Strategies to Advance Equity Through Culturally Responsive School Mental Health

The 2018 Annual Conference on Advancing School Mental Health

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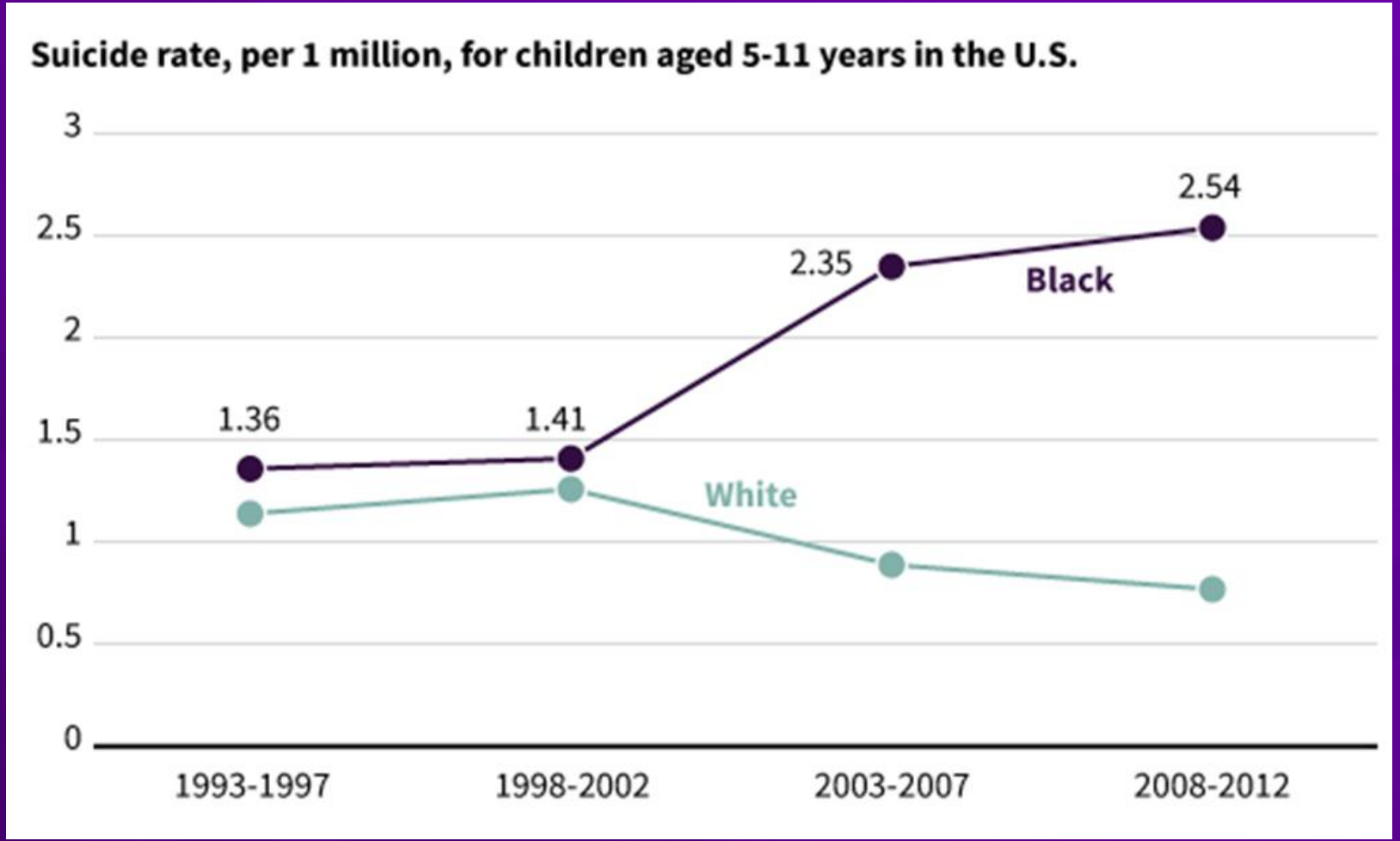
McSILVER INSTITUTE
FOR POVERTY POLICY AND RESEARCH

Rylan Thai Hagan, Age 11



From: **Suicide Trends Among Elementary School-Aged Children in the United States From 1993 to 2012**
JAMA Pediatrics, 2015;169(7), doi: 10.1001/jamapediatrics.2015.0465

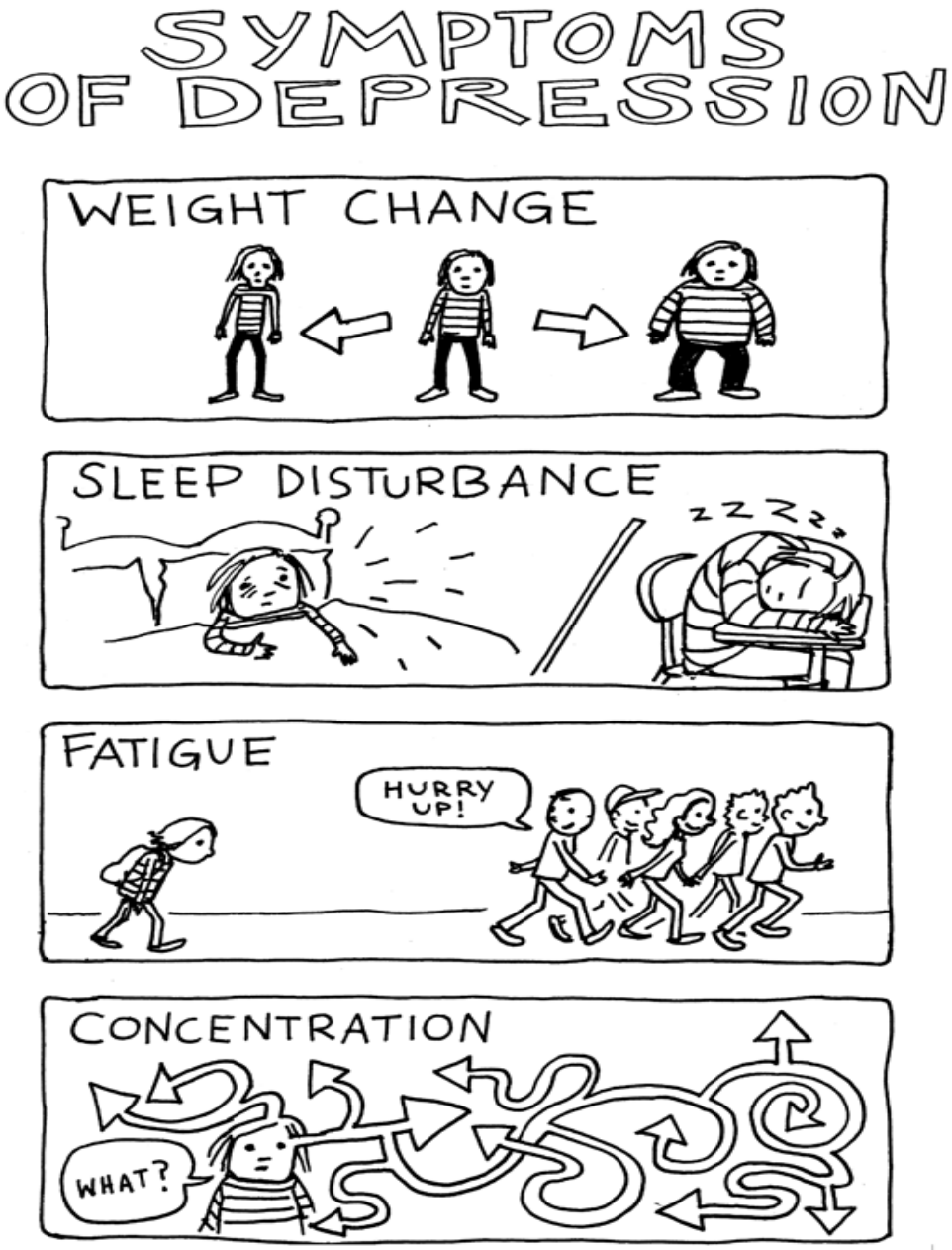
What preventive measures can be taken when there are no “typical” warning signs?

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



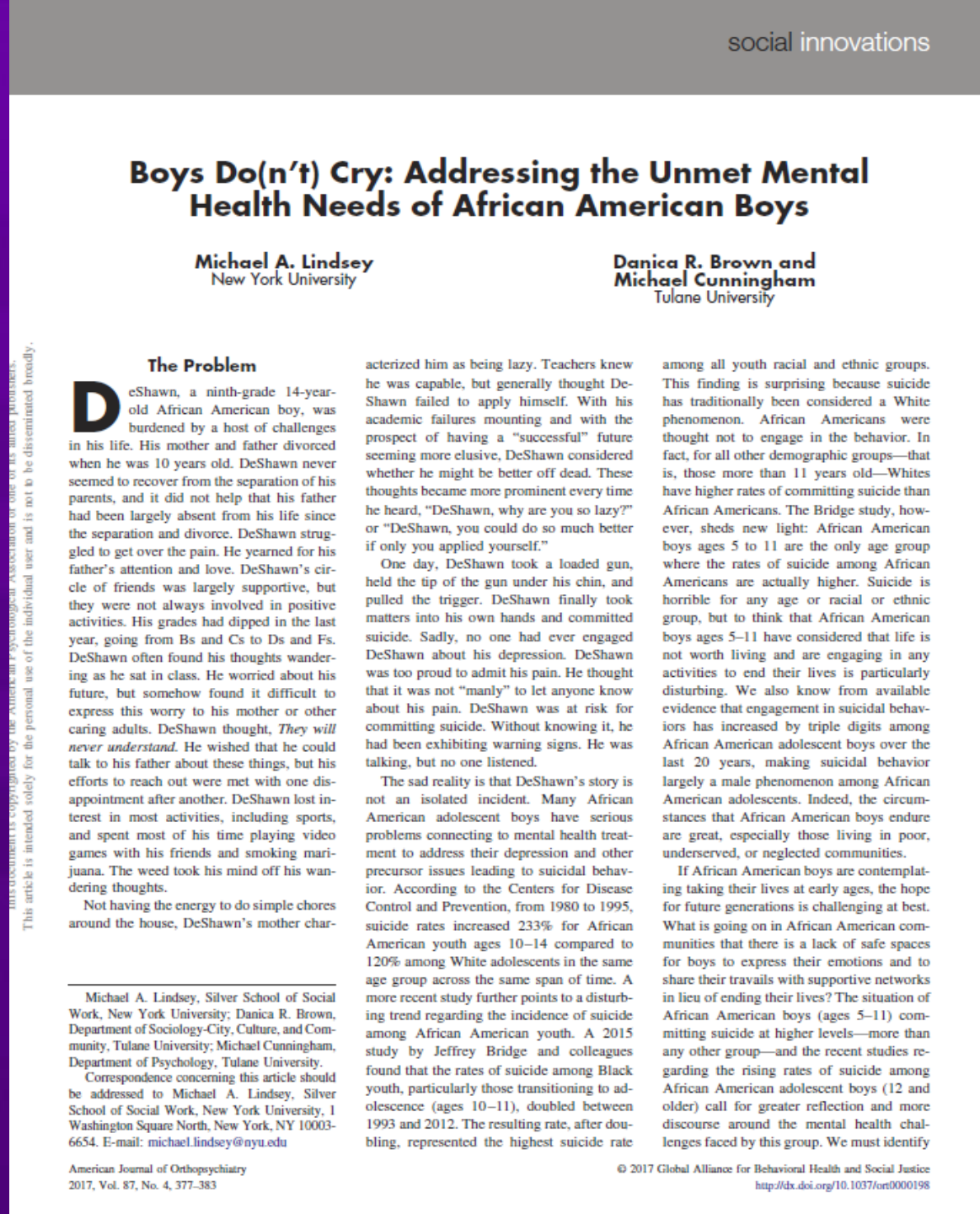
(Bean, Alliance for the Safe, Therapeutic, & Appropriate Use of Residential Treatment)

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



Boys Do(n't) Cry: Addressing the Unmet Mental Health Needs of African American Boys

Michael A. Lindsey
New York University

Danica R. Brown and Michael Cunningham
Tulane University

The Problem

DeShawn, a ninth-grade 14-year-old African American boy, was burdened by a host of challenges in his life. His mother and father divorced when he was 10 years old. DeShawn never seemed to recover from the separation of his parents, and it did not help that his father had been largely absent from his life since the separation and divorce. DeShawn struggled to get over the pain. He yearned for his father's attention and love. DeShawn's circle of friends was largely supportive, but they were not always involved in positive activities. His grades had dipped in the last year, going from Bs and Cs to Ds and Fs. DeShawn often found his thoughts wandering as he sat in class. He worried about his future, but somehow found it difficult to express this worry to his mother or other caring adults. DeShawn thought, *They will never understand.* He wished that he could talk to his father about these things, but his efforts to reach out were met with one disappointment after another. DeShawn lost interest in most activities, including sports, and spent most of his time playing video games with his friends and smoking marijuana. The weed took his mind off his wandering thoughts.

Not having the energy to do simple chores around the house, DeShawn's mother characterized him as being lazy. Teachers knew he was capable, but generally thought DeShawn failed to apply himself. With his academic failures mounting and with the prospect of having a "successful" future seeming more elusive, DeShawn considered whether he might be better off dead. These thoughts became more prominent every time he heard, "DeShawn, why are you so lazy?" or "DeShawn, you could do so much better if only you applied yourself."

One day, DeShawn took a loaded gun, held the tip of the gun under his chin, and pulled the trigger. DeShawn finally took matters into his own hands and committed suicide. Sadly, no one had ever engaged DeShawn about his depression. DeShawn was too proud to admit his pain. He thought that it was not "manly" to let anyone know about his pain. DeShawn was at risk for committing suicide. Without knowing it, he had been exhibiting warning signs. He was talking, but no one listened.

The sad reality is that DeShawn's story is not an isolated incident. Many African American adolescent boys have serious problems connecting to mental health treatment to address their depression and other precursor issues leading to suicidal behavior. According to the Centers for Disease Control and Prevention, from 1980 to 1995, suicide rates increased 233% for African American youth ages 10–14 compared to 120% among White adolescents in the same age group across the same span of time. A more recent study further points to a disturbing trend regarding the incidence of suicide among African American youth. A 2015 study by Jeffrey Bridge and colleagues found that the rates of suicide among Black youth, particularly those transitioning to adolescence (ages 10–11), doubled between 1993 and 2012. The resulting rate, after doubling, represented the highest suicide rate among all youth racial and ethnic groups. This finding is surprising because suicide has traditionally been considered a White phenomenon. African Americans were thought not to engage in the behavior. In fact, for all other demographic groups—that is, those more than 11 years old—Whites have higher rates of committing suicide than African Americans. The Bridge study, however, sheds new light: African American boys ages 5 to 11 are the only age group where the rates of suicide among African Americans are actually higher. Suicide is horrible for any age or racial or ethnic group, but to think that African American boys ages 5–11 have considered that life is not worth living and are engaging in any activities to end their lives is particularly disturbing. We also know from available evidence that engagement in suicidal behaviors has increased by triple digits among African American adolescent boys over the last 20 years, making suicidal behavior largely a male phenomenon among African American adolescents. Indeed, the circumstances that African American boys endure are great, especially those living in poor, underserved, or neglected communities.

If African American boys are contemplating taking their lives at early ages, the hope for future generations is challenging at best. What is going on in African American communities that there is a lack of safe spaces for boys to express their emotions and to share their travails with supportive networks in lieu of ending their lives? The situation of African American boys (ages 5–11) committing suicide at higher levels—more than any other group—and the recent studies regarding the rising rates of suicide among African American adolescent boys (12 and older) call for greater reflection and more discourse around the mental health challenges faced by this group. We must identify

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Depression Looks Different

- Depression: Black adolescents express relational and somatic complaints

- Trauma:
  - Irritability
  - “Ps and Qs”
  - Isolation

Lue, Lindsey, Irsheid, & Nebbitt, 2017

Psychometric Properties of the CES-D Among Black Adolescents in Public Housing

Wenhua Lu *Rutgers, The State University of New Jersey*
Michael A. Lindsey *New York University*
Sireen Irsheid *University of Chicago*
Von Eugene Nebbitt *Washington University*

ABSTRACT *Objective:* The Center for Epidemiologic Studies Depression Scale (CES-D) has not been fully validated as a depression screening scale among Black adolescents. This study examines the psychometric properties of the CES-D as applied to Black adolescents, seeking to understand the unique way in which Black adolescents express their depression symptoms. *Method:* We hypothesized that the expression and factor structure of depressive symptoms measured by CES-D would be different when applied to Black adolescents. Black adolescents ($N = 782$) ages 11–21 were recruited from 9 urban public housing developments in 4 large U.S. cities. Confirmatory factor analysis and exploratory structural equation modeling (ESEM) were used to compare the fit of competing models. Convergent validity of the CES-D was examined via associations with gender, age, and suicidal ideation in the ESEM model. *Results:* Instead of the original 4-factor structure of the CES-D, a 2-factor ESEM model demonstrated satisfactory fit to our data (CFI = 0.95, TLI = 0.93, RMSEA = 0.04). Compared with females, Black males were less likely to endorse positive affect items of the CES-D ($r = -0.13$, $p < 0.01$). *Conclusions:* Conceptualizations of depression among Black adolescents may differ from any other populations previously studied. Clinicians should assess the unique expression of depression among Black youth when developing treatment plans.

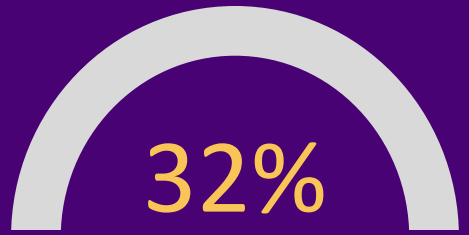
KEYWORDS: CES-D, Black adolescents, psychometric properties, public housing, adolescent depression

doi: 10.1086/694791

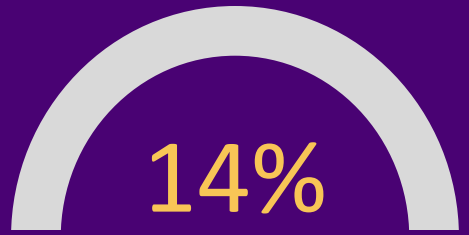
Adolescent depression is a serious public health concern in the United States (Cote et al., 2003; Lu, 2017; Wagstaff & Polo, 2012). According to the Centers for Disease Control and Prevention (CDC), approximately 25% of high school students have reported symptoms of depression that affect their daily functioning (Wagstaff & Polo, 2012). Epidemiological data also indicate that the lifetime rate of depressive disorders almost doubles between the ages of 13 (8.4%) and 18 (15.4%;

Journal of the Society for Social Work and Research, Volume 8, Number 4. 2334-2315/2017/0804-0005/$10.00.

Mental health disorders among youth, generally:
Internalizing problems



Diagnosed with
Anxiety Disorders



Diagnosed with
Mood Disorders

Lifetime prevalence among U.S. youth

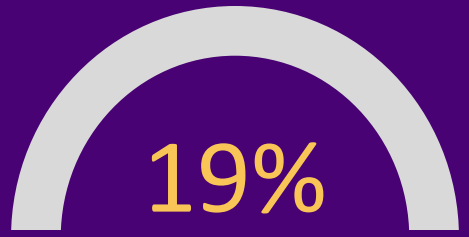
(Merikangas et al., 2010)

Internalizing problems and academic outcomes

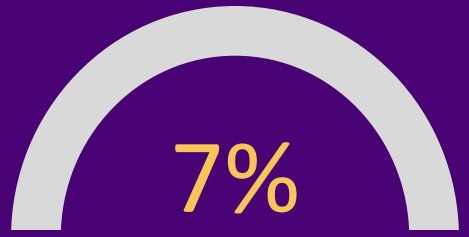
Internalizing problems are associated with:

- 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



Diagnosed with
Behavior Disorders



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

3×

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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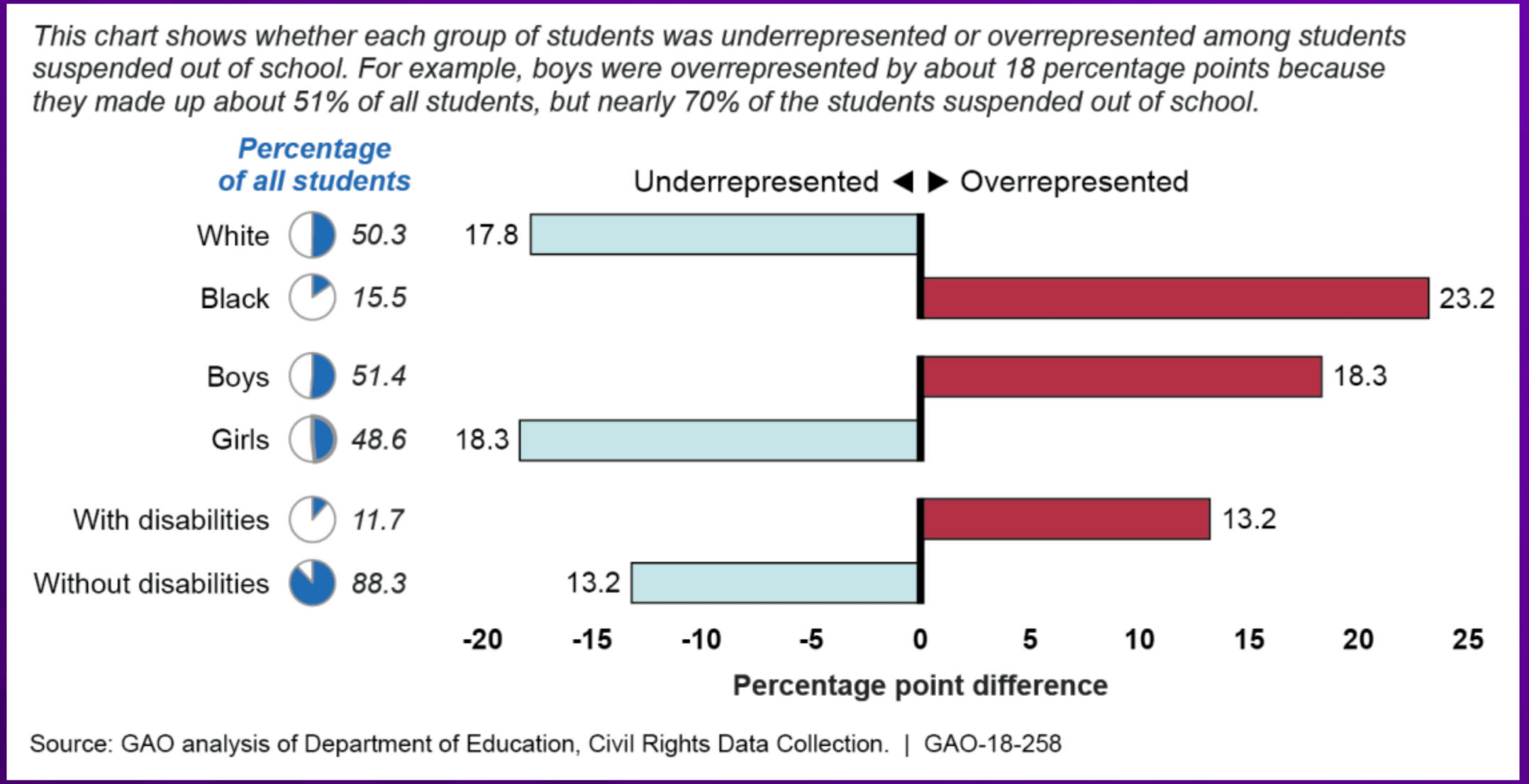
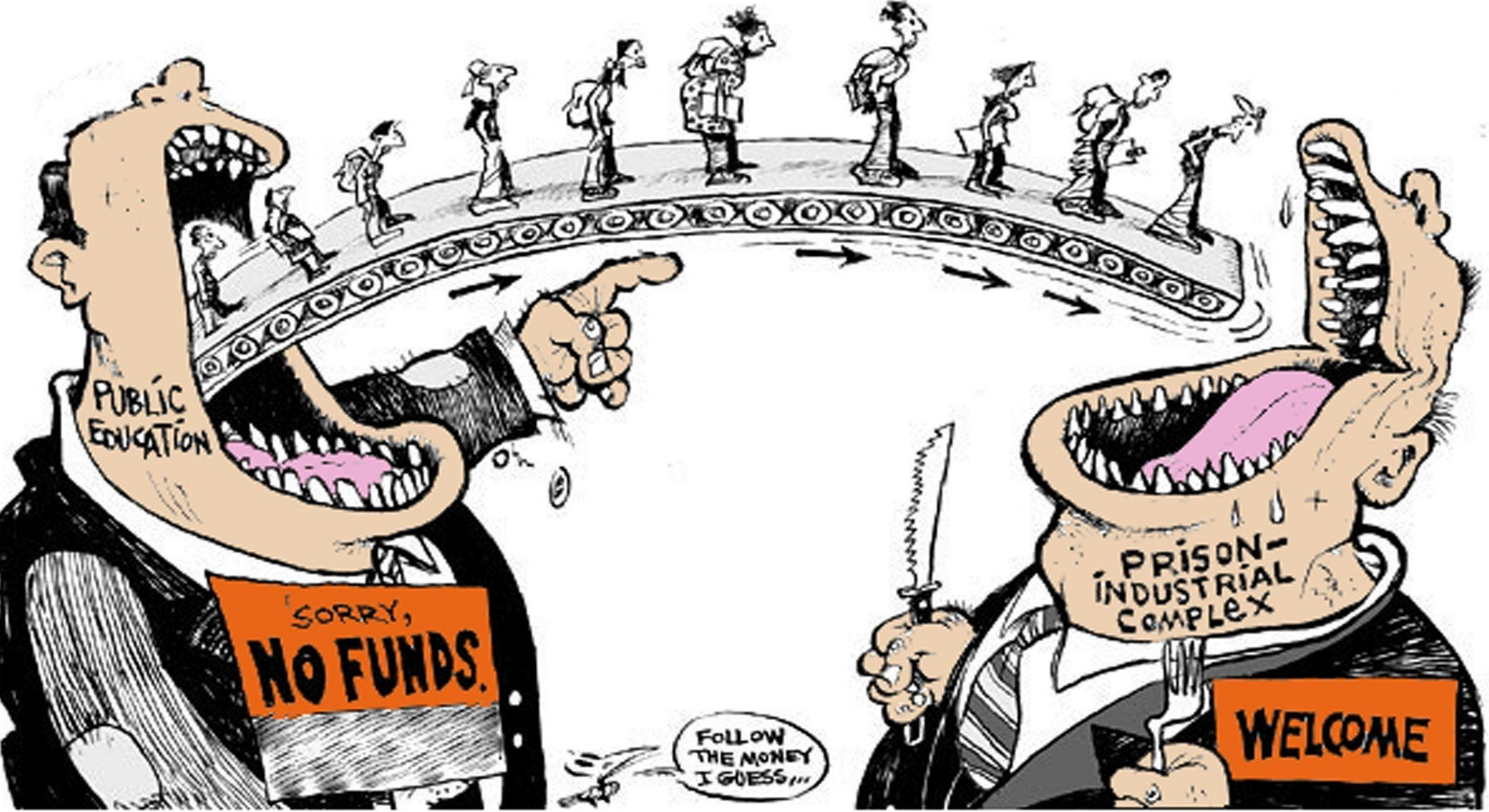
“Leaders need to recognize that the academic child is not easily separated from the social, emotional, and economic turmoil that often undermines his/her real opportunities to learn”

(Larson, 2010; p. 327)

What is the school environment like for marginalized youth? Disproportionately disciplined



Students Suspended from School Compared to Student Population, by Race, Sex, and Disability Status, School Year 2013-14


PUBLIC EDUCATION
SORRY, NO FUNDS.
FOLLOW THE MONEY I GUESS...
PRISON-INDUSTRIAL COMPLEX
WELCOME

Jojo's Story

DAILY NEWS

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/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

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

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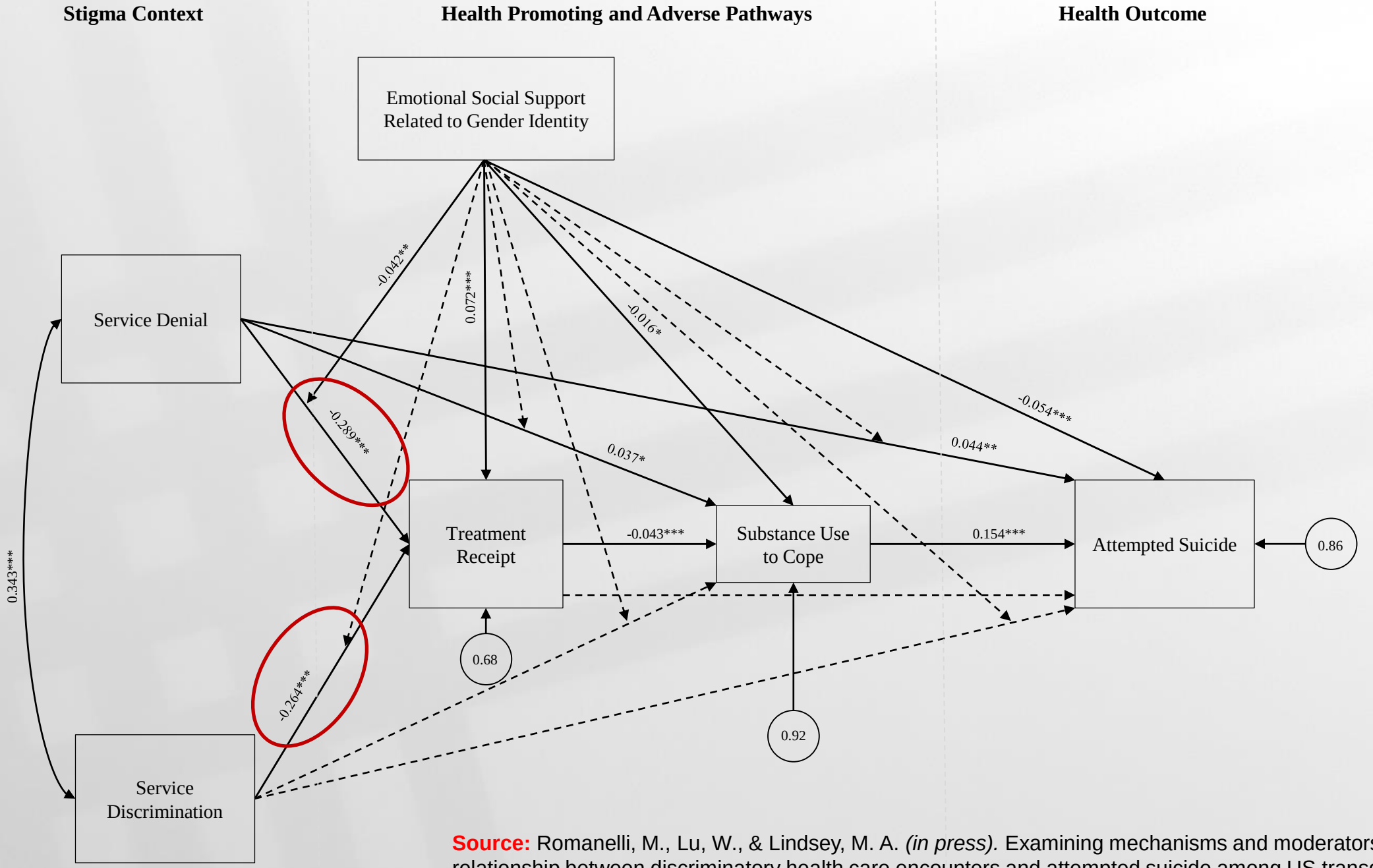
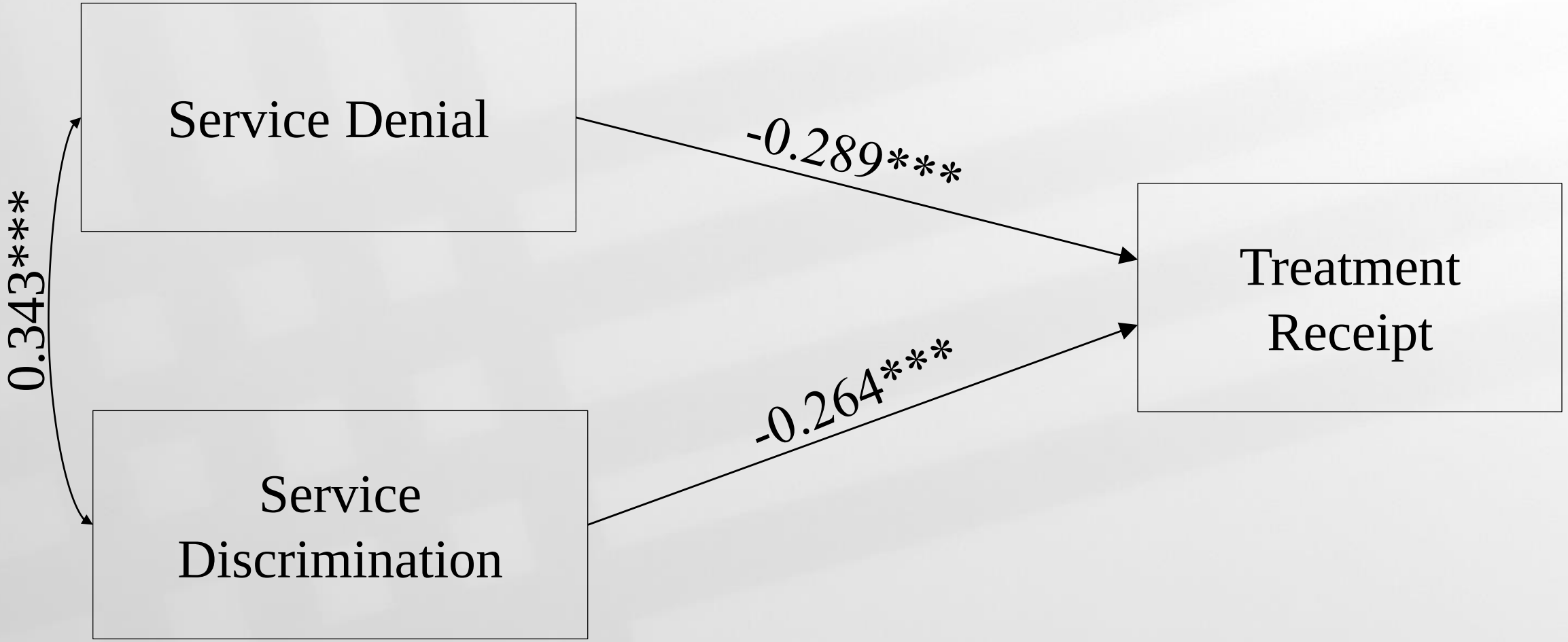
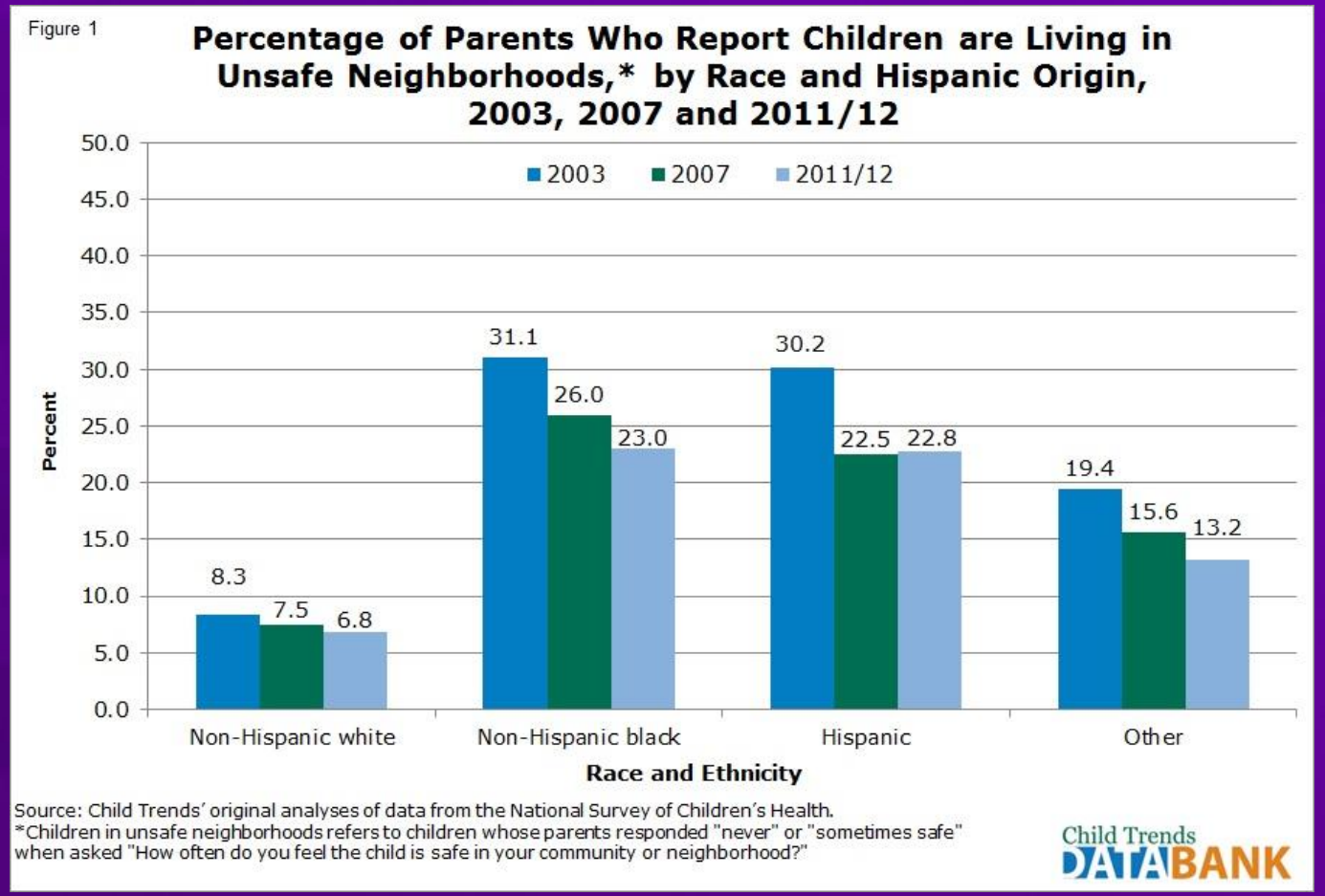


Source: Romanelli, M., Lu, W., & Lindsey, M. A. *(in press).* Examining mechanisms and moderators of the relationship between discriminatory health care encounters and attempted suicide among US transgender help-seekers. *Administration and Policy in Mental Health and Mental Health Services Research*, 1-19.


Service Denial
Service Discrimination
Treatment Receipt
0.343***
-0.289***
-0.264***

School mental health in context: Students of Color

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

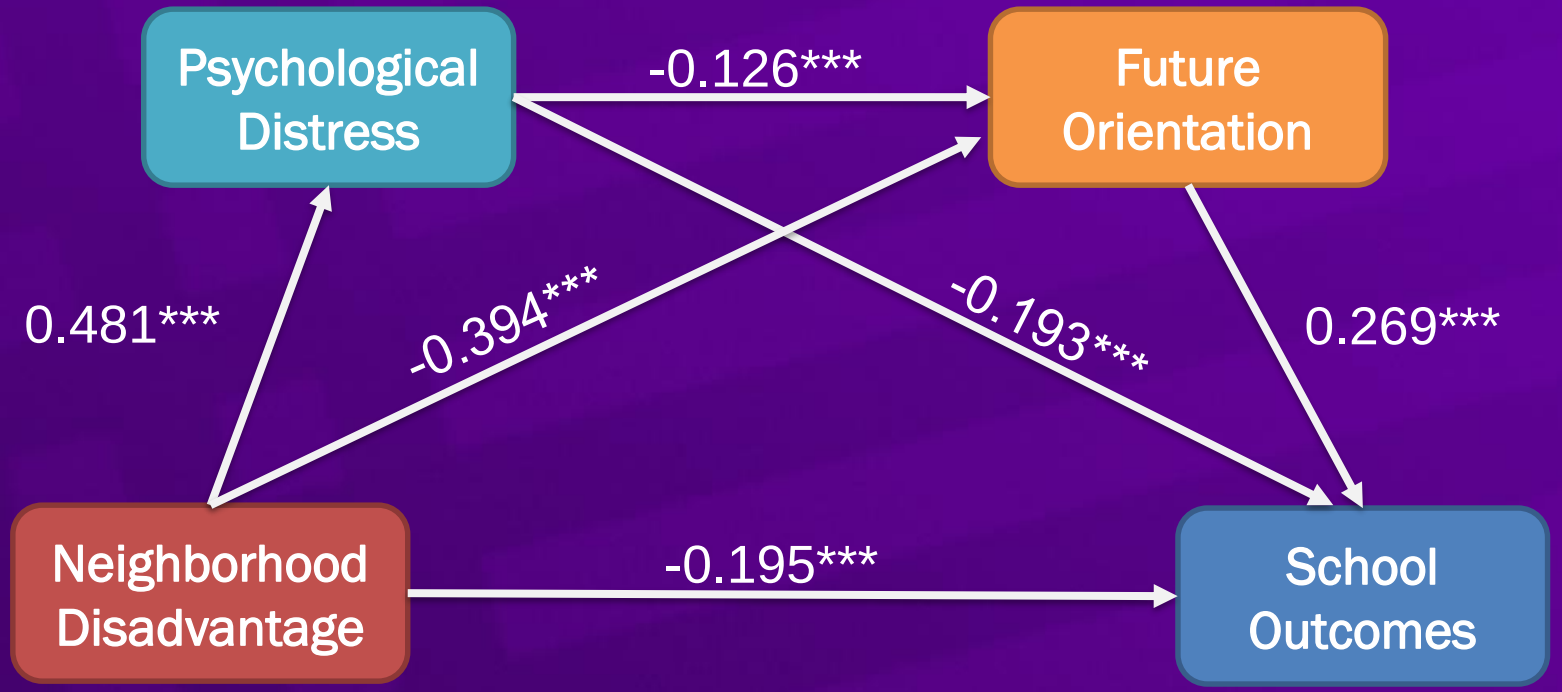


School mental health in context: Students of Color

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



Source: *School Success Profile*

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.

School mental health in context: Students of Color

School mental health strategies:

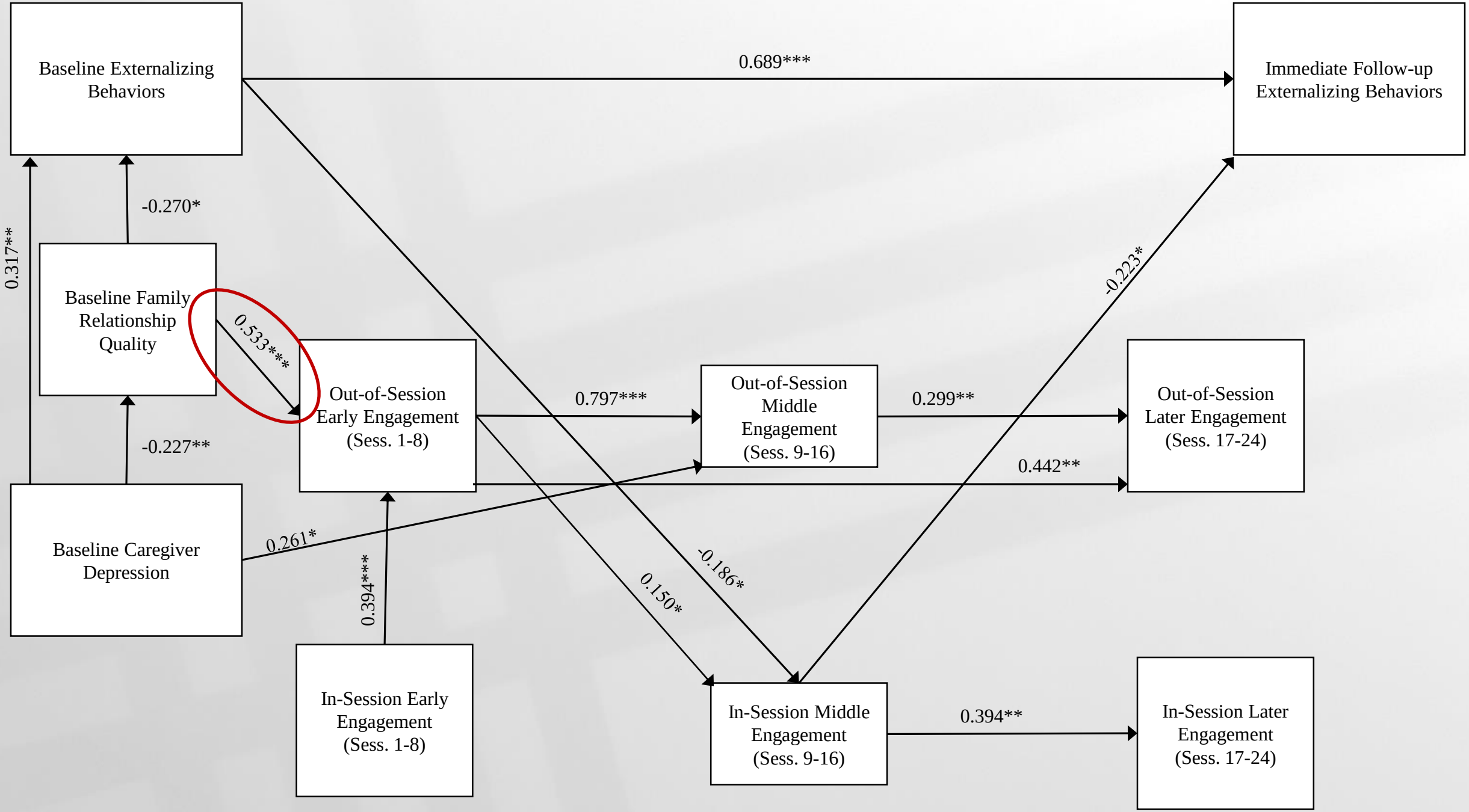
- **Target future orientation as a malleable mechanism**
  - Capitalize on the strength of future orientation and re-affirm socially disadvantaged youths' ability to achieve aspirations despite insurmountable odds
  - Create a climate for future orientation within the school classroom
  - Include focus of personal agency and hope in education, prevention, and intervention programs to protect youth against adverse experiences

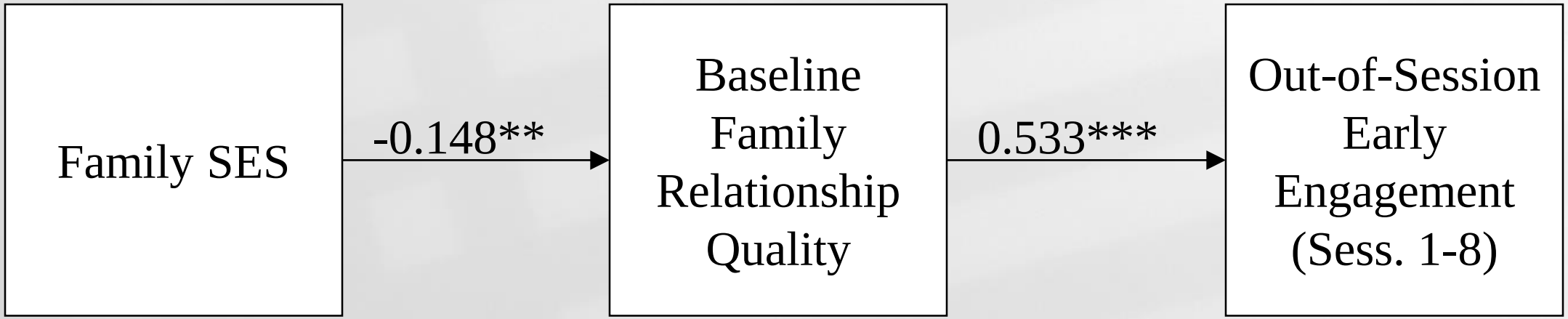
How can school-based mental health clinicians promote equity by addressing the broader needs of students and mental health to enhance opportunities for learning?

Barriers to engaging marginalized youth in mental health treatment

Poverty-impacted students

- Cost of care
- Low family income → family relationships → completion of therapeutic homework and goals (Lindsey et al., under review)


Baseline Externalizing Behaviors
Immediate Follow-up Externalizing Behaviors
0.689***
-0.270*
0.317**
Baseline Family Relationship Quality
0.533***
Out-of-Session Early Engagement (Sess. 1-8)
0.797***
Out-of-Session Middle Engagement (Sess. 9-16)
0.299**
Out-of-Session Later Engagement (Sess. 17-24)
-0.223*
-0.227**
0.442**
Baseline Caregiver Depression
0.261*
0.394***
-0.186*
0.150*
In-Session Early Engagement (Sess. 1-8)
In-Session Middle Engagement (Sess. 9-16)
0.394**
In-Session Later Engagement (Sess. 17-24)


Family SES
-0.148**
Baseline Family Relationship Quality
0.533***
Out-of-Session Early Engagement (Sess. 1-8)

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

Research

Issue 1 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**

Issue 3

Controlling for Quality: Is There An Urgent Need in SMH?

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

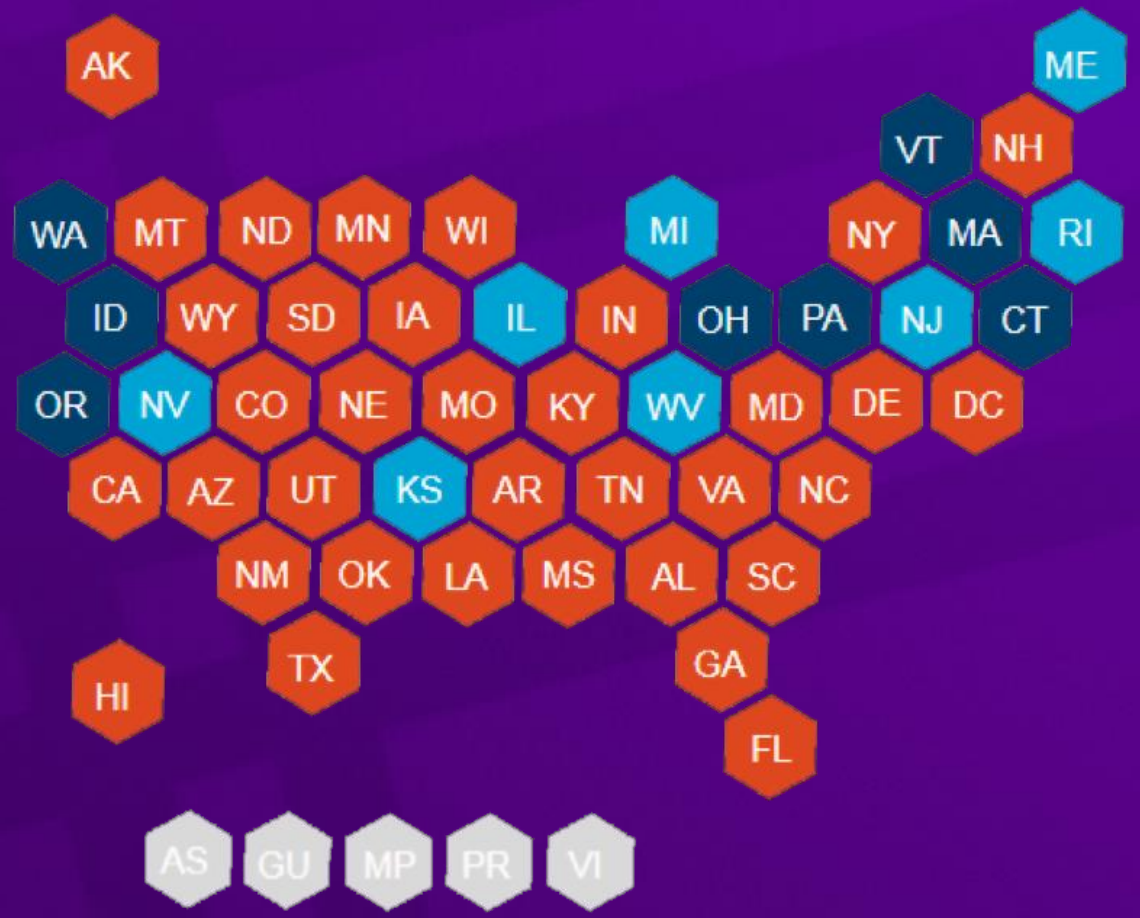
Problem	Policy intervention
Variability in the quality of care	Adoption/implementation of EBPs with a track record of feasibility and successful outcomes
Recognition of symptoms	› Teacher training on mental health as a criteria for certification (e.g., Minnesota); NOT JUST TEACHERS. ALL PERSONNEL. › 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	Policy intervention
Limited required promotion of wellness	State legislative mandate to promote social emotional health in schools from Pre-K–12 (only 8 states in the U.S.)

Preschool SEL standards only

Preschool and early elementary SEL standards

Preschool and K-12 SEL standards



(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.

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.

Student peer mediators and support staff intervene, have the students sit down together, and de-escalate the situation.

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.

ZERO-TOLERANCE EDUCATION SYSTEM

Carlos is late to first period class.

Carlos gets into a minor altercation in the cafeteria.

Later that afternoon...

He is greeted by metal detectors and a police search.

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

(National Education Association, 2014)

Where do we go from here? Engaging marginalized youth in mental health treatment

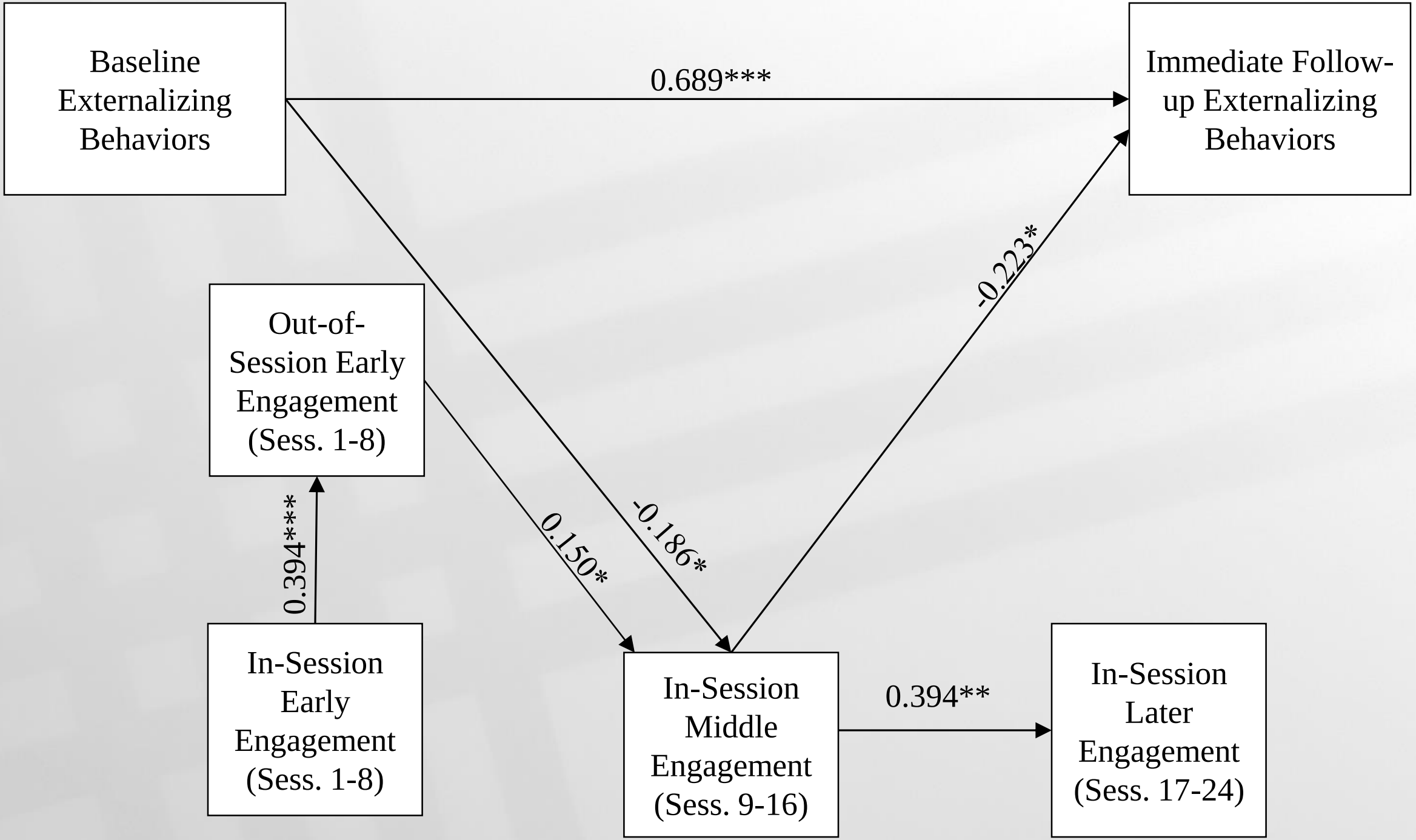
Behavioral engagement, *e.g.*,

- attendance
- in-session participation
- homework completion

Attitudinal engagement, *e.g.*,

- emotional investment
- commitment to treatment

Why does engagement matter?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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

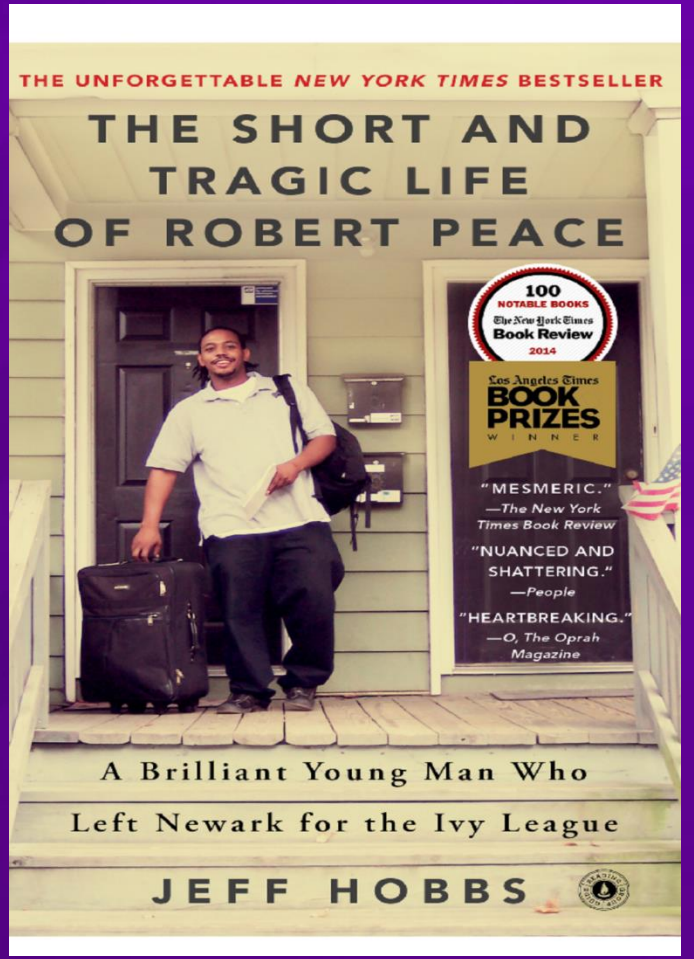
- **Probe concerns related to:**
  - Stigma
  - Confidentiality
    - Maintain honesty describing the limits
  - Treatment relevance
    - How important is it that you participate in these sessions?
- **Shape office environment to signal inclusivity**

Maintain authenticity and empathy

A MOST IMPORTANT STRATEGY: Future Orientation

A Cautionary Tale…

Robert Peace 1980-2011



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