

# Ditching Deficit Views, Quitting Grit, and Embracing an Equity Approach to School Mental Health

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## A Little about Me

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### 6 years old

When I started getting into trouble at school, not for misbehaving but for being restless and anxious



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### 6 years old

When I started being sexual abused by the older son of my parents' best friends

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### 6 years old

Also when I started to experience what I know today as depression and social anxiety

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### 8 years old

When I was forced to sit in an empty classroom all day and do worksheets while classmates were on a field trip because I was restless and anxious in class

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**9 years old**



When I learned from PE teacher Mr. DiSimone (\*jackass\*) that my reputation was following me

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**10 years old**

When I knew I had ADD in addition to depression and anxiety difficulties, but neither I nor my teachers had a word for it except for “misbehaving”—also when I started to feel abnormal and a little freakish

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**12 years old**

When I had to sit in in-school detention while my classmates went on a field trip

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**13 years old**

When Mr. DiSimone made fun of me in front of the PE class for being a boy who had won a poetry writing contest at the school

(Note: More evidence that he was a jackass. *People like this should not be employed in schools. Also, my giftedness in writing was connected to my depression.*)

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**14 years old**

When my depression and anxiety grew worse and I began withdrawing from friends and isolating myself

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**15 years old**



When a couple of friends and I egged Mr. DiSimone’s house (thanks for teaching me to throw, mom)

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**22 years old**

When I had my first anxiety attack in public.

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**23 years old**

When I committed my life to the field of education and to educational equity, but felt too much trauma connected to school to work directly in a school



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**28 years old**

When I first sought help for depression and was officially diagnosed/labeled

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**29 years old**

When I learned that both of my parents had been taking anti-depressants for years and that my sister had been treated for anxiety (despite all those years I was suffering and feeling alone about it)

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**29 years old**



When I started taking anti-depressants and anti-anxiety medication

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**32 years old**

When I prepared a session on mental health for a national educational equity conference and nobody—*nobody out of 1,200 participants*—attended my session

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**39 years old**

When I first publicly acknowledged being a survivor of sexual assault

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**43 years old**

When I first acknowledged my mental health challenges publicly *despite spending my life surrounded by advocates for equity and justice*

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**NOTE:**

I had these experiences as a cisgender heterosexual working-then-middle-class white man. If we look at this through those and other identities, the layers of inequity expand and expand.

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**Setting the Stage**

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**Martin Luther King, Jr.**

"I have almost reached the regrettable conclusion that the Negro's great stumbling block in his stride toward freedom is not the White Citizen's Council or the Ku Klux Klanner; but the white moderate, who is more devoted to 'order' than to justice; **who prefers a negative peace which is the absence of tension to a positive peace which is the presence of justice;** who constantly says: 'I agree with you in the goal you seek, but I cannot agree with your methods of direct action'; ...

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**Back to Martin Luther King, Jr.**

***...Shallow understanding from people of good will is more frustrating than absolute misunderstanding from people of ill will.***

Lukewarm acceptance is much more bewildering than outright rejection."

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## Components of Equity

1. Distinguishing *equity* (fairness or justice) and *equality* (sameness)
2. Identifying and eliminating racism, sexism, heterosexism, transphobia, ableism, and other forms of bias and discrimination
3. Fairly distributing access, opportunity, and participation

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## A Few Challenges

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### Challenge 1

Attention to mental health is ***not a replacement*** for a serious, transformative commitment to equity and justice.

In the absence of a serious, transformative commitment to equity and justice, most approaches to strengthening students' mental health ***reproduce inequity and injustice***.

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### Challenge 2

We must ***start with a clear understanding of predictable inequity*** in how mental health efforts will be applied.

*How adults interpret student behavior is informed by students' racial identities.*

- White students: mental health concerns to address
- Black students: cultural and behavior concerns to address

*How are we accounting for this **predictable** racism in the way we're discussing school mental health?*

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### Challenge 3

Many school leaders are obsessed with the shiny new thing, with the hot new "program."

- SEL
- Trauma-informed learning

Focus tends to be on how to use these programs to ***adjust students and help them achieve*** rather than on how to ***transform institutional conditions that harm students*** or to respond to bigger systemic conditions that harm students.

We need to stop giving schools decontextualized "tools" and instead transform institutional cultures and conditions with mental health as a priority.

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## Let's Start with Ideology

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### Why ideology is important

Fact

A study by the Department of Education found that Black students were disciplined at far higher rates than white students.

It found that Black students were much more likely to be suspended or expelled.

Our Question: **Why?**

Deficit → Structural (Ideology, Interpretation, Solution)

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### Racial Disparity Ideologies: Who or what am I trying to fix?

- a. Deficit ideology
- b. Grit ideology
- c. Structural ideology

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### Disparity Ideologies

Deficit ideology

- ignore structural barriers
- fix marginalized people
- Examples?

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### Disparity Ideologies

Grit Ideology

- a form of deficit ideology
- recognize structural barriers, but focus on building resiliency so marginalized communities can “overcome” barriers

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### Disparity Ideologies

Structural Ideology

- removing structural barriers

In my view, the biggest limitation of conversations about “mental health” in schools is that they tend to focus on what needs to be fixed about students so they can “achieve” rather than identifying and eliminating the conditions that undermine mental health. So this is the big equity shift.

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### Critical Commitments

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### Commitment 1

We're hypocrites if our first commitment related to school mental health is transforming the conditions *in school* that deteriorate students' (and adults') mental health

- Shari's story: ACEs and "my biggest source of trauma"
- *Is our goal to adjust Shari to racist, transphobic conditions to strengthen her mental health or to eliminate the racist, transphobic conditions? If it's the former, we're adopting a racist, transphobic approach to mental health.*

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### Commitment 2



Journal of Applied Developmental Psychology  
Volume 66, January–February 2020, 101068

#### Daily multidimensional racial discrimination among Black U.S. American adolescents

Devin English<sup>a, R. 48</sup>, Sharon F. Lambert<sup>b</sup>, Brendesa M. Tynes<sup>c</sup>, Lisa Bowleg<sup>b</sup>, Maria Cecilia Zea<sup>b</sup>, Lionel C. Howard<sup>b</sup>

Incorporate attention to systemic oppressions and their tolls on students in and out of school into our approaches to supporting mental health. How are responsive to the impacts of systemic racism students may carry into school with them?

- 101 black adolescents, and how they're also expected to mindlessly respect and trust white authority figures at school

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### Commitment 2 (cont'd)

Studies are showing that multi-generational traumatic stress can result from all sorts of oppressions, such as:

- racism (Carter, Kirkinis, & Johnson, 2020)
- Heterosexism (Straub, McConnell, & Messman-Moore, 2018)
- Islamophobia (Samari, Alcalá, & Sharif, 2018)

How are we accounting for this in school mental health approaches? How are we accounting for it in our demands for institutional change (rather than focusing just on student lessons and strategies for strengthening their own mental health)?

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### The Unequal Toll of Toxic Stress

How the Mental Burdens of Bias, Trauma, and Family Hardship Impact Girls and Women

By Judith Warner Posted on November 17, 2017, 9:00 am



**OVERVIEW**

There is a pervasive lack of sensitivity to the ways in which girls of color signal emotional distress—a widespread failure on the part of adults that results in too many girls falling through the cracks at school.

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### Commitment 3

Focus not just on big traumatizing events, but also on **microaggressive** trauma

- Micro-humiliations and students experiencing poverty

*So, we must dig beneath "incidents" and deeply examine institutional culture.*

- *Racist hair policy – respond to redress*

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YOU, ME AND THEM: EXPERIENCING DISCRIMINATION IN AMERICA

### Scientists Start To Tease Out The Subtler Ways Racism Hurts Health

November 11, 2017 · 8:07 AM ET  
Heard on Weekend Edition Saturday

RAE ELLEN BICHELL



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### Commitment 4

Interrupt hyper-punitive school cultures because they are not compatible with an approach that prioritizes mental health

- Back to racial discipline disparities and how reactive rule-flinging has an elevated impact on Students of Color
- Carter and his tardies

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### Commitment 5

Attend to the mental health of the adults who we expect to attend to the mental health of children

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### Summary

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### An Equity-Informed Approach to School Mental Health:

- Embraces a structural lens, rejects a deficit or grit lens
- Transforms schools for equity and justice rather than adjusting students to "cope with" inequity and injustice
- Attends first and foremost to conditions that deteriorate mental health at school
- Is responsive to systemic oppressions outside of school that impact students' experiences in school
- Considers impacts, not just of big traumatic events, but also of toxic microaggressive trauma and stress
- Demands the elimination of hyper-punitive school cultures
- Attends to the well-being of *all members of a school community*, including the adults

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