Educational and Behavioral Health Service Disparities for Youth of Color

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Introduction

Understanding the interaction between educational and behavioral health system needs for youth of color is a critical endeavor to narrow the achievement gap for minority students. Differences in educational achievement appear associated with minority youths’ chronic exposure to high-stress environments that may lead to or exacerbate mental health problems. These achievement differences can be linked to patterns of structural racism and consequently to minority students’ perceptions of teacher and administrator bias. Minority youth, with the exception of Asians, continue to be overrepresented in special educational programs for the learning disabled and in segregated classrooms for those with emotional problems. At the same time, they continue to be underrepresented in programs for gifted and talented students. In this brief we describe the necessity to invest in integrating services for mental health within the educational context. We also explore the intersection between educational and behavioral health disparities for youth of color. We address research performed in these areas as well as existing and emerging policies. Finally, we offer recommendations for how best to serve youth of color to guarantee that minority youth have equal opportunities to achieve their full potential.
RISE for Boys and Men of Color is a field advancement effort funded by The Atlantic Philanthropies, W.K. Kellogg Foundation, Annie E. Casey Foundation, Marguerite Casey Foundation, and members of the Executives’ Alliance to Expand Opportunities for Boys and Men of Color.

1 Background

Children with unmet emotional and social needs experience greater challenges to learning.1, 2 Educational policies and schools that do not address these challenges are hard pressed to serve these students well.3 By the same token, behavioral health initiatives and treatments that do not acknowledge school as a primary place of service delivery risk not providing effective interventions.4-6 These issues become more pronounced for youth of color, who are more likely to attend inadequate schools and are less likely to receive adequate mental health care.7-10

A significant gap looms for youth of color between the need for and the availability of appropriate educational and behavioral health services.11 School and behavioral health care systems originally designed to serve predominantly native-born, English-speaking youth must now meet the needs of youth from diverse cultural, linguistic, and socioeconomic backgrounds, often resulting in differences in access to and use of services among groups.12

In the educational arena, youth of color are more likely to attend schools with poor resources, high turnover of teachers, overcrowded classrooms, and inadequate instructional resources.8 Youth of color are also much less likely to complete high school as compared with their White counterparts.13 In the area of behavioral health, research has indicated that White youth are more likely than minority youth to receive adequate care following a major depressive episode, while minority youth are less likely to be prescribed psychotropic medications.7, 14, 15

It has become increasingly well recognized that educational and health care systems work best when social, emotional, and educational initiatives inform each other. Atkins and colleagues (2010) explore this interplay, noting that recent federal policies show support for a closer alignment between mental health and education.16 However, the role, structure, and empirical basis for locating mental health services in schools, for example, remain limited. Many initiatives enacted to promote academic excellence may do more harm than good if attention is not paid to the social and emotional needs of disadvantaged students.17 Likewise, children’s behavioral health treatments that do not account for the realities of the school day have limited effectiveness.18

To explore these issues, we examine the data and research about educational and mental health disparities for youth and how these disparities interact, and we analyze existing and emerging policies being offered to deal with the problems. We then offer recommendations for future policy and practice. Terminology for race is taken from existing research; we include broad categories where no subgroup information is available.
2 Educational Setting Disparities

SCHOOL-BASED PUNITIVE ACTION

A primary area for educational disparities is the disproportionate percentage of children of color, particularly Black male students, who receive school-based punitive action or who are placed in alternative learning settings. Research shows that Black male students are suspended and expelled at a rate three times greater than that of White students: Black male students represent 16 percent of the student population while composing 32 to 42 percent of students who are suspended or expelled.\(^{19}\) Results of one study indicate that Black students are 2.19 (in elementary school) to 3.78 (in middle school) times more likely to be referred for problem behavior in school settings than their White peers\(^{20}\) and that students from Black and Latino families receive higher rates of expulsion or out-of-school suspensions for problem behavior. As punitive actions take place, the establishment of trajectories becomes evident. In a study of middle school students, data showed one or more suspensions in sixth grade to be associated with additional suspensions in seventh grade.\(^{21}\) Even more concerning is a 2016 report that shows rates of suspension for Black students (boys and girls) at 3.8 times that of White students and that this trend begins as early as preschool, where Black students are already 3.6 times more likely to be suspended.\(^{22}\)

The Kirwan Institute for Race and Ethnicity at Ohio State University focuses on the effects of implicit biases against children of color that lead to increased disciplinary action, despite the fact that as much as 95 percent of out-of-school suspensions nationwide are for nonviolent offenses, such as tardiness, profanity, or dress-code violations.\(^{23}\) The race and ethnicity mismatch nationwide between students of color and their teachers—who are primarily female and White—can contribute to subjective interpretation of behaviors of male students of color as more dangerous or requiring discipline.\(^{24, 25}\) In one study, once Black and White students were placed with same-race teachers (assuming other covariates are similar), student behavior was rated more favorably for Black students than White students.\(^{26}\)

The “push” out of the classroom that occurs from suspensions and expulsions in zero-tolerance environments, as described by the Kirwan Institute and others, can have long-term consequences; can be detrimental to educational opportunities and self-esteem; and may be linked to lower graduation rates and the “school-to-prison pipeline.”\(^{25, 27}\)
EDUCATIONAL AND BEHAVIORAL HEALTH SERVICE DISPARITIES FOR YOUTH OF COLOR

HIGHER RATES OF PLACEMENT IN ALTERNATIVE SCHOOL SETTINGS

Another major example of disproportionality is the higher rate of assessment of ethnic and racial minority students, particularly Black males, for disabilities requiring special education and lower rates of return to standard school settings. These students may also experience less therapeutic support and more gaps in education than their White counterparts. Not only are Black students more likely than their White peers to be placed in special education programs; they are also more likely to repeat a grade. Approximately 33 percent of Black children and 28 percent of Latino children with disabilities are served in separate educational classrooms compared with 15 percent of White children with disabilities. In the book Why Are So Many Minority Students in Special Education? examination of social processes and stereotypical expectations in education drive the question about whether these placements are justified or accurate. Overall, minority youth are underrepresented for gifted programs and overrepresented in special education, differences that may contribute to persistent gaps between potential and actual achievement. Once a student is identified with emotional disturbances or learning disabilities, outcomes also are problematic. One study found that once placed in alternative settings, students experienced limited transitioning back to regular classrooms.

Once separately placed, students with conduct problems often perform poorly, with placement associated with reduced completion and increased conduct disorder symptoms. In a 2011–2012 release from the U.S. Department of Education’s Office for Civil Rights, findings show that as early as preschool, Black students, who represent 18 percent of preschool enrollment, account for 42 percent of students suspended once and 48 percent of students suspended more than once. Students with emotional and behavioral disorders have worse outcomes, reflecting the highest dropout rates of any student group at about 40 percent.

ROLE OF TEACHERS

Teachers of students with emotional and behavioral disabilities face complex challenges in supporting students’ academic and behavioral needs. While teachers require administrative support to meet educational requirements for their students, administrators are seldom prepared or equipped to do so, with the results overburdening already busy teachers who are unable to provide sufficient instruction and support. Minority youth are more likely to attend schools with high teacher turnover, fewer resources, overcrowded classrooms, and inadequate instructional resources. For teachers who lack specialized training, accommodating students with behavioral issues within the classroom can be challenging; while those who teach in separate settings may not see improved outcomes, even with the addition of educational support services.

ROLE OF PARENTS

For parents of students of color, barriers to support student learning can also exist. Parents may be limited in their ability to participate in education owing to language barriers or “time poverty,”—where the focus is on providing for the family’s primary needs through jobs with inflexible schedules. In some cases, parental limitation may be the result of faulty perception by educators about parents of color and their value of education, creating a sense of exclusion among minority parents and the belief that they will only be invited to the school to hear complaints about their child.

BEHAVIORAL HEALTH DISPARITIES

Students with behavioral health concerns face special challenges. In general, despite the enormous toll these problems have on the well-being of youth and families, disparities in access to and intensity of quality behavioral health services for youth of color appear to persist. These same youth receive fewer and inferior health services as compared to non-Latino Whites. Although the implementation of evidence-based guidelines in medicine has improved treatment for disadvantaged groups, studies have shown that their treatment by health care providers frequently does not adhere to these standards of care. Variations in the effectiveness of therapy for youth of different racial and ethnic groups also highlight the influence of cultural competence on quality of care among behavioral health providers. Early identification of the need for behavioral health care in youth of color is also crucial to facilitate the elimination of the negative consequences of these service disparities.
BEHAVIORAL HEALTH IN THE CONTEXT OF SCHOOLS

Untreated behavioral health issues can appear within school settings, with children showing symptoms that look like misbehavior and that elicit punitive actions. In a review of students attending alternative education programs, data showed that children who experienced abuse and exposure to traumatic events were more likely to be in special education, to have below-grade test scores, to exhibit poor work habits, and to be 2.5 times more likely to fail a grade. Surveys of eleven school districts that received state-funded Alternative Education Grants indicated that 90 percent of students reported histories of trauma exposure. Of the students surveyed, 41 percent reported histories of family violence; 46 percent reported having been physically, emotionally, or sexually abused; 39 percent reported neglect; and 16 percent were living in foster care or out-of-home placements. Factors that link trauma to minority populations include low socioeconomic status, family violence, single-parent households, and unsafe neighborhoods. Effectively, these data, when combined with reports on disproportionate placement and restrictive alternative school settings, suggest that students may not receive support that gets at the root of the problem—that is, their underlying behavioral health issues rather than their behavioral symptoms.

Given the limited access to behavioral health care among minority youth, school-based mental health interventions are the key to addressing disparities. A 2015 assessment of student mental health needs in the Chicago public school system reported a decline in mental health services following the closure of six mental health clinics across the city and a correlating increased reliance on schools to provide these services.
How Educational Policies Are Lagging for Boys and Men of Color

Examination of the interaction between educational and behavioral health outcomes shows current policies and initiatives have not succeeded in resolving disparities for boys and men of color. No Child Left Behind (NCLB), a federal act passed in 2002, was an update to the country's policy that defined federal roles for K–12 education. The NCLB law increased the government's role in holding schools accountable for the progress of students. Main criticisms of NCLB include the lack of improvement in student achievement through standardized school testing and progress reports and the lack of benefit from the reach of the government into education and standardized testing.

Analysis of impacts of high-stakes testing points to the harm of its effect on Black student populations through practices that have not yielded improved scoring, have increased student apathy, have contributed to the “school-to-prison pipeline” effect, and have helped create a system that encourages schools to focus on test scores over educational improvement for students. In fact, with some states seeing failure rates of more than 50 percent under NCLB's requirements that states bring all students to the “proficient level” by 2013–2014, state waivers were issued by the Obama administration in 2011 and are now in place in forty-two states, Puerto Rico, and the District of Columbia.

The Individuals with Disabilities Education Act (IDEA) of 2004 is a federal law that governs how states and public agencies provide early intervention, special education, and related services to children with disabilities. IDEA was designed to align with the NCLB act to improve special education services for students. The successes and failures of IDEA have been documented and analyzed by agencies and researchers. In *Disabled Education*, author Ruth Colker examines flaws in IDEA that limit its effectiveness for poor and minority children, reporting that struggling schools serving primarily poor students of color rarely have the funds to provide appropriate special education and related services to students with disabilities.

Troubling data from the Center for Public Education show that of students who receive special education services, Black, Latino, and American Indian/Alaskan Native students have increased dropout rates and lower rates of graduation when compared with White and Asian/Pacific Islander (aggregate population) students. Analysis of IDEA's annual performance reports suggests that federal interpretations have not been effective in addressing disproportionate representation in special education.

Throughout implementation, analysis has shown that surrounding factors—including lack of resources in poorer school districts serving students of color, lower socioeconomic status of ethnic-racial minority students, and higher rates of diagnosis with emotional disturbance and learning disabilities—continue to stand in the way of improvements in education for students of color. With public schools funded through a combination of state and local sources, and nearly half of funding derived from local taxes, large gaps continue between wealthy and poor community schools.

Innovative programs designed to increase the achievement of Black and Latino male students, including the Expanded Success Initiative of the New York City Department of Education, show findings that despite evidence of improvements in school culture and student discipline, these programs have yet to affect key student outcomes.

In December 2015, the Every Student Succeeds Act (ESSA) was signed by President Obama as a reauthorization of the fifty-year old Elementary and Secondary Education Act. While still including measures for yearly student progress, the new act promotes flexibility in providing states identification of and interventions in schools that are not making progress or where disparities remain. Of particular focus in the report is the inclusion of support for the bottom 5 percent of schools, schools where subgroups are falling behind, and high schools with high dropout rates. ESSA indicates dedicated funding for the lowest-performing schools.
A number of states and districts have taken up the challenge to deal with disparities and disproportionality and the needs of racial-ethnic minority students. In 2011, a collaborative initiative between the U.S. Departments of Education and Justice called the Supportive School Discipline Initiative (SSDI) was launched. The SSDI focused on addressing punitive actions contributing to the “school-to-prison pipeline” and other disciplinary practices that push students from educational settings into the justice system. In 2014, the U.S. Departments of Education and Justice collaborated in a school discipline guidance package to further assist states, districts, and schools in their efforts to enhance school climate through education on best policy and practices and to avoid unfair disciplinary actions. There is yet to be a full evaluation of the impacts of these changes. The Chicago Teachers Union published a 2015 call for public schools to implement research-based changes to school policies that highlighted equity, student support, and provision for needs caused by the impacts of poverty and racism. A recent shift in attitude toward punishment in school settings has caused reforms of their student code of conduct, eliminating automatic ten-day suspensions that remove students from classrooms. Reductions in punitive actions, increases in support, and partnership with mentoring organizations and professionals all can lead to decreases in educational disparities.

New York City’s Department of Education Expanded Success Initiative (ESI) focuses on the issue of low college readiness among Black and Latino male students and provides support to forty high schools. ESI schools implement programs across three cores of academics, youth development, and a college and career-focused culture, and incorporate less punitive, more reflective staff practices. While reductions in suspensions have occurred, mixed results indicate that these initiatives may need time to mature and change while ESI is evaluated further.

In several states, including Massachusetts, school-to-prison pipeline interventions have been developed and implemented as a direct response to the zero-tolerance policies that have proved punitive to racial-ethnic minority students. The Substance Abuse and Mental Health Services Administration has worked on justice system diversion programs that recognize the high prevalence of people who need interception and links to services that build collaboration with organizations providing support and reentry. The Safe and Supportive Schools Framework was enacted in 2014 as part of Massachusetts general law, with provisions to establish assistance to schools in creating learning environments that improve educational outcomes for students, including social and emotional learning, dropout prevention, children’s mental health, inclusive education, and approaches reducing suspensions and expulsions. A similar House of Representatives resolution in Pennsylvania was passed in 2013 that calls for statewide trauma-informed education. In an interview for a Massachusetts Advocates for Children publication advocating for trauma-sensitive schools, one principal remarked on the surprising overlap between students who were homeless, were in foster care, or otherwise had a known traumatic history and those who were functioning below grade level. The framework proposed by these advocates includes concurrent work through school and district leadership, staff and teacher support, and family and student resources.

Atkins and colleagues (2010) describe the importance of not only including services for children with mental health needs in schools but of using a holistic approach that affects the whole school environment and can benefit all children. One example improves programming for student transitions throughout the day, which helps all children deal with regular daily changes. Another example is the Quiet Time intervention, which includes meditation for fifteen minutes twice daily and has been shown to improve youth mental health symptoms, classroom climate, and academic achievement.
3 Recommendations

The intersection between behavioral health and educational disparities can improve for boys and men of color with a three-pronged strategy. First, we need to integrate a universal approach to behavioral health within schools that clearly conveys behavioral expectations and provides opportunities for children to practice social and emotional skills; such an approach is likely to increase prosocial behavior. Substantial evidence demonstrates that social emotional learning (SEL) programs boost students’ academic performance by 11 to 17 percentile points. We follow work proposed by Garner and colleagues on SEL interventions that strengthen youths’ “ability to understand, express, and regulate the emotional aspects of life in ways that contribute to positive developmental outcomes in academic as well as social arenas” (pp. 166–168). SEL interventions can improve the quality of student-teacher interactions by coaching teachers to be more emotionally responsive to their students’ needs and to employ positive disciplinary practices that support their students’ academic performance and social adjustment.

FIGURE 1: Garner’s Multilevel Heuristic Model for Social Emotional Learning Interventions

- HOME AND NEIGHBORHOOD CONTEXT
  - Family emotion socialization practices
  - Cultural values
  - Neighborhood Characteristics
  - Geographic location

- CHILD SOCIOCULTURAL CHARACTERISTICS
  - Race/Ethnicity
  - Socioeconomic status
  - Gender
  - Disability Status

- SCHOOL CONTEXT
  - Geographic location
  - Economic, material, and teaching resources
  - Racial/Ethnic composition

- CHILDREN’S SOCIAL EMOTIONAL COMPETENCE

- SOCIOCULTURALLY-GROUNDED SEL PROGRAMS
  - Compatible with, and sensitive to, sociocultural characteristics of participants
  - Focus on contexts and relationships beyond the classroom
  - Consider issues of measurement equivalence, language accessibility, and multiple domains and subdomains of development in choice of outcome measure
  - Consider dosage and timing of the intervention
  - Formal training for teachers in sociocultural competence and its importance for classroom climate

Direct Influences

Moderating influences (for parsimony, association between Child Sociocultural Characteristics and SEL Programs not shown)
Monetary incentives should be provided for schools that integrate SEL programs and demonstrate youth’s improvement in social emotional competence and reduction in punitive actions.

Second, it is essential to offer supported education that is asset driven and helps boys and men of color with emotional and learning disabilities and that can overcome barriers to educational achievement. Supported education assists individuals in completing their postsecondary education goals by providing access to a range of services meant for personal and professional development and educational success. These services include teaching students how to implement a career plan, improving basic literacy skills, helping to apply for college and navigate the financial aid process, counseling students and providing symptom management strategies, and facilitating in-class support. As a result, these programs have been shown to improve the educational outcomes and psychological well-being of those confronting emotional and learning disabilities. For example, Killackey and colleagues tested the feasibility of a supported education program (named IPSed, for individual placement and support for education) designed to assist students in meeting their educational goals. Additional supports in the IPSed program included transportation, assistance with homework, and in-classroom support. IPSed staff also formed connections with students’ case managers to develop additional supports for these students, so that 95 percent of students were actively engaged with their education by the end of the study.

Third, the strong and consistent interrelationship of health-risk behaviors and academic achievement points to the need for policy action and community investment to sustain evidence-based interventions that can reduce behavioral and educational disparities. There is sufficient indication that schools that are overwhelmed by the psychosocial needs of families and youth are constrained in their capacity to educate. Focusing on youth’s improved academic and social functioning rather than on psychopathology or discipline should be prioritized in the daily routines of schools. Given urban schools’ budget deficits and lack of resources, ancillary expert consultation and volunteer community supports could help with effective instruction and classroom management. Many teachers have not been coached in how to deal with children who have multiple, serious social and emotional needs and who participate in schools with high student-to-staff ratios. Prioritizing sustained support over crisis management services for all youth in poor urban schools can be key to changing the organizational and institutional climate of disadvantaged schools. Integration of programs such as the Positive Behavioral Interventions and Supports and the Good Behavior Game can help develop an ecological approach to education that supports positive academic and social outcomes for students.

Solving educational disparities for youth of color requires a targeted focus in educational, behavioral, and community arenas. More research on IDEA’s outcomes on youth of color must continue, with metrics on educational disproportionality, including assessment rates of emotional or learning disabilities by race reported by states to the public and evaluated every five years by the National Academies of Science. Through IDEA’s ongoing evaluation, examination and policy integration changes can occur centered on building social and emotional well-being for youth and men of color.
References


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RISE is a joint initiative co-led by Equal Measure and the University of Southern California Race and Equity Center.