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DEVELOPING THE NEXT GENERATION OF LATINO LEADERS®

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Mi Mente Mi Salud: The Need for Mental Health Services and Awareness in Schools

By: Stephanie Pozuelos, MSW *CHCI-PepsiCo Public Health Graduate Fellow*

Abstract

Exposure and experiences that are traumatic have shown to disrupt the teaching and learning process for students in classrooms. The purpose of this paper is to propose amends to current legislation that would integrate the following: (1) a trauma-informed framework in schools' approach with students; (2) services to students and their families that have undealt trauma; and (3) culturally sensitive training for mental health professionals unfamiliar with different cultural nuances of experiencing and coping with trauma. The recommendations set forth by this paper would improve school climates and assist school staff in proactively recognizing signs and symptoms of mental health illness in students by making key changes/amendments to current regulation.

INTRODUCTION

The well-being and success of future generations is crucial; however, about one in every four to five youth in the general population meets the criteria for a "lifetime mental health diagnosis that is associated with role impairment and/or distress."[1] The World Health Organization (WHO) defines health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."[2] Nationwide, 26% of children in the U.S. will witness or experience a traumatic event before they reach the age of four.[3] Childhood trauma is defined as a response to a single negative event or series of events, which causes a child to temporarily feel helpless, and limits the child's ordinary coping and defense mechanisms.[4] However, a child's response varies with their age, stage of development, personality, intelligence, and prior history of trauma.[4] Trauma does not need to be violent or have it occur directly towards the child, but it may affect the child indirectly, such as: poverty, community violence, witnessing domestic violence, homelessness, immigration status, etc.[4] These indirect traumatic experiences are known as Adverse Childhood Experiences (ACEs). The purpose of this paper is to propose amends to current legislation that would integrate the following: (1) a trauma-informed framework in schools' approach with students; (2) services to students and their families that have undealt trauma; and (3) culturally sensitive training for mental health professionals unfamiliar with different cultural nuances of experiencing and coping with trauma. The recommendations set forth by this paper would improve school climates and assist school staff in proactively recognizing signs and symptoms of mental health illness in students by making key changes/amendments to current regulation.

Communities of color, economically disadvantaged, and geographically isolated communities often experience these issues and there are little to no resources available to address mental health concerns. Within economically disadvantaged communities, there exist many regular, potentially traumatic influences: gang violence, cultural and socio-economic insensitivity, and stigma surrounding mental health.[5] Further, unique individual factors need to be considered when addressing mental health needs in minority children, such as: cultural nuance, immigration status, sense of family, and spirituality. [5] Latino children are predominantly vulnerable to factors that were previously stated. A recent report shows that 48% of Latino youth are second-generation children of immigrants with at least one foreign-born parent, 6% are first-generation children of immigrants who have themselves immigrated to the United States, and 46% third-and-higher generation.[5] Reports state that 88% of Latino children and youth have unmet mental health needs compared to 72% in African Americans and 76.8% in white children and youth.[6]

Stress from acculturation especially among Latino adolescents often gets associated with low-self-esteem, depression, social withdrawal, substance abuse, aggression, delinquent behavior, and suicidal behavior.[12] For immi-

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grant youth, the adjustment to the culture and language of the United States can bring on physical and psychological impacts on their well-being.[21] Nevertheless, youth that are born in the United States who are familiar with the language and culture are not completely free of acculturative stress.[21] They often experience acculturative stress due to being put into the position to serve as cultural and linguistic liaisons for their family members that may not be use to the culture/ language.[21] One of the main factors for high rates of suicidal behavior among young Latinas is acculturative stress.[12] Approximately 20% of Latina high school students have seriously considered attempting suicide compared to 16.1% of white female high school students have considered suicide.[11] About 15.4% of female Latino high school students made a suicidal plan, compared to 12.3% of their non-Hispanic White counterparts.[11]

Latino children and youth have a higher need for mental health services, but neither cannot access services or underutilize them, due to: mixed family immigration statuses, and familial and environmental stressors.[12] Many observations show that Latino children and youth do not access the mental health services until a crisis occurs.[7] Many also drop of out of services too soon due to the lack of understanding of what mental health is, poor rapport with the therapist, or disapproval from parents. Latino families often expect speedy outcomes and disengage from the resolution process when the "problem" does not get quickly resolved. This situation can lead to mistrust from the family in the clinician and care system, and lost empathy from the therapist. A cultural trait that may contribute to this is known as fatalism or fatalismo. Fatalism is a Latino cultural trait in which they believe that "the course of fate cannot be changed and that life events are beyond one's control."[8]

Fatalismo has been associated with influencing many health-related behaviors, and deters individuals from seeking mental health practitioners or view mental illness as a shameful stigma.[12] Common types of childhood traumas are witnessing events such as motor vehicle accidents, bullying, terrorism, exposure to war, child abuse, domestic violence, and community violence, which can result in experiencing distress, posttraumatic stress disorder (PTSD), and posttraumatic stress symptoms.[9] Exposure and experiences that are traumatic have shown to disrupt the teaching and learning process for students in classrooms.

Nationally, about 80% of children/ youth will not receive the services that they need to address mental health issues.[10] Most schools are also not prepared or trained to handle children, adolescents, and teenagers with a mental health diagnosis.[9] In a survey observing 536 elementary and middle school children in an inner-city community, 30% had witnessed a stabbing and 26% had witnessed a shooting.[11] Young children who were exposed to five or more significant adverse experiences in the first three years of childhood faced a 76% likelihood of having one or more delays in their language, and emotional or brain development.[9]

Addressing disparities in the mental health system requires looking beyond a narrow definition of psychopathology to a broader definition that includes mental health symptoms, behavioral problems, and environmental factors.[12]

APPROACHES TO ADDRESSING MENTAL HEALTH IN SCHOOLS

School Based Mental Health Services As An Intervention

A growing concern has emerged regarding racial disparities in health care, and an even more focused concern on minority children accessing mental health services.[22] Evidence has shown that Latino children suffer significantly from not accessing mental health care services due to extraneous factors such as no health insurance, parental decisions, cultural barriers, and lack of knowledge and awareness.[5] Yet, despite the underutilization of these services by this group being prominent, there are few effective interventions/ approaches that have been developed and evaluated specifically for Latino children.

Garrison et al. stated that delivering mental health services through the school system can possibly eliminate certain barriers that prevent Latino children from accessing much needed mental health services.[23] Schools have often been identified as an "ideal entry point for improving access to mental health services for children".[24] Most schools provide a variety of services to students that cater to their social and emotional well-being. About 63% of schools provide prevention services, 59% of schools provide programs for behavioral problems, and about 75% have school-wide programs on supporting safe and drug free spaces.[25] However, more research needs to be conducted to evaluate the effectiveness of delivering services in school settings, especially towards minority children.[22] Also, many schools differ in the type of framework and model that that they use to implement these programs. For example, some schools utilize only school or district personnel to provide mental health services to students, while other schools use a combination of outside providers and school/district personnel or only rely on outside providers.[25]

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THE EVERY STUDENT SUCCEEDS ACT (ESSA)

The reauthorization of the Elementary and Secondary Education Act, or now known as the Every Student Succeeds Act (ESSA), supports the creation of positive school climates. Various elements of the law require schools to make effective changes to the school environment to help students achieve both academically and personally. One such element, which previously existed, requires that states submit accountability plans to the U.S. Department of Education (ED); these new plans will be set for the 2017-2018 school year. The names of the peer reviewers of the plan have to be made public, and if a state has their plan denied, they are able to make an appeal. While states must choose their own short- and long-term goals, their goals must also work to close the education and graduation gap.[13] In order for Title 1 schools to be eligible for funding, each State Educational Agency (SEA) must submit their state plan to ED, outlining its statewide accountability system. An important key element of this law is that each State plan must describe how the State Education Agency will support its Local Education Agencies (LEAs) in receiving Title I funds through reducing: " (i) the incidences of bullying and harassment; (ii) the overuse of discipline practices that remove students from the classroom; and (iii) the use of aversive behavioral interventions that compromise student health and safety." [14]

An important change for Title 1 schools is that states must now include at least one indicator of school quality or student success in their accountability plans. This indicator proved critical, because states can include measures of school climate and safety in their plans. This measure will allow for Title 1 schools to be held responsible to ensure their students' well-being. The Massachusetts law, The Safe and Supportive Schools Framework (MGL Ch 69 Section 1P), established a Safe and Supportive Schools Commission to assist with implementation. [15]

21ST CENTURY CURES ACT

Another recent piece of legislation is the 21st Century Cures Act, which contains various key elements to tackle the issue of behavioral health, severe mental health illnesses, and opioid abuse. One key workforce-related provision of the law authorizes the U.S. Secretary of Health and Human Services (HHS) to establish a training demonstration program within Health Resources and Services Administration (HRSA) to award five-year minimum grants for medical residents and fellows to practice psychiatry and addiction medicine in addition to nurse practitioners, physician assistants, health service psychologists, and social workers to provide mental and substance use disorder services in underserved community-based settings. [16-17]

While the 21st Century Cures Act works as a stepping stone in the right direction for behavioral health, it can still be further improved, specifically around provisions directed towards reforming the Substance Abuse and Mental Health Services Administration (SAMHSA). One of the provisions in the law calls for the creation of programs and amends many justice acts such as the reformation of the Comprehensive Justice and Mental Health Act (CJMHA) and the reauthorization of the Mentally Ill Offender Treatment and Crime Reduction Act (MIOTCRA) to allow funds to be used for training law enforcement and first responders conducting behavioral health risk assessments, developing diversion programs, providing housing and mental health services at the point of societal reentry, and establishing school-based mental health intervention teams. Although the law now creates flexibility to address mental health in the criminal justice system, there remains no clear guidance as to the federal agency whose jurisdiction would administer relevant programs, trainings, and criteria for grants. [19-20]

RECOMMENDATIONS

Integration of a Trauma-Informed Approach

A policy recommendation to improve the school climates is to integrate a trauma-informed approach in schools, especially those in socially marginalized communities. An example of schools moving towards creating safe spaces and becoming trauma-informed is an initiative called the Trauma and Learning Policy Initiative (TLPI) through the Massachusetts Advocates for Children (MAC) and Harvard Law School. MAC began to discover a pattern within children that have been expelled or suspended from school, who displayed violent behaviors in school. MAC was successful in advocating for the creation of the Safe and Supportive Learning Environments grant program in the State of Massachusetts. This program gave small grants to schools to experiment with trauma-informed approaches to mental health support programs in their schools. [18]

Considered a "Flexible Framework", its six core operational functions are: leadership, professional development, access to resources and services, academic and non-academic strategies, policies and protocols, and collaboration with families. The first core function utilizes school leaders to have a key role in addressing the impact that trauma has on the learning and creating an infrastructure and culture that promotes trauma sensitivity. The second component requires for all school staff and its leaders to undergo profes-

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sional development to build skills that will allow them to recognize trauma and create a safe space in schools. The third component allows for schools and staff to identify mental health resources and other resources to give to students and their families if necessary. They gain skills on how to discuss and maintain confidentiality with their students. The fourth component has educators assess their students to see if they feel physically and psychologically safe in the classrooms. The fifth component has educators review the school's policies and protocols to ensure that schools are trauma sensitive by implementing plans such as communication plans and safety planning. The sixth and last component focuses on having good collaborations between the educators and families. This is possible by providing educators the tools to understand and be sensitive to cultural, linguistic, and other aspects of creating song collaborations. [18]

The utilization of a type of TLPI framework can be used as a guideline for schools nationwide. Schools can take the basic concepts of the framework and adapt it as necessary to their student body. The use of trauma-informed approaches would allow for institutions to be trained from the bottom to the top. Schools that are aiming towards improving school climates can use the framework as a guideline in order to make their own changes.

Mental Health Services and Trainings

Under the auspices of ESSA, states can provide trainings to teachers, staff, and school administrators. The targeted use of funds from the ESSA would also cover one of the key elements of the law that requires SEAs to address how LEAs will improve school climate culture. An example of how a state has taken the initiative in addressing safer school climates was in 2014 when The Safe and Supportive Schools Framework (MGL Ch 69 Section 1P) was signed into law in Massachusetts. The provisions within this law established a statewide framework that would help schools create safe spaces for students to help them both improve upon their educational goals and address their emotional well-being. The law particularly defines a safe and supportive school. It also requires the Massachusetts Department of Elementary and Secondary Education to formulate a "safe and supportive schools" framework, which (1) enables and encourages all schools to develop action plans for implementation; (2) provides a self-assessment tool to help schools create their action plans; and (3) if necessary, provide technical assistance to schools and districts. The law continues to state the establishment of a Safe and Supportive Schools Grant Program to fund schools that serve as role models; and the establishment of a Safe and Supportive Schools Commission to assist with implementation. [15]

The establishment of a safer schools commission in districts would allow for schools to have a team that could assist them in creating/amending policies that promote a better environment. This commission should be comprised of individuals with various backgrounds such as a school teacher, administrator, psychologist, counselor, social worker, health professional, and parent.

Extending Services to Students and Their Families

Another recommendation lies in extending mental health services to include parents that have undealt trauma. Parents often indirectly carry over their trauma to their children, and are not aware of the consequences of their actions. Children and youth can easily pick up cues from their parents when they are expressing stress, fear, paranoia, depression, and/or violence. A child's early development is crucial, and the relationship/attachments they develop early plays a role throughout childhood, adolescent years, teenage years, and into adulthood. The brain development of children, adolescents, and teenagers is gradually changing and growing. Before and during early childhood, the occurrence of rapid and constant shifts in neural development allow for the child to develop more effective emotional and behavioral regulation.[19] The critical development of the brain's prefrontal cortex is stimulated by successful early attachments with their caregiver.[19] Prevalence of high-stress situations in the day-to-day life of a child can have a negative impact on the developing connections within the brain. If a child is not able to complete the caregiver attachment process during early childhood, their likelihood of developing poor regulation, poor stress management, and poor empathy increases.[9]

Aside from understanding brain development, environmental-biological interactions can provide in depth knowledge to integrate a treatment approach that sees the person and environment as one entity: in other words, trauma-informed. School-based mental health programs, like that of Mary's Center, can provide an entryway to connecting families with mental health services and serving as a community resource on-site in schools. The Mary's School Based Mental Health Program (SBMH) began with schools in the District of Columbia calling Mary's Center to see if they can provide therapists to work with their students. They were willing to work with the program and create a space for the therapists to provide services. The SBMH therapists provide support to teachers, parents, and respect the school culture where it is possible. The therapists work closely

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with the community and utilize any resources to ensure that a difference is made in the lives of the children. Also, therapists actively engage with the parent and caregivers of a child's/ youth's well-being. They recognize that it is essential to include parents and caregivers to have an understanding of their son's or daughter's mental health needs, and to recognize that a child's well-being is not separate from the family's well-being. [26-27]

A program similar to the Mary's School Based Mental Health Program can decrease many of the barriers to care, and increase better relationships between the therapist and families. Once parents are about to deal with their trauma and understand their behavior, they are able to provide a safe home environment for their children. However, this type of program would need full support from the schools, and provide the space to hold these meetings and workshops. This type of approach in targeting both families and children is part of a two-generation strategy. The two-generation approach can be simply described as a strategy to ensure that opportunities are serving both the needs of children and their parents at the same time.[28] If programs, policies, initiatives, and treatments integrate this particular approach, then the "legacy of economic security" passes from one generation to the next.[28] This will greatly reduce a child's ACEs, and help parents receive treatment at the same time. When the family is treated as a one entity, then they can become motivating factors for each other. Currently in the U.S. Senate there is a bill that has been introduced into the 115th Congress. The bill S.435 or also known as the Two-Generation Economic Empowerment Act of 2017, establishes an interagency Council on Multigenerational Poverty that would carry out specific objectives and the two-generation approach in an effort to break the cycle of multigenerational poverty.[29-30] This bill has been introduced and was referred to the Committee on Health, Education, Labor, and Pensions.[29-30]

Other Policy Recommendations

Another recommendation is for HRSA to adjust its grant criteria for the five-year minimum grant to include language about opportunities to serve in school districts. This would allow for the sustainability of community-based organizations or programs to offer mental health services. The grant criteria for this opportunity has not been released nor published until 2018. The authorization for the appropriations of 10 million dollars for fiscal years 2018-2022 has not been established to identify how the funds will be broken into or how many grantees they are looking to award. The eligibility criteria would need to provide additional information as to who is eligible to receive the grants and provide a clear description of the purpose of the grant. The inclusion of schools as a place where professionals can offer their services should be stated with the grant eligibility. Schools are crucial in early detection of mental health problems due to the accessibility of identification and referrals that can be done by teachers and school staff.[12] Increased funding and access to funding for mental health services for students amplifies the opportunity for interagency collaboration and addressing various complex factors that affect the students' lives. [2]

Conclusion

In conclusion, it is imperative to continue to push for the well-being and success of our children and youth. The fact that 26% of children in the United States will witness or experience a traumatic event before they reach the age of four should shed light on the need for trauma-informed mental health services in schools. Over the past few years the demographics in our nation have shifted dramatically, therefore the need for culturally sensitive training for mental health professionals is also of utmost importance. This new reality requires a new set of approaches and policy changes. One of the most critical responses must come from our government leaders who have the ability to shape policy in a way that benefits our most vulnerable population, our children.

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