellbeing. Research findings show that excessive screen time relates to various adverse mental health outcomes, leading to a higher risk of depressive or anxiety symptoms[48-49]. When online screen time is uninhibited, unrestrained, or obsessive, it is more likely to result in harmful outcomes [50]. On the other hand, in the case of adolescents, the increase of screen time serving social connectivity through peer group interactions may have been one of the few things that contributed to their mental equilibrium during the strict lockdowns and social distancing. The impact of digital screen time on the general and psychological wellbeing was in the center of [51-52] whereas findings show ramifications ranging from insignificant to moderate, while authors claim that whether the effects of screen time will be positive or negative depends on the kind of activity the user engages in.

4. 1. Limitations

Our study has certain limitations. First, being a pilot study, it has a small sample of school counselors from Cyprus and Greece. Two possible problems with small samples are the difficulty to determine if the findings are factual, and the failure to

reject a false 0 hypothesis (Type II error). The size of a sample influences the power of the study to generalize its conclusions. In our case, the study, even though it is pioneering research into how school counselors assess their advisees' mental and behavioral wellbeing after the long school closures to retain the spread of the SARS-CoV-2 virus it carries the disadvantage of a small sample. A second limitation concerns the timing of the study, which took place in September 2021, right after public high schools reopened following a long period of school closures and distance learning. It is possible that the participating school counselors did not have enough time to observe their advisees' mental and behavioral states closely, as adolescents had just been in school for less than a month when counselors were called to participate in this study. However, our findings are quite consistent with other similar research findings. Perhaps the biggest limitation to this study was the low response rate of school counselors. Even though all the counselors received an invitation to answer the survey through the official 'channel,' namely their professional organizations, very few responded to it. Perhaps this depicts the counselors work overload and multi-tasking, the role confusion and their burnout.

In this context, the study's findings can be considered for groups with similar age characteristics found in Cyprus and Greece, as well as in other countries which applied social and physical distancing measures and long school closures to mitigate the spread of COVID19.

4.2. Recommendations and future research

Developing counseling interventions focused on cultivating resilience by promoting positive emotions, thoughts, and attitudes in adolescents during these unprecedented times of home confinement and other restrictions are necessary to help them face their psychological challenges. Taking into consideration that many teenagers have experienced a significant amount of disruption to their everyday lives (trauma, illness, loss of routine, minimal social contact, economic losses of the family), it is vital to think in terms of developing social-emotional programs that will cultivate and sustain their rugged and resourced qualities. In the larger framework of our ongoing research, "*Creativity for Resilience: Yes, to Art,*" we propose psychoeducational school activities geared towards developing healthy coping mechanisms in adolescents.

The concept of psychological resilience is contingent upon a person's adaptation to environmental changes by embracing novel problem-solving strategies, generating original ideas, and implementing new solutions. Drawing from an interdisciplinary approach, we propose a psychoeducational program where counselors, psychologists, social workers, drama, and visual art teachers will lead the creative drama, role-playing, and brainstorming activities in adolescent focus groups to explore positive and negative feelings experienced during school closures. Experiencing positive emotions and affect is fundamental to cultivating resilience [53] and raising the level of life satisfaction [54], which leads to physical and emotional wellbeing [55-56].

In our case, utilizing the four main areas of concern identified by the school counselors as the most problematic psychosocial domains of their advisees (Generalized Anxiety, Anxiety for School Studies, Anxiety for Career Development and Increased Online Time) we will develop the aforementioned psychoeducational activities in a two part workshop: Part I: Training the school counselors and educators (drama and art teachers) on the principles of psychological resilience and Part II: Based on this knowledge, counselors and educators together with a team of experts will develop the content of their own workshops with the specific psychoeducational activities. In the implementation stage educators and school counselors will implement pilot workshops with small groups of adolescents in three public high schools. The measurement of the participating adolescents' resilience before and after their experience with the workshops will determine the effectiveness of our intervention in enhancing the experience of positive emotions, creativity-related outcomes and associated wellbeing [57].

V. CONCLUSION

While the far-reaching impacts of the COVID-19 pandemic affect almost every aspect of life, one area that was hit particularly hard is education. Briefly, researchers and educators [58] believe that missing school for almost two years will significantly impact student achievement. According to the (USA) National Association of School Psychologists[29], children's and adolescents' success in school and life, in general, is contingent upon the quality of their mental health. In this context, students supported in their social, emotional, mental, and behavioral health seem to achieve better academic outcomes. One prominent theme that has emerged during the long school closures and the switch to distance learning is students' separation from school counselors, who provide essential supports across multiple domains [16]. As part of a large-scale project, this pilot study asked school counselors of adolescents 15-18 years old to assess their advisees' mental and behavioral states following their return to school with physical presence after a long period of distance learning. Through their responses, we created four factors, whereas the most prominent

psychological issues were located in Factor 1, namely the Anxiety factor. The school counselors' answers indicated that Generalized Anxiety, Anxiety for Academic Studies, and Anxiety for Career Development are the three most problematic areas in adolescents' mental wellbeing. Even though our second research question addressed adolescents' three most prominent mental and behavioral health issues, we decided to include a fourth variable, namely Increased Time Spent Online, as the participating counselors rated it only 5% lower than the third issue.

Given the new social and educational realities that are forming not only while the pandemic is still surging but also in the post-COVID19-era, which is predictably enough approaching in 2022-23, it seems that school/career counselors might need to integrate career and mental health counseling in their work with children and adolescents impacted by the pandemic. This unprecedented situation will take coordinated team efforts to assist adolescent pupils not only to return to their previous levels of academic achievements but also to process the traumatic events presiding during the two years of the pandemic (March 2020-today)[59]. This trend is concerning given research continually affirming the positive influence of counselors on students' development [17-18] especially minoritized students[60-62]. The American School Counselor Association in its guidance for school counselors suggests the following six domains for students' holistic wellbeing: Social-emotional learning, whole self-care (physical, mental and emotional), self-confidence, coping and safety skills, adaptability and social skills [20]. However, there is evidence that high caseloads, poorly defined roles, and inadequate professional learning opportunities undermine counselors' efforts[19, 63]. Consequently, the collaboration between school counselors, teachers, and administrators is necessary to gain a better understanding of the psychosocial and behavioral impacts of COVID19 on adolescents to not only provide better support services but also to create relevant psychoeducational activities towards building their psychological resilience. Culturally responsive school mental health supports are conductive to establishing a school environment in which adolescents will feel empowered and safe enough to thrive academically and to dream of and plan their future. Such school cultures should encompass social–emotional learning, mental and behavioral health, resilience building, and positive connections between students, educators and counselors.

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On behalf of all authors, the corresponding author states that there is no conflict of interest.

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