



# DIVERSE COMMUNITY- DEFINED SOLUTIONS TO PROMOTE THE WELLBEING OF STUDENTS

# POLICY BRIEF



The MHSOAC's Schools and Mental Health Project is designed to identify challenges and opportunities to improve educational and mental health outcomes for children in California. The MHSOAC held public hearings and community forums, visited schools across the state, and organized focus groups representing students, parents, educators, and mental health providers to gain a better understanding of the issues relevant to student mental health. As part of these efforts, the Commission conducted targeted events with communities of color to ensure that the perspectives and experiences of these communities were foundational to the project.

This brief provides a summary of themes brought forth by African American, Native American, Latino, and Asian/Pacific Islander (API) community members who participated in Commission-sponsored school mental

health project events. Outreach efforts for this project yielded rich and varied perspectives on the concerns of diverse communities and resulted in key community-defined solutions for improving California's response to student mental health needs.

Although these events predated COVID-19 and school closures, they have even greater relevance today as communities of color grapple with disproportionate infections and deaths due to the coronavirus, unemployment, food insecurity and homelessness.<sup>1,3</sup> Racial-ethnic inequality has deepened, and coupled with social isolation and uncertainty about the future, will have a lasting impact on the wellbeing of students, particularly students of color. The second pandemic will be a mental health crisis and schools will be ground zero for mobilizing a compassionate and effective response.



**THE Pervasiveness of Trauma and Adversity for Communities of Color was a central theme across outreach events.**

## INTRODUCTION

California's student population is among the most diverse in the country: 51 percent of children identify as Latino, 27 percent as non-Latino white, 11 percent as Asian American, and 5 percent as African American<sup>4</sup>. Ethnic and racial minority children often experience higher exposure to adverse events. Homelessness, foster care placement, school dropout, and school disciplinary enforcement disproportionately affect minority communities.<sup>5,6</sup> Given the prior exposure to risk and the negative consequences associated with those exposures, understanding the experiences and perspectives of children and families of color is even more critical to developing and implementing effective interventions in the wake of COVID-19.

## COMMUNITY CONCERNS

The following concerns were highlighted across diverse communities. These concerns are deeply intertwined. For example, stakeholders emphasized that trauma was common among students of color and too often resulted in punishment rather than culturally responsive mental health services which were lacking in unserved or underserved schools and communities.

### Exposure to Trauma and Adversity is Not Being Recognized

The pervasiveness of trauma and adversity for communities of color was a central theme across outreach events. Parents, school personnel, providers, and community leaders who attended the engagement events reported that many of the children in their communities had experienced trauma, including violence in the home or in the community, removal from home and placement in foster care, immigration trauma (deprivation or violence experienced in migration or border crossing), and bullying. Participants suggested that exposure to these events lead children to react with anxiety, disruptive behaviors, difficulties with attention, and impulse control problems which affect their ability to learn.

### COMMUNITY CONCERNS:

- Exposure to Trauma and Adversity is Not Being Recognized
- Punitive Disciplinary Practices Harm Traumatized Children
- Not Enough Mental Health Services in Schools
- Cultural Awareness and Understanding is Lacking
- Mistrust of Institutions Including Education

**“MY SON HAS HAD SEVERE TRAUMA. AN ABSENT FATHER, INSTABILITY IN THE HOME, HOMELESS FROM AGE 1-6. HE WOULD CRY A LOT, HE LACKED SOCIAL SKILLS AND DIDN'T UNDERSTAND HIS PEERS. WHAT CALMED HIM DOWN WAS ONE TEACHER THAT TOOK THE TIME TO UNDERSTAND MY SON. AND SHE WOULD HUG HIM WHEN HE NEEDED IT.”**

**STAKEHOLDER PARTICIPANT**

In addition to traumatic events, participants brought up the disproportionate exposure to adverse circumstances and intergenerational trauma. Food insecurity, homelessness, family instability, caregiver incarceration, unemployment, substance abuse or mental illness may place considerable day-to-day stress on children and have a profound impact on their ability to engage effectively in the classroom. In addition, for communities that have experienced exposure to war and forced separation of families (such as through Native American boarding school policies, deportation, slavery and mass incarceration) intergenerational trauma is common.

Intergenerational trauma requires a two-generation approach. Parents and caregivers who have trauma histories may also experience mental health symptoms or mental illness. These parents need services to heal and recover. They may also need parenting support and guidance to help their child develop the social and emotional competence required to function effectively in the classroom.

### **Punitive Disciplinary Practices Harm Traumatized Children**

Many participants reported that when their children experienced emotional problems, they received disciplinary action. For example, one parent reported that after experiencing homelessness for the first six years of his life as well as sexual abuse, her child had difficulty sitting still in the classroom, was aggressive, disruptive, and disobedient. He was repeatedly suspended for this behavior. Participants reported that this tendency to discipline children of color for behaviors that most likely stem from early experiences of trauma is common. The frequent disciplinary actions are a source of stress for parents who are struggling to maintain employment and housing and must leave work to respond to calls from schools. For African American families, the use of police intervention was widely criticized.



**“IF YOU COME FROM TRAUMA,  
YOU DO NOT WANT TO BE SEEN ”**

**STAKEHOLDER PARTICIPANT**



**MANY PARTICIPANTS REPORTED THAT WHEN THEIR CHILDREN EXPERIENCED EMOTIONAL PROBLEMS THEY WERE DISCIPLINED INSTEAD.**

**ONE MEETING PARTICIPANT DESCRIBED A SITUATION IN WHICH HER SEVEN-YEAR-OLD SON WAS DETAINED BY POLICE OFFICERS AFTER MAKING SUICIDAL THREATS ON THE PLAYGROUND. INSTEAD OF ADDRESSING THE EMOTIONS THAT LED TO HIS BEHAVIOR, THIS INTERVENTION WAS BOTH PUNITIVE AND TRAUMATIZING FOR THE BOY, WHO WAS VERY FEARFUL OF THE POLICE.**

Participants also noted that the excessive use of disciplinary actions and police interventions perpetuates the school-to-prison pipeline, in which youth of color experience increasing marginalization from educational opportunities and are pushed toward criminal justice involvement.

### **Not Enough Mental Health Services in Schools**

Stakeholders perceived that educators are sometimes unaware of the trauma and hardships experienced by children and the effects of these experiences on their behavior and emotions. Caregivers reported that they only received help when behaviors became severe, suggesting that children had to “fail first” before receiving appropriate interventions. Caregivers often described feeling isolated and helpless, not knowing where to turn for help and experiencing a “long road” to getting help.

Stakeholders also suggested that schools lack the resources to adequately address mental health needs that arise in the school setting. As one stakeholder said, “That is what they always tell us: There are no funds, no funds, and no funds...Then, what do we do?”

Teachers are often unaware of the trauma and hardships experienced by children and the effects of these experiences on the children’s behavior and emotions. Even when teachers are aware of children’s trauma experiences, they may be unable to address children’s emotional reactions given a lack of time or training. In large classrooms comprised of students with trauma and challenging behaviors, addressing their mental health needs is often not feasible for teachers. Teachers may be overwhelmed with the task of managing classroom behavior or may experience burnout resulting from the emotional burden of caring for children with multiple challenges. Furthermore, schools lack other supportive services, such as counselors, classroom aids, playground supervisors and other school personnel trained to manage behavioral and emotional difficulties.

### **Cultural Awareness and Understanding is Lacking**

Across groups, participants suggested that school personnel and other providers often lack familiarity or awareness of cultural differences. Many African American participants suggested that

**“I BELIEVE IT ALL BOILS DOWN TO TRUST. IT’S VERY DIFFICULT TO ESTABLISH TRUST. WE GREW UP SEEING IT – KIDS GETTING SPLIT UP. IT’S DIFFICULT TO PLACE THE TRUST IN PEOPLE AT SCHOOL”**

**STAKEHOLDER PARTICIPANT**

teachers do not understand the way their families communicate, their experiences, or the history of oppression and discrimination that continues to affect African American families. Similarly, Native American participants suggested that schools lack an awareness of intergenerational trauma and the importance of cultural connections for Native youth.

Latino and API participants suggested that language barriers and cultural differences often prevent caregivers from forging relationships with teachers, participating actively in their children’s education, and feeling a sense of connectedness and community in the school environment. In sum, participants across groups reported that school personnel and providers’ lack of awareness of history, culture, discrimination, and racism and the effects of these on families and children creates a significant barrier to building collaborative relationships and addressing children’s mental health needs.

### **Mistrust of Institutions Including Education**

Community forum discussions also focused on the lack of trust between communities and government/educational institutions. For many communities, the experiences of family separation (due to current practices of deportation, mass incarceration, and CPS intervention, as well as histories of forced family separation due to slavery and forced removal to boarding schools) have resulted in a profound sense of mistrust. Many communities of color fear government intervention as historically this intervention has led to the most deeply traumatic and damaging experiences.

Latino participants further pointed to the current political climate in which deportation and family separations are a constant threat and discrimination and racism against Latino families continues to be on the rise. For API participants, stigma was a significant barrier affecting caregivers’ willingness to engage with schools. Specifically, participants in the API forum suggested that many API families are reluctant to divulge personal family information to others outside the home. Further, mental illness may be viewed as shameful, particularly in a culture in which pressures to succeed academically are high. In sum, within a context of mistrust, forging collaborative relationships to effectively address child mental health problems is vital.



### **COMMUNITY DRIVEN SOLUTIONS:**

- Recognize and Address Trauma and Adversity
- Build Relationships with Communities
- Foster Cultural Awareness and Humility
- Increase access to Prevention and Mental Health Services



## COMMUNITY-DEFINED SOLUTIONS

Across diverse groups, there were four primary solutions proposed to meet community concerns. These solutions emphasize and elevate the importance of relationships—developing understanding, empathy and trust—as the foundation for supporting student mental health and wellness.

### Effectively Respond to Trauma and Adversity

Across outreach events, the most common recommendation for improving the mental health of school-age children was to recognize and address trauma and adversity. As noted above, participants across groups viewed adverse experiences as responsible for causing the bulk of social and emotional difficulties manifested in school-age children. Accordingly, participants recommended that school personnel and providers be trained to recognize when children have experienced a trauma or are experiencing ongoing distress due to difficult life circumstances. This may require building awareness of the kinds of stressors experienced by students including food and housing insecurity, violence in the home, community, and school, immigration and refugee stress, racism and discrimination, bullying, and the effects of these experiences on students' behavior in the classroom. Instead of punishing children, approaching disruptive behaviors as manifestations of distress and trauma and incorporating opportunities for socioemotional learning may be an effective approach for eliminating or reducing these behaviors.

At the same time, participants recognized the enormity of this task and suggested that schools invest in services and supports to enhance capacity to address student's social and emotional needs. These services and supports may include additional classroom aids trained in behavioral interventions as well as school-based counselors and even brick-and-mortar facilities that could serve as safe spaces for children in crisis.

### Build Trusting and Meaningful Relationships with Communities

To more effectively address the mental health needs of students, collaborative relationships between schools and communities must be fostered. To establish positive and collaborative relationships with families, schools may need to prioritize relationship-building, reframing these efforts as critical to the success of students. This will require the investment of time and resources in activities to promote communication and participation in school activities.

**“CREATE MEANINGFUL RELATIONSHIPS THEY CALL US DAUGHTERS AND COUSINS. THEY TELL OTHER PEOPLE ABOUT OUR SERVICES. THERE IS NO CLEAR WAY OF DOING THIS, TRY NEW THINGS”**

COMMUNITY PROVIDER

Immersion in communities through involvement in community events and promotion of home-visiting may also be instrumental in improving relationships. Further, schools may need to ensure that outreach activities and school events provide a welcoming environment and interpreter services when needed.

### Foster Cultural Awareness and Humility

Cultural humility is critical to building positive relationships with families. Many participants suggested that teachers did not have an understanding of their cultural norms and values and therefore missed opportunities to connect with families. Teachers and other school personnel may bridge gaps and enhance relationships with families by approaching families with cultural humility and by learning more about the families with whom they work. To enhance students' social and emotional adjustment, teachers may provide opportunities to showcase and celebrate the diverse cultures of students in their classrooms.

In addition, attention to histories of discrimination is critical in building relationships with communities of color. To begin to repair the damage done by historical oppression, schools may need to invest effort into regaining the trust of communities. This can be done through open and transparent communication, increased awareness of the histories of oppression and discrimination, and recognition of the fears and challenges faced by parents.

**Cultural humility** is the “ability to maintain an interpersonal stance that is other oriented (or open to the other) in relation to aspects of cultural identity that are most important to the [person].”<sup>7</sup>

**“WHEN YOU TRY TO REACH THE AFRICAN AMERICAN COMMUNITY, WHAT YOU SEE IS BOUNDARIES FROM WESTERN PHILOSOPHY - THAT HAS TO GO OUT THE DOOR. THEY MUST SEE THAT IN YOU FIRST. I CANNOT BE COLOR BLIND...I NEED YOU TO BE WHITE CONSPIRATORS, NOT ALLIES. YOU ARE STANDING WITH THE PEOPLE OF COLOR ”**

STAKEHOLDER PARTICIPANT



**CULTURAL HUMILITY IS CRITICAL TO BUILDING POSITIVE RELATIONSHIPS WITH FAMILIES.**



**THROUGH THE WORK OF  
THIS PROJECT, THE VOICES OF  
COMMUNITIES OF COLOR WILL BE  
ELEVATED AND THE PERSPECTIVES  
EXPRESSED WILL INFORM POLICY  
MOVING FORWARD.**

## Increase Access to a Continuum of Mental Health Services

Participants recommended improving access to a broad spectrum of mental health and wellness services and programs. To promote wellness, schools may implement affordable recreational programs that provide support and opportunities for social and emotional learning for students. These programs may include arts, dance, theater, athletic programs, and music. For students who experience trauma, avoiding a “fail first” approach is critical. Instead, early identification of children struggling with emotional challenges and timely intervention may prevent the escalation of behavioral and emotional problems. Finally, for students with emotional or behavioral challenges, schools may facilitate access to mental health services, either by providing mental health services on site, or providing a warm hand-off to community-based clinics. To ensure the success of these programs, enhanced coordination among systems is critical. Schools, mental health providers, community-based organizations, social services, juvenile justice, and developmental services must collaborate to form integrated and coordinated care plans.

## CONCLUSION

The Schools and Mental Health Project convened stakeholders from across various disciplines representing a wide variety of perspectives. Amongst all participants was a shared sense of purpose and a willingness to work together to develop strategies that would improve the well-being of children. As a result, meetings were energetic and dynamic, relationships were forged, and partnerships developed that will likely lead to further action and change on behalf of students suffering from trauma and mental health conditions. The Commission hopes that through this project, the voices of communities of color will be elevated and the perspectives expressed will inform policy as schools move forward under COVID-19.

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### Select Project Events

### Location

#### School Site Visits

1. Bell Avenue Elementary School
2. Grant Elementary School
3. Monterey Park Elementary School

Sacramento, CA  
Richmond, CA  
Salinas, CA

#### Community Meetings

1. Enhancing the Mental Health of API Children in San Joaquin Valley Schools
2. Transitioning Back to School: Gender, Mental Health, and Education Summit
3. Schools, Mental Health, and Well-Being in the African American Community

Fresno, CA  
Oakland, CA  
Stockton, CA

#### Small Group Meetings/Focus Groups

1. African American Parent Focus Groups
2. Latino Parent Focus Group (Spanish)
3. Latino Parent Meetings (2) (Spanish)
4. Teachers & School Professionals
5. Teachers & School Professionals

Sacramento, CA  
San Mateo, CA  
Chula Vista, CA  
Sacramento, CA  
Los Angeles, CA