Strategies to Advance Equity Through Culturally Responsive School Mental Health

The 2018 Annual Conference on Advancing School Mental Health

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Rylan Thai Hagan, Age 11
From: Suicide Trends Among Elementary School-Aged Children in the United States From 1993 to 2012
What preventive measures can be taken when there are no “typical” warning signs?

How else might mental health symptoms manifest?
Developmental Perspective

Child and adolescent depression differ from adult depression

- Somatic symptoms
- Persistent boredom
- Increased irritability, anger, or hostility
- Extreme sensitivity to rejection or failure
- Talk of or efforts to run away from home

(Bean, Alliance for the Safe, Therapeutic, & Appropriate Use of Residential Treatment)
Toxic Masculinity: We rear boys differently

- **“Toxic” Messages**
- **Man up**
- **Fight it off**
- **Be tough**

- Boys “externalize” behaviors
- Antisocial behaviors and attitudes mask depression
- Misinterpret symptoms as conduct problem

Lindsey, Brown, & Cunningham, 2017
Depression Looks Different

- Depression: Black adolescents express relational and somatic complaints
- Trauma:
  - Irritability
  - “Ps and Qs”
  - Isolation

Lue, Lindsey, Irsheid, & Nebbitt, 2017
Mental health disorders among youth, generally:

Internalizing problems

32% Diagnosed with Anxiety Disorders
14% Diagnosed with Mood Disorders

Lifetime prevalence among U.S. youth

(Merikangas et al., 2010)
Internalizing problems and academic outcomes

Internalizing problems are associated with:

› School absences (Suldo et al., 2011)
› Difficulty concentrating in class and on homework (Humensky et al., 2010)
› High scholastic anxiety, yet low academic achievement (Fosterline & Binser, 2002)
› Low school connectedness
› Low school connectedness is associated with decreased likelihood of completing school (Bond et al., 2007)
Mental health disorders among youth, generally:

Externalizing problems

19% Diagnosed with Behavior Disorders

7% Diagnosed with ADHD

Lifetime prevalence among U.S. youth

(Merikangas et al., 2010; Thomas et al., 2015)
Externalizing problems and academic outcomes

Externalizing problems are associated with:

› Poor grades (Breslau et al., 2009; Nelson et al., 2004; Suldo et al., 2014)
› Absences (Suldo et al., 2014; Valdez et al., 2011)
› Early termination from school (Breslau et al., 2008)
› Increased discipline (Suldo et al., 2014)
Why does it matter?
Mental health and academic outcomes

3x
The absentee and tardy rates than students without mental health disorders

83%
Score below the mean in reading, writing, and math

10%
Of high school terminations attributable to mental health disorders
Who are marginalized youth?

Youth who are members of any (or any combination of) stigmatized or excluded demographic group, e.g.,

› Female students
› Indigenous students
› Racial/ethnic minority students
› Students who are refugees
› Students with disabilities
› LGBTQ students
› Students impacted by poverty
“Leaders need to recognize that the academic child is not easily separated from the social, emotional, and economic turmoil that often undermines his/her real opportunities to learn”

(Larson, 2010; p. 327)
What is the school environment like for marginalized youth? **Disproportionately disciplined**

This chart shows whether each group of students was underrepresented or overrepresented among students suspended out of school. For example, boys were overrepresented by about 18 percentage points because they made up about 51% of all students, but nearly 70% of the students suspended out of school.

### Percentage of all students

- **White**: 50.3%
  - Underrepresented: 17.8%
  - Overrepresented: 23.2%
- **Black**: 15.5%
  - Underrepresented: 18.3%
  - Overrepresented: 18.3%
- **Boys**: 51.4%
  - Underrepresented: 18.3%
  - Overrepresented: 18.3%
- **Girls**: 48.6%
  - Underrepresented: 13.2%
  - Overrepresented: 13.2%
- **With disabilities**: 11.7%
  - Underrepresented: 13.2%
  - Overrepresented: 13.2%
- **Without disabilities**: 88.3%
  - Underrepresented: 13.2%
  - Overrepresented: 13.2%

Source: GAO analysis of Department of Education, Civil Rights Data Collection. | GAO-18-258
Special-ed student Joseph Anderson, 7, handcuffed by cops at Queens school after Easter egg tantrum

By MEREDITH KOLODNER | DAILY NEWS STAFF WRITER | APR 21, 2011 | 4:00 AM

Special-education student Joseph Anderson, 7, has been 'really traumatized' since he was put in handcuffs at his Maspeth, Queens, school, says his mother, Jessica Anderson. (Craig Warga/Daily News)
What is the school environment like for marginalized youth? Safety Concerns
What is the school environment like for marginalized youth? Poor School Resources
Educational outcomes for marginalized youth

**Students of Color**

*2016 Graduation Rates (National Center for Education Statistics, 2016)*

Black students: 76.4%; Hispanic students: 79.3%; American Indian/Alaskan Native: 71.9%

› Vs. White students: 88.3%  › Vs. National average: 84.1%

**Poverty-Impacted Students**

› Only 77.6% of students categorized as “economically disadvantaged” graduate from high school *(National Center for Education Statistics, 2016)*

› Family income volatility is associated with worse school attendance *(Gennetian et al., 2018)*

**LGBTQ students**

In-school victimization predicts decreased self-esteem, lower GPA, and more missed days *(Kosciw et al., 2013)*
School mental health in context: Poverty-impacted students

Income instability predicts student expulsions and suspensions (Gennetian et al., 2015)

Spikes in end of the month disciplinary infractions exacerbated among students in SNAP recipient families (Gennetian et al., 2016)
School mental health in context: Poverty-impacted students

School mental health strategies:

- Educate teachers on the potential sources of these problem
- Food pantry
- Washers & dryers at school
  - Associated with increased attendance and decreased bullying
School mental health in context: LGBTQ students

- Up to 40% of all homeless youth are LGBTQ-identified (Quintana et al., 2010)
- LGBTQ youth may experience family rejection leading to psychological distress and often homelessness

The majority of these youth who drop out do not seek help from school staff or attend schools with GSAs (Bidell, 2013; Choi et al., 2015)
SAFE SCHOOLS SAVED ME!
Emotional Social Support Related to Gender Identity

Service Denial

Treatment Receipt

Substance Use to Cope

Attempted Suicide

School mental health in context: Students of Color

Parents of Students of Color disproportionately report living in neighborhoods that they consider unsafe

Source: Child Trends' original analyses of data from the National Survey of Children’s Health.
*Children in unsafe neighborhoods refers to children whose parents responded "never" or "sometimes safe" when asked "How often do you feel the child is safe in your community or neighborhood?"
School mental health in context: Students of Color

Neighborhood contexts may impact mental health and educational outcomes

› Leaving apartment might be viewed as unsafe, possibly lowering attendance and subsequently, academic achievement
› PTSD symptoms: hyperarousal, emotional lability
› Neighborhood environment → Future Orientation
School mental health in context: Students of Color

Psychological Distress → Future Orientation
-0.126***

Neighborhood Disadvantage → Psychological Distress
0.481***

Neighborhood Disadvantage → Future Orientation
-0.394***

Future Orientation → School Outcomes
-0.193***

School Outcomes → Psychological Distress
0.269***

Note: Path coefficients are standardized; Higher Neighborhood Quality score indicates worse and more disadvantaged neighborhood characteristics. All paths adjusted for age, race, and gender. Model fit the data well.

Source: School Success Profile

@DrMikeLindsey @NYUMcSilver
School mental health in context: Students of Color

School mental health strategies:

• Target future orientation as a malleable mechanism
  • Capitalize on the strength of future orientation and re-affirm socially disadvantaged youths’ ability to achieve aspirations despite insurmountable odds
  • Create a climate for future orientation within the school classroom
  • Include focus of personal agency and hope in education, prevention, and intervention programs to protect youth against adverse experiences
How can school-based mental health clinicians promote equity by addressing the broader needs of students and mental health to enhance opportunities for learning?
Barriers to engaging marginalized youth in mental health treatment

Poverty-impacted students

• Cost of care
• Low family income $\rightarrow$ family relationships $\rightarrow$ completion of therapeutic homework and goals (Lindsey et al., under review)
Family SES \( \rightarrow \) Baseline Family Relationship Quality \( \rightarrow \) Out-of-Session Early Engagement (Sess. 1-8)

-0.148** \( \rightarrow \) 0.533***
Barriers to engaging marginalized youth in mental health treatment

**LGBTQ students**

• Confidentiality  (Williams & Chapman, 2011)

• Hesitations around open communication related to identity  (Romanelli & Hudson, 2017)

**Students of Color**

• Stigma concerns related to services and mental health

• Distrust mental health professionals  (Lindsey et al., 2010; 2012)
Outcomes associated with School Mental Health

› Majority of adolescents with mental health needs do not receive treatment (Merikangas et al., 2011)
› SBMHC promote educational and health equity through increased access to care
› Presence or use of SMH programming associated with:
   ▪ increased GPAs
   ▪ decreased suspensions
   ▪ decreased emergency department use and hospital admissions
   ▪ decreased substance and alcohol use (Knopf et al., 2016; Walker et al., 2010)
Interventions:
Research, Policy, and Practice
On Ramp Concept

▪ “On Ramp”: Evidence-based ≠ accessible
▪ Critical perspectives re the on ramp perspective:
  1. Is the intervention understandable and acceptable?
  2. Issues of access determined by culture, e.g. stigma, perceived relevance

▪ Cultural adaptation?
Issue 2  Confounding Matter of Context

- Communities of color often confounded by poverty
- Few clinics to go to, or quality not as good
- Population groups often overwhelmed
  1. Little time to learn/internalize new approaches
  2. Limited support for their use among social network

- Hybrid research = Effectiveness + Implementation
Simultaneous RCTs and/or Scale-Up Interventions?

- RCTs: Problem of dissemination (takes several years)
- Scaling up to evaluate promising practices

- E.g., Family First Prevention Services Act (2018)
Policy
## Policy-level interventions

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<th>Problem</th>
<th>Policy intervention</th>
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<td>Variability in the quality of care</td>
<td>Adoption/implementation of EBPs with a track record of feasibility and successful outcomes</td>
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| Recognition of symptoms                          | › Teacher training on mental health as a criteria for certification (e.g., Minnesota); **NOT JUST TEACHERS. ALL PERSONNEL.**  
 › Universal screening for prevention, early intervention, and health promotion  
   ▪ Not without controversy: cultural clashes, parental autonomy vs. the school’s role, stigma                                                   |
| Funding barriers to providing mental health services and supports | Offset the limited federal and district funding for non-instructional services: Community agency partnerships; Billing to Medicaid     |
**Problem**

Limited required promotion of wellness

**Policy intervention**

State legislative mandate to promote social emotional health in schools from Pre-K–12 (only 8 states in the U.S.)

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(NCSL, 2018)

Social and Emotional Learning Standards in Schools
The **BIGGEST** Policy Imperative?

EVERY SCHOOL SHOULD HAVE A MENTAL HEALTH PROVIDER!!!!

THE NUMBER OF SERVICE PROVIDERS SHOULD BE PROPORTIONATE TO THE NUMBER OF STUDENTS!!!!!
Practice
Where do we go from here?

Restorative Justice

› Improve relationships among students and staff
› Enhance coping and conflict resolution skills
› Improves student maturity, behavior, confidence  
  (Ortega et al., 2016)
› Significantly reduce out of school suspensions  
  (Gregory et al., 2018)
A TALE OF TWO SCHOOLS

Carlos has a heated argument with his parents before leaving for school, so he’s running late. Let’s see the difference that restorative policies and practices can make.

RESTORATIVE PRACTICES-BASED EDUCATION SYSTEM

Carlos arrives at school.
He is greeted by metal detectors and a police search.

Teachers and administrators welcome him and his fellow students as they enter.

His Teacher waits until after class to speak with Carlos to learn more, and sets up a meeting with his school counselor.

Carlos is late to first period class.
His teacher scolds him in front of the class. Carlos talks back, and is given a detention.

A school police officer detains and arrests both students.

Carlos gets into a minor altercation in the cafeteria.

Carlos and the other student agree to help clean the cafeteria during a free period. Carlos meets with his counselor and parents after school to help resolve the conflict at home.

Later that afternoon...
Carlos is held in a juvenile detention facility all afternoon, missing school. He now has an arrest record and is facing suspension.

ZERO-TOLERANCE EDUCATION SYSTEM

(National Education Association, 2014)
Where do we go from here? Engaging marginalized youth in mental health treatment

**Behavioral engagement, e.g.,**
- attendance
- in-session participation
- homework completion

**Attitudinal engagement, e.g.,**
- emotional investment
- commitment to treatment
Why does engagement matter?
Out-of-Session Early Engagement (Sess. 1-8)

Baseline Externalizing Behaviors

0.394***

0.689***

Immediate Follow-up Externalizing Behaviors

In-Session Early Engagement (Sess. 1-8)

0.150*

-0.186*

-0.223*

In-Session Middle Engagement (Sess. 9-16)

0.394**

In-Session Later Engagement (Sess. 17-24)
KEY Engagement Strategies

• PSYCHOEDUCATION ABOUT SERVICES
  • Ask about previous mental health treatment
  • Normalize experience of going to therapy

• ADDRESS BARRIERS TO TREATMENT
  • Explore practice barriers
  • Psychological barriers may be more intense and more important
Engagement strategies

• Probe concerns related to:
  • Stigma
  • Confidentiality
    • Maintain honesty describing the limits
  • Treatment relevance
    • How important is it that you participate in these sessions?

• Shape office environment to signal inclusivity

Maintain authenticity and empathy
A MOST IMPORTANT STRATEGY: Future Orientation

A Cautionary Tale...

Robert Peace 1980-2011
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