

# Mental Health in Urban Public Schools

By Megan Yeager,

Effective to Great Education

Many urban public schools serve marginalized Black and brown students, and these schools rarely have the resources to fully support the mental health and wellbeing of these children. Programs that attempt to improve mental health services come and go, but systemic change is a pipe dream in many urban centers. While some cities such as Washington D.C. have been innovative in their approach to mental health, there is still a long way to go on the road to effective mental health policy in school settings. Using the work of researchers who have been designing mental health interventions across the country, policy solutions are closer than ever to being a reality. In this paper I will discuss the mental health challenges faced by marginalized students and the existing programs and supports schools use to address these issues. I will then focus on Washington D.C. as a case study of a school district in the process of implementing changes to better the mental health and wellbeing of their students. After reviewing several proposed interventions, I will conclude by discussing a policy change that would support the mental health of students.

## **Mental Health Challenges**

After a year and a half of online learning and decades of scarce resources, an increasing number of urban schools are addressing the task of providing mental health resources to their students. In order to build effective solutions, we must understand existing challenges to students' emotional wellbeing. The Black and brown urban children who make up the margins of our society often have more obstacles to overcome than those white suburban kids at the center,

and the COVID-19 pandemic has only exacerbated that reality. The convergence of family and neighborhood violence and a lack of parental support systems create a perfect storm that schools must address, or risk leaving some students behind.

Many students coming from urban schools don't just have to deal with their school's stretched resources; they are also facing turmoil in their personal lives. According to a [2019 study](#) by Gollub et al., which surveyed students across the nation from urban charter schools and community-based settings, 41.7% of students had witnessed a shooting, stabbing, or beating at least once in their lives, and a whopping 45.7% screened positive for lifetime PTSD. Students who witness acts of brutality when they go home almost certainly come to school with the memories of and trauma due to this violence, which can affect their behavior and academic performance. Without giving these children the skills needed to cope with their emotions in a school setting, they may be entirely without a support system.

As many families in urban public schools live at or below the poverty line, parents are often encumbered with many other stressors and responsibilities that have to take precedence over a close relationship with their child. Parents who have inconsistent childcare, unreliable transportation, and inflexible work schedules may not have time in their day to deeply engage with their child, to no fault of their own. This lack of engagement can have negative impacts on the child's mental health and behavior in school. A [2012 study](#) by Polo, Zychinski, and Roundfield found that youth loneliness and depression scores were associated with direct parental support scores, meaning that students who received less direct support from their parents reported having higher loneliness and depression than those with higher parental support. When neighborhoods aren't safe, and mom and dad are busy with work, mental health problems can

arise and students have no one to turn to and few coping skills on hand to deal with the strain they're facing.

Marginalized students in urban public schools face incredible obstacles to make it to class every day, but add on the effects of violence and a lack of parental support and these children are at a significant disadvantage compared to their more affluent, suburban peers. At Effective to Great Education, we recognize that these problems follow children into the classroom, and we have made it our mission to design technology which teaches them how to manage their emotions and give them the skills they need to make it through the year and onwards to graduation.

### **Existing Mental Health Education and Practices**

As it stands now, teachers are required to perform many different functions in the classroom, the school yard, and in the principal's office, but one of the least acknowledged is the way many educators act as a filter for mental health recommendations for their students. According to [Williams \(2015\)](#), teachers are often the people with the most access to students. These are the first responders to students in crisis and are often the first to notice when something is wrong due to misbehavior or some other emotional response in the classroom. While these teachers may in theory have the ability to write reports and make recommendations for additional mental health care, they face many obstacles to actually connecting their students with care. Uncooperative parents, abundant bureaucracy, and insufficient time and services altogether create a barrier to getting kids help and leaves teachers in the systemic gridlock of public education. Though the idea of teachers as first responders is appealing to many policymakers as it would cut back on the need for school counselors, the reality is that these

teachers are already overworked and underpaid and do not have the resources to take on the monumental task of helping their students make it through the week.

Though it may seem self-explanatory that school counselors “counsel” students, the reality is not so simple. In fact, [according to Lambie et al \(2019\)](#), in the past few decades the counseling profession has undergone a shift in purpose within the school system, moving them from a position dealing directly with student mental health needs towards a more academic route. The role of a school counselor in the 21st century is now defined by how these professionals can improve academic performance for a wide range of students. They prove their worth by increasing graduation rates and test scores for all students, even though much of their formal training is focused on mental health at the individual level. In order to justify their continued relevance in the school systems they operate in, they must forgo individual interventions and counseling in favor of broad college readiness and vocational programming to get students out the door and into the next phase of their lives. These issues are only compounded by the insufficient counselor to student ratio within the American school system — [482:1](#) — that severely limits the amount of individual interaction school counselors are able to offer students. While this current issue of using mental health professionals to improve student performance seems bleak, there is hope in the fact that their Master’s level training does prepare them for a shift back to traditional counseling should school administrators allow that to unfold.

The system in place now in schools nationwide is not serving the mental health needs of students, and that has never been more apparent than now. During a time when kids are becoming more and more comfortable asking for help and are actively reducing the stigma that things like therapy have held in the past, the supply of mental health providers is insufficient for the growing demand. To better understand how schools are attempting to navigate this scarcity in

school-based mental health providers, we direct our attention to Washington D.C. and their new intervention designed to give marginalized students access to mental health care.

### **Case Study: Washington D.C.**

In the District of Columbia, 19.4% of all children aged 0-17 report having “[adverse childhood experiences](#)” which can encompass anything from living in a household with substance use problems to witnessing a family member attempt suicide. Of [kids aged 3-17](#), 5.8% have anxiety and 4.7% have depression. A [local D.C. hospital](#) reported a higher number of children in crisis in the emergency room than in recent years with 50% of them being admitted compared to just 25% in years past. Screenings show that among these teenagers who come to the hospital in a state of crisis, the majority are positive for suicidal ideation. Many children in D.C. public schools are at their wits’ end: the pandemic has isolated students from their friends and created an environment that is unsafe for their minds. An intervention like D.C.’s School Behavioral Health Program is a step in the right direction that cities nationwide may be able to replicate.

Upon recognizing that the state of mental health services within D.C. public schools was not sufficient to serve the large population of often marginalized Black and brown students, the [Department of Behavioral Health](#) decided to partner with local community-based organizations to expand the capacity of the school system and better support student wellbeing. These organizations were already well-established in the community to serve local needs, so adding them into the existing education infrastructure was not a shock to the system. These organizations can also run training sessions for faculty and staff to support their professional development in the realm of classroom management and working with students who face mental health issues. The program has recently been expanded to serve more schools in the D.C.

metropolitan area, with the neediest schools getting the top priority of the program administrators.

Though this program seems like a necessary and important mental health advancement for D.C. students, [critics argue](#) that the expansion of the School Behavioral Health Program is not happening fast enough or serving enough students given the glaring need for these services. They argue that the city is not doing enough presently to support vulnerable students, and this gap is where Effective to Great Education is essential.

It's clear that work still needs to be done in the D.C. public school system to fully support student well being. At Effective to Great Education, we believe that by combining our technology with cultural trauma-informed social emotional learning, we can help teachers and administrators who are overwhelmed and lacking in resources go beyond just treading water and instead learn to swim as policymakers battle it out in our seats of government.

### **Proposed Interventions**

At Effective to Great Education, we believe that innovation comes through trial and error, and the mental health sphere is rife with both. In this section, I will discuss a few of the proposed interventions and their drawbacks to demonstrate how our company has adapted after learning from the responses of others.

The school setting is closely tied with families. Parents meet new teachers each year, get called in for parent-teacher conferences, and wave hello and goodbye to the staff when they drop their kids off in the mornings. However, among minority and low-income students, those same interactions with the school may not be as strong as in other demographics. [Brotman et al \(2011\)](#) posit that many of these parents of a lower socioeconomic status simply do not have the right

tools to parent their children and so cannot guide them through the process of growing up as easily as others.

To combat the potential future misbehavior of these marginalized students, an intervention was created with the goal of training parents on parenting. This program called ParentCorps was designed as a series of 13 meetings for parents and caregivers to attend to learn more about effective parenting practices. Parents who attended these meetings helmed by teachers and mental health professionals saw an increase in their knowledge of observed parenting effectiveness. Though this program was a trial to test the efficacy of parent training programs, it is limited in its reach to parents who are able to attend these sessions and do not already have other obligations like work, childcare, or household management.

As an alternative to interventions involving parents directly, a program called Act & Adapt is geared towards counseling small groups of “at risk” students to develop their coping skills and move them in the normal range for mental health challenges. [Bearman et al \(2020\)](#) developed a program wherein school-based mental health providers are trained on the Act & Adapt curriculum so they can implement it in groups of 3-6 students. These sixth graders are taken out of class once a week to learn about different coping skills and talk through their experiences. Though this program did prove itself to be effective, due to the small group therapy structure of the program, not many students were able to be supported through Act & Adapt, so the cost may outweigh the reward in some cases.

Outside of the U.S. context, [researchers in New Delhi, India](#) are testing counselor-delivered problem solving interventions among low-income youth with existing mental health problems. Of these trials, the researchers saw a modest impact in combining both program booklets and counselor intervention over just program booklets, though there was not a no-

intervention control group to compare those results to. This intervention overall decreased the severity of some more severe mental health concerns and lowered stress levels, but did rely heavily on counselor intervention to achieve that result. Counselors are an expensive investment for any school district and are not always available in schools with less funding, making this intervention out of reach for some institutions.

### **Effective to Great Education's Approach to Mental Health**

At Effective to Great Education, we believe that the key to supporting student mental health and wellbeing is to meet kids where they are: in the classroom. In school, children are often dealing with more than meets the eye: a treacherous home life, family problems, and neighborhood violence can all affect the everyday behavior of a child. Especially in the case of marginalized Black and brown students who may also be experiencing racial trauma as they navigate the early years of their education, intervention in the classroom is key to supporting their overall wellbeing.

We believe that our programs do what other interventions are trying to accomplish and more. Through our Mindfulness Labs program, we are able to train teachers on how to teach cultural trauma-informed social emotional learning skills to students of all grade levels. Through this work, we can change how schools manage student behavioral regulation as we know it today by incorporating these SEL tools and mental health education into the lives of students. Rather than focusing on parent training which can be difficult for marginalized families to engage in, our interventions are implemented by individual teachers and school mental health professionals so no student is missing out on the intervention. Our programs are also very cost effective in comparison with some interventions that focus on small group therapy and counselor intervention. Though we agree that all schools should increase staffing of mental health

professionals, the programs we are designing help students in the here and now while policies are still being debated in legislative bodies at the district, state, and federal levels.

### **Policy Proposal**

Most of the issues discussed thus far have centered around shoddy staffing of mental health providers within schools. Even when a school has a counselor, their job description no longer acknowledges the “counseling” aspect of the job and teachers often have to step in and pick up the slack though they have not been adequately trained to do so. This causes untold problems for students and their performance in the classroom and at home: [untreated trauma](#) can lead to decreased focus, difficulty with memory, and problems with language and organization skills. Students from a lower socioeconomic status who witness violence in the home are often experiencing trauma and have no one to talk to about their feelings except their overworked teachers who may not have the training to support them.

School social workers [can in many ways fix this problem](#) by taking the pressure off of school counselors and teachers who are stuck managing the mental health concerns of the entire student body without much outside support. Social workers are trained in leveraging resources to improve students' living conditions, family situations, and unique mental health challenges. They are skilled in connecting students, family, school, and community to create solutions to multifaceted problems. They are also able to hold individual and group counseling sessions with students and train teachers to recognize when to reach out for help, thereby reducing the role of filtering that teachers often play in the process of their students accessing care.

To combat this lack of staffing, we propose a policy shift at the federal level to mandate one social worker per 250 students in an attempt to meet the increasing demand for mental health services, especially for marginalized students. By raising the number of mental health

professionals in a school, teachers are able to pass off especially trying cases to social workers who have more expertise in trauma and the resulting misbehavior that can accompany it.

Counselors are able to hone in on academic advice, course scheduling, college readiness, and graduation rates rather than try to do it all. Administrators can depend on social workers to be a mediator between the student, the family, and the community and improve the school environment.

### **Conclusion**

As students become more and more comfortable discussing their mental health and the stigma around therapy decreases, there is an increasing need for support at the school level. Many marginalized students are dealing with untold amounts of trauma and need to discuss those experiences with trained professionals that are not presently available in many urban schools. To combat this deficit in training, I propose a policy mandate at the federal level requiring one social worker per 250 students. By taking the pressure off of the academic team and freeing up teachers and counselors to do their already difficult jobs, the entire school system will operate more efficiently and students will feel supported for the first time.