

## **SCHOOLS, MENTAL HEALTH, & WELL BEING IN THE AFRICAN AMERICAN COMMUNITY: A COMMUNITY FORUM HELD FEBRUARY 27, 2019**

The Commission collaborated with Be Smooth, Inc. to hold a community forum on *Schools, Mental Health, & Well Being in the African American Community* on February 27, 2019 in Stockton, California. This forum was part of a broader stakeholder outreach strategy for the Commission's project on Schools and Mental Health. This strategy includes engaging with stakeholders and members of diverse communities to inform Commissioners and to help them develop an action agenda for improving access to services and supports. The meeting was facilitated by Lecia Harrison, Founder and Executive Director of Be Smooth, Inc., a non-profit organization that provides support and services to students to promote wellness and success in schools.

About 60 community members attended the forum, including parents, school personnel, and community-based providers. The forum began with a community building and networking lunch, followed by a structured panel presentation and roundtable discussions. The panel presentation and roundtable discussions focused on three questions:

1. What is your experience with school-age children and mental health in your community?
2. What are some challenges you see in addressing mental health problems with school-age children (and in particular, in the African American community)?
3. Given your experiences how can we meet the needs of school-age, and in particular, African American children more effectively?

The following key themes emerged from the panel presentations and roundtable discussions.

### **KEY THEMES - BARRIERS AND CHALLENGES**

#### **WIDESPREAD EXPOSURE TO TRAUMA**

When asked about mental health in school-age children, the greatest source of difficulties identified by both participants and panelists was unrecognized or unidentified exposure to trauma. Panelists said that many children in their community experience significant trauma and adversity; both in the form of discrete traumatic events such as exposure to violence, physical and sexual abuse, removal from home (foster care), as well as chronic experiences of abuse, homelessness, food insecurity, and family instability.

“My son has had severe trauma and many transitions: An absent father, instability in the home, homeless from age 1-6. Frequent moves, house to house, city to city. 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*”

This Parent Participant’s quote illustrates the negative impact of chronic stress and adversity on a child’s development, especially when it occurs in the first 5 years of life. The quote above also illustrates that traumatic events are not always discrete, individual experiences. Instead, these events can be chronic and cumulative over time; unfolding in the broader context of community and intergenerational trauma.

## **COMMUNITY AND INTERGENERATIONAL TRAUMA**

Participants discussed how children’s experience of trauma and adversity was compounded by community and intergenerational trauma. Community trauma involves concentrated trauma among people in a community environment<sup>1</sup> and includes poverty, limited or long-term unemployment, violence, crumbling infrastructure, and damaged/disconnected social relations. In addition, the long history of forced separation of black families through government policies (such as slavery and mass incarceration) has led to the fragmentation of black families, the intergenerational experience of trauma, and a pervasive distrust of government institutions. Many parents described experiencing trauma themselves, and not knowing how to shelter or protect their children from similar experiences.

“As a mother, when trauma happens to your child it’s difficult to know how to face it every day. It takes me back to some of the things I survived.”

Given exposure to trauma, including chronic adversity, discrete traumatic events, community trauma, and intergenerational trauma, children may arrive at school struggling to manage their emotions and engage in a learning process. Often these emotional reactions can manifest in acting out and disruptive behaviors in the classroom, difficulties with peer interactions, and difficulties with transitions.

## **LACK OF RESOURCES AND CAPACITY TO SUPPORT THE SOCIAL AND EMOTIONAL NEEDS OF CHILDREN**

Participants suggested that for children with significant social and emotional needs due to exposure to adversity, the schools have few resources available. Teachers often do not have the training or expertise to recognize when a child’s behavior is due to exposure to a traumatic event. Furthermore, even when teachers are aware of how trauma was affecting their students, they often do not know how to help children cope or have the resources (time, energy, and attention) to manage emotional symptoms in a classroom setting.

“The next teacher did not ask how she could help, instead she punished him. She spoke to me as if I was the child. Too much on me and on my son. I needed to go to work every day. With my PTSD, I feared getting everything taken away, because I had been homeless. The Principal said, “I have to be honest with you we just don’t have the resources to deal with your son.”

Participants also noted that there are not enough mental health professionals in schools to support children or school staff. Furthermore, when mental health professionals are available, they often do not reflect the diversity of the community. Participants noted a general lack of African American educators, school staff, and mental health providers. This contributes to feelings of

mistrust and disconnection from institutions like schools because there are not enough professionals who truly understand African American culture and history.

## **PUNITIVE DISCIPLINARY PRACTICES**

While participants at times identified specific teachers or school personnel who helped children overcome challenges by caring and connecting with them, for the most part participants observed that schools responded with punitive disciplinary actions, at times even re-traumatizing children. Parents described receiving repeated calls from teachers and school administrators that resulted in their child being suspended from school for behavior that could have been more effectively addressed through positive disciplinary practices. Participants discussed how these punitive disciplinary practices often label and target Black boys, pushing them out of school. Participants also expressed concern that police presence on school campuses leads to unwarranted detainment and arrest of Black students.

## **LACK OF TRUST IN INSTITUTIONS INCLUDING THE SCHOOL SYSTEM**

### HISTORY OF CPS INVOLVEMENT IN AFRICAN AMERICAN COMMUNITIES

The issue of “trust” was mentioned frequently throughout the forum. Parent participants described a deep lack of trust for systems that had historically oppressed and inflicted trauma on the African American community. Most notably, participants reflected on the removal of African American children from their homes by Child Protective Services, and the fear that these actions elicit in the community. This fear prevents parents from accessing supportive services and mental health care that they need and want.

### DISCONNECTION AND DISENGAGEMENT

In addition, this mistrust extends to relationships with schools. Participants suggested that many parents do not feel like a part of the school community and have difficulty advocating for their children’s needs. Further, many parents are barred from volunteering in the classroom or participating in school activities due to criminal records. Given the bias and disproportionality in the criminal justice system, African American parents are more likely to have criminal records and to thus be marginalized from their children’s educational experiences.

“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.”

Furthermore, the mistrust described by participants goes both ways: parents distrust schools and school personnel often are reluctant to bridge the gap due to their own biases about the community. Participants suggested that teachers often lack a passion for their role as educators and a connection with the community they are serving. Even for those teachers who are willing to forge relationships with communities, fears about the safety of neighborhoods may prevent them from reaching out.

## **SOLUTIONS**

### **RECOGNIZING AND ADDRESSING TRAUMA**

A key first step to addressing the mental health needs of African American children is recognizing that some of the challenging behaviors stem from exposure to trauma. Instead of disciplining and punishing children who are facing extraordinary adversity, experiences of trauma must be identified and addressed. Children who experience sexual and physical abuse, extreme poverty, homelessness, and other adversities may require support, connection, nurturing, and even, in some cases, ongoing psychotherapy to be able to participate effectively in a classroom setting.

Interventions suggested by panelists include equipping teachers with the awareness to recognize trauma and the skills and resources to help children cope with trauma. As one participant said, “Teachers need to lead with compassion and empathy.” Other recommendations made by participants to increase the capacity of schools to recognize and address trauma included:

- Training for all school personnel (including bus drivers and food services workers) on mental health, trauma, and implicit bias.
- Changing policies that disproportionately lead to suspension and expulsion of African American students.
- Providing on-site, campus resources such as quiet rooms and classroom aides.
- Reducing the presence of police on school campuses.
- Hiring intervention specialists in schools who work with local mental health agencies to address the health and wellness needs of parents and families.
- Building greater collaboration between schools and community-based organizations such as local churches to address community trauma.
- Recruiting African Americans into the teaching and mental health professions.

“If a child tells you, “My daddy isn’t here. My daddy is dead. My daddy is not in the picture.” Don’t shy away from that. They are already parentified. They are already latch-key kids. They are socially and economically defunded.”

### **BUILDING RELATIONSHIPS**

A prominent theme throughout the discussions was the lack of trust and connectedness between parents and communities, and schools and providers. Participants suggested that bridging these gaps may ensure that children experiencing trauma are identified early on. Furthermore, establishing relationships based on mutual trust will enable parents, providers, and schools to forge partnerships and to address children’s needs more effectively. Building these relationships will require significant investment on the part of schools and providers to recognize and combat implicit biases, to examine their own disciplinary practices, and to reframe behavior problems as manifestations of suffering and distress.

“On the provider side, how are we going to reach the kids? I became a wrap facilitator but felt the disconnect between the schools and the homes. It’s gotta be a whole family situation. You have to be able to touch everyone and be willing to help everyone.”

Participants suggested ideas for building greater trust to successfully partner with families, including employing a school team of parent and peer navigators and providing opportunities for parents with criminal histories to volunteer in the classroom.

### **CULTURAL HUMILITY**

Panelists and participants alike discussed the importance of the value of cultural humility. Cultural humility is different from cultural competence, which implies mastery of cultural knowledge. 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>2</sup>

3 key characteristics:

1. Commitment to self-evaluation and self-critique.
2. Desire to address power imbalances.
3. Partner with other people to advocate for change.<sup>3</sup>

Cultural humility is a lifelong process of self-reflection that includes being flexible and humble in learning from others about their beliefs, values, and customs.

Providers and school personnel must be aware of the experiences of trauma, the history of racism, discrimination, and family disintegration which form part of the fabric of the African American community. Recognizing the effects of this history on African American communities is a first step towards bridging the gaps and forging relationships based on trust and the shared goals of supporting children’s social, emotional, and academic development.

“We are caught up in diagnoses for billing, hours, boundaries. When you try to reach the African American community, what you see as boundaries from western philosophy that has to go out the door. They must see that in you first. I cannot be color blind. I cannot care about white fragility. I need you to be white conspirators, not allies. You are standing with the people of color.”

### **IDENTIFYING AND BUILDING ON COMMUNITY STRENGTHS**

Participants in the community forum shared their passion and dedication to improving mental health for children in their communities. The forum galvanized participants’ sense of purpose and shared goals, as well as their willingness to collaborate to promote better care for children. Furthermore, participants shared the importance of celebrating cultural and historic achievements, as well as providing positive mentors for children. One panelist discussed the

importance of having posters of African American heroes such as Colin Kaepernick and Shirley Chisholm posted on classroom doors, as well as regular events celebrating African American history. Another participant mentioned the importance of mentorship, particularly for African American boys. These strategies hold promise for building resilience and fostering a climate of inclusion and equity in schools.

The commitment, engagement, and leadership demonstrated by participants represent the many strengths and resources that are embedded in this community, these resources must be leveraged to develop and promote policies that will have a positive impact on schools and families in the African American community.

## **NEXT STEPS**

Information gathered from this meeting will be incorporated into the project's final report to be submitted to the Commission. During and after this time, staff will continue to engage with community stakeholders as we develop policy recommendations that address the educational and mental health needs of African American children and their families. Ongoing dialogue and feedback from diverse communities is critical to the success of this project.

## REFERENCES

- <sup>1</sup> Pinderhughes, H., Davis, R., & Williams, M. (2015). Adverse community experiences and resilience: A framework for addressing and preventing community trauma. Prevention Institute, Oakland CA.
- <sup>2</sup> Hook, J. N., Davis, D. E., Owen, J., Worthington Jr., E. L., & Utsey, S. O. (2013). Cultural humility: Measuring openness to culturally diverse clients. *Journal of Counseling Psychology*, 60(3): 353-366.
- <sup>2</sup> Tervalon, M., & Murray-Garcia, J. (1998). Cultural humility versus cultural competence: A critical distinction in defining physician training outcomes in multicultural education. *Journal of Health Care for the Poor and Underserved*, 9, 117-125.